

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2007, or fiscal year beginning 07/01, 2007, and ending 06/30, 2008

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

2007

Department of the Treasury
Internal Revenue Service

Return ID (20-digit number) ▶ **1303722007123480314P**

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

Name and title of officer
DANIEL G. MCCARTHY, CFO AND SVP

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>92530336.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN 26454 as my signature

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Daniel G. McCarthy Date ▶ 3/16/09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 1303723605

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4153, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ [Signature] Date ▶ 3/16/09

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the **2007** calendar year, or tax year beginning **07/01, 2007**, and ending **06/30/2008**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminates</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization COVENANT HOUSE</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 5 PENN PLAZA 3RD FL</p> <p>City or town, state or country, and ZIP + 4 NEW YORK, NY 10001</p>	<p>D Employer identification number 13-2725416</p> <p>E Telephone number (212) 727-4155</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: ▶ **WWW.COVENANTHOUSE.ORG**

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here If the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **115,848,129.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

	1	Contributions, gifts, grants, and similar amounts received:					
	a	Contributions to donor advised funds	1a				
	b	Direct public support (not included on line 1a)	1b	30,358,831.			
	c	Indirect public support (not included on line 1a)	1c	288,775.			
	d	Government contributions (grants) (not included on line 1a)	1d	103,719.			
	e	Total (add lines 1a through 1d) (cash \$ <u>30,751,325.</u> noncash \$ _____)	1e		30,751,325.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)					2
	3	Membership dues and assessments					3
	4	Interest on savings and temporary cash investments					4 1,026,241.
	5	Dividends and interest from securities					5 504,367.
	6a	Gross rents	6a	1,235,973.			
	b	Less: rental expenses	6b				
	c	Net rental income or (loss). Subtract line 6b from line 6a	6c		1,235,973.		
	7	Other investment income (describe ▶)					7
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8a	69,750,000.	
	b	Less: cost or other basis and sales expenses	11,754,654.	11,352,463.	8b		
	c	Gain or (loss) (attach schedule)	-482,346.	58,397,537.	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	57,915,191.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
	a	Gross revenue (not including \$ <u>747,845.</u> of STMT 8 contributions reported on line 1b)	STMT 9	9a	96,200.		
	b	Less: direct expenses other than fundraising expenses		9b	210,676.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a		9c	-114,476.		
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c			
	11	Other revenue (from Part VII, line 103)					11 1,211,715.
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					12 92,530,336.
Expenses	13	Program services (from line 44, column (B))					13 23,693,045.
	14	Management and general (from line 44, column (C))					14 6,543,717.
	15	Fundraising (from line 44, column (D))					15 14,554,314.
	16	Payments to affiliates (attach schedule)					16
	17	Total expenses. Add lines 16 and 44, column (A)					17 44,791,076.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12					18 47,739,260.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))					19 50,210,416.
	20	Other changes in net assets or fund balances (attach explanation) STMT 10					20 -3,030,909.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20					21 94,918,767.

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

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	722,556.	413,569.	254,627.	54,360.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26	Salaries and wages of employees not included on lines 25a, b, and c	6,293,270.	2,298,155.	1,761,684.	2,233,431.
27	Pension plan contributions not included on lines 25a, b, and c	114,656.	48,178.	24,502.	41,976.
28	Employee benefits not included on lines 25a-27	758,624.	294,058.	200,452.	264,114.
29	Payroll taxes	637,924.	268,056.	136,324.	233,544.
30	Professional fundraising fees	455,216.			455,216.
31	Accounting fees	392,506.		392,506.	
32	Legal fees	11,177.	4,422.	6,461.	294.
33	Supplies	203,507.	40,332.	103,709.	59,466.
34	Telephone	347,640.	144,187.	95,783.	107,670.
35	Postage and shipping	6,764,061.	82,198.	114,020.	6,567,843.
36	Occupancy	1,511,741.	192,636.	651,648.	667,457.
37	Equipment rental and maintenance	229,645.	14,499.	110,472.	104,674.
38	Printing and publications	4,515,148.	1,994,742.	38,481.	2,481,925.
39	Travel	242,426.	160,147.	24,985.	57,294.
40	Conferences, conventions, and meetings	196,128.	82,034.	89,410.	24,684.
41	Interest	81,117.		81,117.	
42	Depreciation, depletion, etc. (attach schedule)	1,216,621.	761,321.	244,390.	210,910.
43	Other expenses not covered above (itemize):				
a	STMT 11	20,097,113.	16,894,511.	2,213,146.	989,456.
b					
c					
d					
e					
f					
g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44,791,076.	23,693,045.	6,543,717.	14,554,314.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 3,122,000.; (ii) the amount allocated to Program services \$ 1,628,000.;
 (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$ 1,494,000.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **STATEMENT 2**
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a CRISIS CENTERS (SHELTER AND CRISIS CARE)- SEE STATEMENT 3 FOR DETAIL

(Grants and allocations \$) If this amount includes foreign grants, check here **10,688,850.**

b NINELINE- SEE STATEMENT 3 FOR DETAIL

(Grants and allocations \$) If this amount includes foreign grants, check here **3,341,696.**

c PUBLIC EDUCATION- SEE STATEMENT 4 FOR DETAIL

(Grants and allocations \$) If this amount includes foreign grants, check here **2,772,119.**

d RIGHTS OF PASSAGE- SEE STATEMENT 4 FOR DETAIL

(Grants and allocations \$) If this amount includes foreign grants, check here **2,562,962.**

e Other program services (attach schedule) SEE STATEMENT 12
(Grants and allocations \$) If this amount includes foreign grants, check here **4,327,418.**

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **23,693,045.**

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	307,412.	45	351,866.
	46 Savings and temporary cash investments	7,464,571.	46	16,520,610.
	47a Accounts receivable	47a 341,705.		
	b Less: allowance for doubtful accounts	47b	47c	341,705.
	48a Pledges receivable	48a 1,415,810.		
	b Less: allowance for doubtful accounts	48b 105,099.	48c	1,310,711.
	49 Grants receivable	46,676.	49	NONE
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) STMT 13	51a 7,527,069.		
	b Less: allowance for doubtful accounts	51b	51c	7,527,069.
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	99,139.	53	841,061.
	54a Investments - publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	27,504,812.	54a	30,961,299.
	b Investments - other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		54b	18,615,278.
	55a Investments - land, buildings, and equipment: basis	55a 36,180.	STMT 14	
	b Less: accumulated depreciation (attach schedule)	55b	55c	36,180.
	56 Investments - other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 57,038,000.		
b Less: accumulated depreciation (attach schedule)	57b 14,716,874.	57c	42,321,126.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 15)	4,345,404.	58	3,232,002.	
59 Total assets (must equal line 74). Add lines 45 through 58	95,533,392.	59	122,058,907.	
Liabilities	60 Accounts payable and accrued expenses	7,205,678.	60	3,604,953.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) STMT 16	16,298,785.	64b	6,678,567.
	65 Other liabilities (describe <input type="checkbox"/> STMT 17)	21,818,513.	65	16,856,620.
66 Total liabilities. Add lines 60 through 65	45,322,976.	66	27,140,140.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	39,992,525.	67	84,965,991.
	68 Temporarily restricted	4,305,556.	68	3,867,708.
	69 Permanently restricted	5,912,335.	69	6,085,068.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	50,210,416.	73	94,918,767.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	95,533,392.	74	122,058,907.

Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 82a through 89g regarding organizational expenses, lobbying, and tax shelter status.

90a List the states with which a copy of this return is filed SEE STATEMENT 24
90b Number of employees employed in the pay period that includes March 12, 2007 (See Instructions.) 90b | 146
91a The books are in care of DANIEL C. MCCARTHY Telephone no. 212-727-4155
Located at 5 PENN PLAZA 3RD FLOOR NEW YORK, NY ZIP +4 10001

Table with columns for question number, question text, and Yes/No columns. Row 91b asks if the organization had an interest in a foreign financial account.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
and enter the amount of tax-exempt interest received or accrued during the tax year

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues, Interest on savings, Dividends, Net rental income, Gain or loss from sales, and Subtotal.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

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.

Please Sign Here

Signature of officer: Daniel C. McCreedy Date: 3/16/09
 Type or print name and title: DANIEL MC CREEDY, CFO/TREASURER

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 3/16/09 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: GRANT THORNTON LLP EIN: 36-6055558
666 THIRD AVENUE Phone no.: 212-599-0100
NEW YORK, NY

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 25				

Total number of other employees paid over \$50,000 . . . ▶ **28**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 26		

Total number of others receiving over \$50,000 for professional services . . . ▶ **3**

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 27		

Total number of other contractors receiving over \$50,000 for other services . . . ▶ **5**

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

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 171,000. (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

- a Sale, exchange, or leasing of property?
b Lending of money or other extension of credit?
c Furnishing of goods, services, or facilities?
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? STMT 28
e Transfer of any part of its income or assets?

2a X
2b X
2c X
2d X
2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer Identification number (EIN)	(c) Type of organization (described in lines 6 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	34,653,292.	34,856,724.	30,744,380.	29,060,950.	129,315,346.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,057,604.	890,135.	695,854.	788,587.	3,432,180.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	1,044,743.	2,364,105.	751,228.	832,492.	4,992,568.
19 Net income from unrelated business activities not included in line 18		16,276.	16,487.	185,997.	218,760.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			669,596.	674,736.	1,344,332.
23 Total of lines 15 through 22	36,755,639.	38,127,240.	32,877,545.	31,542,762.	139,303,186.
24 Line 23 minus line 17.	35,698,035.	37,237,105.	32,181,691.	30,754,175.	135,871,006.
25 Enter 1% of line 23.	367,556.	381,272.	328,775.	315,428.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	2,717,420.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts		26b	8,184,350.
c Total support for section 509(a)(1) test: Enter line 24, column (e)		26c	135,871,006.
d Add: Amounts from column (e) for lines:	18 4,992,568., 19 218,760., 22 1,344,332., 26b 8,184,350.	26d	14,740,010.
e Public support (line 26c minus line 26d total)		26e	121,130,996.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	89.1515 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

NOT APPLICABLE

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add: Amounts from column (e) for lines:	15 _____ 16 _____	17 _____ 20 _____	21 _____	27c
d Add: Line 27a total	_____	and line 27b total	_____	27d
e Public support (line 27c total minus line 27d total)				27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)				27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

NOT APPLICABLE

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37 171,000.	171,000.
38 Total lobbying expenditures (add lines 36 and 37)	38 171,000.	171,000.
39 Other exempt purpose expenditures	39 23,522,045.	23,522,045.
40 Total exempt purpose expenditures (add lines 38 and 39)	40 23,693,045.	23,693,045.
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
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	41 1,000,000.	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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42 250,000.	250,000.
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000.
47 Total lobbying expenditures	171,000.	147,000.	78,000.	78,000.	474,000.
48 Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000.
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Non-electing Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence 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 c through h.)
- 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 other means
- i Total lobbying expenditures (Add lines c through h.)

	Yes	No	Amount
a			
b			
c			
d			
e			
f			
g			
h			
i			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====FIXED ASSETS
LINES 42 AND 57B

BUILDINGS	\$	38,792,889
BUILDING IMPROVEMENTS		5,700,074
EQUIPMENT		3,069,696
EQUIPMENT UNDER CAPITAL LEASES		260,381
LEASEHOLD IMPROVEMENTS		3,750,455
LESS: ACCUMULATED DEPRECIATION		(14,716,874)
TOTAL		36,856,621
LAND		5,464,505
PROPERTY, PLANT AND EQUIP., NET	\$	42,321,126

THE TOTAL DEPRECIATION EXPENSE FOR THE CURRENT YEAR =\$ 1,216,621

FORM 990 - GENERAL EXPLANATION ATTACHMENTPRIMARY EXEMPT PURPOSE AND STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
FORM 990 PART III

COVENANT HOUSE IS THE PARENT ORGANIZATION OF EIGHTEEN AFFILIATED ORGANIZATIONS WHICH OPERATE CHILDCARE PROGRAMS IN SIX COUNTRIES.

COVENANT HOUSE HAS AFFILIATED PROGRAMS IN ALASKA, CALIFORNIA, FLORIDA, GEORGIA, LOUISIANA, MICHIGAN, MISSOURI, NEW JERSEY, NEW YORK, PENNSYLVANIA, TEXAS, AND WASHINGTON, D.C. IN THE UNITED STATES AND IN TORONTO, ONTARIO AND VANCOUVER BRITISH COLUMBIA IN CANADA. IN ADDITION COVENANT HOUSE HAS AFFILIATED ORGANIZATIONS OPERATING IN GUATEMALA, HONDURAS, NICARAGUA AND MEXICO. DURING FISCAL YEAR 2008, 70,376 YOUTH RECEIVED SERVICES FROM ONE OR MORE COVENANT HOUSE PROGRAMS.

WHEN COVENANT HOUSE WAS INCORPORATED IN NEW YORK IN 1972 (IT WAS FOUNDED IN 1968), ITS PRIMARY FOCUS WAS ON GETTING YOUNG PEOPLE OFF THE STREETS, WHERE THEY WERE BEING DRAWN INTO DRUGS AND PROSTITUTION, AND INTO THE SAFETY OF THE CRISIS SHELTERS WHERE POSSIBLY THEY COULD BE REUNITED WITH THEIR FAMILY OR RELATIVES.

AS THE AGENCY DEALT WITH MORE AND MORE YOUNG PEOPLE AND OPENED COVENANT HOUSES ACROSS THE COUNTRY AND IN CANADA AND LATIN AMERICA, IT BECAME EVIDENT THAT THESE YOUNG PEOPLE NOT ONLY NEEDED CRISIS CARE BUT A WHOLE ARRAY OF SERVICES IF THEY WERE TO SUCCESSFULLY LEAVE THE STREETS.

TODAY, THE AGENCY HAS A COMPREHENSIVE SET OF PROGRAMS THAT PROVIDE A FULL RANGE OF SERVICES TO HOMELESS AND AT-RISK YOUNG PEOPLE.

THE HALLMARK OF COVENANT HOUSE IS ITS POLICY OF 'OPEN INTAKE' WHEREBY NO CHILD OR TEENAGER IS TURNED AWAY ON THE FIRST VISIT, BUT RATHER IS ACCEPTED ON A 'NO QUESTIONS ASKED' BASIS. ONLY SERIOUS MISCONDUCT OR REFUSAL TO MAKE USE OF PROFFERED SERVICES LIMITS REPEAT VISITS.

IN THE MID '90S THE AGENCY ADOPTED A VISION STATEMENT TO GUIDE ITS EXPANSION OF SERVICES AS IT LOOKED TOWARD THE YEAR 2000. THE STATEMENT READS IN PART:

... COVENANT HOUSE WILL CONTINUE TO FULFILL ITS MISSION BY PROVIDING SHELTER AND SERVICES TO CHILDREN AND YOUTH WHO ARE HOMELESS OR AT GREAT RISK. IN THE SPIRIT OF OPEN INTAKE, SERVICES WILL BE OFFERED TO ALL YOUTH WHO SEEK HELP, WITH A PRIORITY OF CONCERN AND COMMITMENT TO THOSE FOR WHOM NO OTHER SERVICE IS AVAILABLE.

WE WILL MAKE EVERY EFFORT TO REUNITE KIDS WITH THEIR FAMILIES.

WE WILL COLLABORATE WITH COMMUNITY AGENCIES AND ASSOCIATIONS AND ACTIVELY PARTICIPATE IN COMMUNITY EFFORTS TO IMPROVE THE CONDITIONS OF FAMILIES AND CHILDREN.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

WE WILL ADVOCATE WITH AND ON BEHALF OF YOUTH TO RAISE AWARENESS IN THE COMMUNITY ABOUT THEIR SUFFERING...

COVENANT HOUSE'S WEBSITE CAN BE REACHED AT [HTTP://WWW.COVENANTHOUSE.ORG](http://www.covenanthouse.org). THE SITE CONTAINS EXTENSIVE MATERIALS PREPARED ESPECIALLY FOR YOUNG PEOPLE AT RISK, AS WELL AS ADVICE FOR PARENTS AND OTHERS PROFESSIONALLY INVOLVED IN THE CARE OF YOUNG PEOPLE. THE SITE ALSO CONTAINS INFORMATION ABOUT COVENANT HOUSE SITES, PROGRAMS AND RELATED ACTIVITIES INCLUDING ITS WORK AS A CHILD ADVOCATE, AND EMPLOYMENT OPPORTUNITIES WITH THE AGENCY. THE WEBSITE ACCEPTS DONATIONS VIA CREDIT CARD.

CRISIS CENTERS (SHELTER AND CRISIS CARE)

YOUTH IN CRISIS NEED HELP IMMEDIATELY. THAT IS WHY COVENANT HOUSE'S 21 CRISIS CENTERS ARE OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR. THE COVENANT HOUSE MISSION IS THAT ANY YOUTH UP TO 21 YEARS OF AGE CAN EASILY FIND HIS OR HER WAY TO THE CRISIS SHELTER'S DOOR, AND THAT HE OR SHE IS NEVER, EVER TOLD TO "COME BACK LATER." THE STREET TAKES MORE FROM THESE YOUNG PEOPLE THAN THEIR MONEY, THEIR HEALTH, OR EVEN THEIR DIGNITY. IT GRADUALLY TAKES AWAY THEIR ABILITY TO TRUST, EITHER THEMSELVES OR OTHERS. THAT IS WHY COVENANT HOUSE'S OPEN DOOR POLICY IS SO CRITICAL.

SPECIALLY-TRAINED STAFF ADDRESS A YOUNG PERSON'S IMMEDIATE NEEDS - SHELTER, CLEAN CLOTHES, A SHOWER, HOT FOOD, AND A WARM BED. THEN, THE COUNSELORS WORK WITH THE YOUTH TO DEVELOP THE BEST PLAN FOR THE FUTURE

DURING FISCAL YEAR 2008, COVENANT HOUSE CRISIS CENTERS PROVIDED SHELTER TO 12,946 YOUTH AND CHILDREN. ON AVERAGE, KIDS STAY IN THE CRISIS SHELTERS FROM ONE TO THREE WEEKS DEPENDING ON THEIR CIRCUMSTANCES. THEY RECEIVE INDIVIDUAL AND GROUP COUNSELING, VOCATIONAL AND EDUCATIONAL TRAINING, AND HELP TOWARD SECURING EMPLOYMENT AND HOUSING, AS WELL AS HEALTH CARE, LEGAL SERVICES, PASTORAL COUNSELING AND ADVOCACY.

NINELINE

NEARLY 46,000 TIMES LAST YEAR, RUNAWAYS AND OTHER KIDS IN CRISIS ACROSS AMERICA REACHED THE COVENANT HOUSE NINELINE; THAT'S NEARLY 130 CRISIS CALLS A DAY. NINELINE HELP IS FREE TO ANYONE WHO DIALS 1-800-999-9999.

EACH OF THOSE CALLS IS ANSWERED BY A TRAINED NINELINE STAFF MEMBER OR VOLUNTEER READY TO OFFER SUPPORT, ASSISTANCE, AND REFERRALS. THE NINELINE RECEIVES ALL KINDS OF CALLS. ABOUT 75 CALLS A DAY COME FROM PARENTS WHO DON'T KNOW WHERE THEIR CHILDREN ARE.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

KIDS CALL FROM SCHOOLS, STREET CORNERS, MALLS, HOME AND FRIENDS' HOUSES. WHOEVER THEY ARE AND WHEREVER THEY CALL FROM, NINELINE OFFERS HELP - A CONFERENCE CALL WITH A LOCAL SOCIAL SERVICE AGENCY, DIRECTIONS TO THE NEAREST SHELTER, ARRANGEMENTS TO GET A BUS HOME, OR SOMEONE WHO CAN LISTEN TO A PROBLEM THEY'RE AFRAID TO TELL TO SOMEONE THEY KNOW. THE NINELINE DATABASE CONTAINS OVER 26,000 AGENCIES NATIONWIDE, SO THE STAFF CAN LOCATE HELP FOR KIDS ANYWHERE. AND THEY DO...EVERY DAY.

PUBLIC EDUCATION

THOUGH COVENANT HOUSE IS PRIMARILY KNOWN AS A PROVIDER OF SOCIAL SERVICES FOR HOMELESS AND RUNAWAY YOUNG PEOPLE, THE AGENCY PLACES GREAT IMPORTANCE ON ITS ROLE AS A SPOKESPERSON FOR NOT ONLY THE YOUTH ITS SERVES, BUT FOR ALL YOUNG PEOPLE AT RISK.

IN ADDITION TO ADVOCACY EFFORTS UNDERTAKEN BY EACH OF COVENANT HOUSE'S SITES, COVENANT HOUSE PERIODICALLY PUBLISHES AND WIDELY DISSEMINATES BOOKS WHICH TELL THE STORIES OF THE YOUNG PEOPLE WHO COME TO COVENANT HOUSE FOR HELP. THE OBJECTIVE OF THESE PUBLICATIONS IS TO COUNTERACT THE OFTEN NEGATIVE STEREOTYPES MANY PEOPLE HAVE OF HOMELESS YOUTH AND SENSITIZE THE PUBLIC TO THE NEEDS AND ASPIRATIONS OF THIS VERY VULNERABLE SEGMENT OF SOCIETY.

COVENANT HOUSE PUBLICATIONS PROVIDE ADVICE TO PARENTS ON HOW TO RELATE TO A CHILD THEY BELIEVE MAY BE THINKING OF RUNNING AWAY, AND OPTIONS FOR YOUNG PEOPLE WHOSE PROBLEMS AT HOME MAY CAUSE THEM TO CONSIDER THIS ALTERNATIVE.

THIS PUBLIC EDUCATION EFFORT ALSO TAKES THE FORM OF OCCASIONAL SPECIAL EVENTS, SUCH AS THE DECEMBER CANDLELIGHT VIGIL SPONSORED BY EACH COVENANT HOUSE IN THE UNITED STATES AND CANADA. THE PURPOSE OF THESE VIGILS IS TO DRAW MEDIA COVERAGE AND PUBLIC ATTENTION TO THE PLIGHT OF HOMELESS AND AT RISK YOUTH AND SUGGEST WAYS IN WHICH THESE YOUNG PEOPLE CAN BE HELPED.

COVENANT HOUSE SITES ALSO HOLD SEMINARS ON SUBJECTS OF CONCERN TO SOCIAL SERVICE PROFESSIONALS AND YOUNG PEOPLE THEMSELVES, SUCH AS THE YOUTH CONVENTIONS WHICH COVENANT HOUSE SPONSORS.

RIGHTS OF PASSAGE

COVENANT HOUSE'S RIGHTS OF PASSAGE (ROP) IS A UNIQUE PROGRAM FOR OLDER YOUTH (18-21) WHO HAVE NO PLACE TO GO AND WHO NEED SUPPORT TO ACHIEVE

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

ADULT INDEPENDENCE. THE PROGRAM, WHICH IS IN PLACE IN COVENANT HOUSES ACROSS THE UNITED STATES AND AT OUR TWO CANADIAN AFFILIATES, ANSWERS A PRESSING NEED MANY OLDER KIDS AT COVENANT HOUSE FEEL AS THEY ENDEAVOR TO BECOME CONTRIBUTING MEMBERS OF SOCIETY. DURING FISCAL YEAR 2008, 1,198 YOUTH WERE SERVED BY ROP.

YOUTH LIVE AT ROP FOR UP TO 18 MONTHS, WORKING, IMPROVING THEIR EDUCATION AND JOB SKILLS, AND - MOST IMPORTANT - PREPARING TO BE TRULY INDEPENDENT IN A PLACE OF THEIR OWN.

IN ROP, YOUNG PEOPLE RECEIVE PLENTY OF GUIDANCE, ENCOURAGEMENT, AND EXPERT ADVICE. THEY ARE EXPECTED TO WORK HARD, FULFILL THEIR PART OF THE COVENANT, PULL THEIR OWN WEIGHT AND PARTICIPATE IN COMMUNITY SERVICE ACTIVITIES. RIGHTS OF PASSAGE PROVIDES THE YOUTH WITH THE OPPORTUNITY TO SET GOALS FOR THEMSELVES AND WORK HARD TO ACHIEVE THEM.

THE YOUTH IN ROP OFTEN HAVE EDUCATIONAL DEFICIENCIES AND FEW HAVE HAD ANY CAREER TRAINING. YOUTH ARE PROVIDED WITH OPPORTUNITIES TO AUGMENT THEIR EDUCATION WHILE THE VOCATIONAL PROGRAM GUIDES RESIDENTS TOWARD CAREER PATH JOBS, TEACHING THEM INTERVIEWING SKILLS, EASING THEIR TRANSITION INTO THE WORKPLACE, AND FOLLOWING UP WITH EMPLOYERS TO LEND A HAND. IN LIFE SKILLS, THEY LEARN HOW TO BUDGET, FIND AN APARTMENT, COOK, CLEAN, MANAGE THEIR TIME - THE TOOLS THEY NEED TO MAKE THE IMPORTANT TRANSITION TO INDEPENDENT LIVING.

COMMUNITY SERVICE CENTERS

THE GOALS OF THE COMMUNITY SERVICE CENTERS ARE TWOFOLD: FIRST, THE CENTERS PROVIDE FOLLOW-UP AND AFTERCARE FOR GRADUATES FROM THE CRISIS SHELTERS AND RIGHTS OF PASSAGE PROGRAM WHO MAY NEED SUPPORT AND CONTINUING CONTACT WITH COVENANT HOUSE STAFF NOW THAT THEY ARE ON THEIR OWN. SECOND, THE CENTERS OFFER PREVENTIVE SERVICES TARGETED TOWARD YOUTH AT RISK BEFORE THEY LEAVE HOME. COVENANT HOUSE STAFF WORK IN THE COMMUNITIES FROM WHICH OUR RESIDENTS HAVE TRADITIONALLY COME, IN ORDER TO INTERVENE BEFORE THERE IS A FAMILY BREAKDOWN.

DURING FISCAL YEAR 2008, 14,965 YOUTH WERE SERVED AT COVENANT HOUSE COMMUNITY SERVICE CENTERS. AMONG THE ARRAY OF SERVICES UTILIZED BY THE YOUTH WERE COUNSELING, EDUCATIONAL AND VOCATIONAL SERVICES, TUTORING, AND PARENTING SKILLS TRAINING.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

OUTREACH

THE VARIOUS COVENANT HOUSE OUTREACH PROGRAMS UTILIZE SEVERAL DIFFERENT METHODS TO LOCATE AND SERVE STREET YOUTH. IN SOME CITIES, COVENANT HOUSE OUTREACH VANS CRUISE THE STREET EACH NIGHT UNTIL THE EARLY HOURS OF THE MORNING. IN OTHERS, TEAMS OF OUTREACH COUNSELORS AND VOLUNTEERS CONDUCT OUTREACH ON FOOT OR BICYCLE. THE PRIORITY IS TO LOCATE AND SERVE THE YOUTH ON THE STREET. WHILE THE APPROACHES MAY VARY, SOME ELEMENTS ARE COMMON TO ALL. ALL OUTREACH WORKERS ARE EQUIPPED WITH SANDWICHES, HOT CHOCOLATE OR OTHER BEVERAGES, INFORMATION, FIRST AID KITS, AND MOST IMPORTANTLY, HOPE.

OUTREACH WORKERS TYPICALLY CONTACT A KID MORE THAN ONCE, OVER MANY NIGHTS, WORKING TO EARN THEIR CONFIDENCE AND TRUST. IT MAY BE WEEKS OR MONTHS BEFORE A YOUNG PERSON DOES MORE THAN TAKE A SANDWICH AND DISAPPEAR BACK INTO THE NIGHT. THE KEY IS THAT THEY KNOW WHO THE OUTREACH WORKERS ARE, AND KNOW THEY ARE OUT THERE IF THE YOUNG PEOPLE NEED THEM.

DURING FISCAL YEAR 2008 COVENANT HOUSE OUTREACH STAFF WORKED WITH 40,453 YOUTH ON THE STREET.

MEDICAL SERVICES

IN FISCAL YEAR 2008, 13,663 COVENANT HOUSE YOUTH RECEIVED FULL HEALTH ASSESSMENTS, PHYSICAL EXAMS AND MEDICAL TREATMENT. THE YOUTH ARE SERVED BY DOCTORS, NURSES, PHYSICIAN ASSISTANTS AND OTHER HEALTH PROFESSIONALS WHO ARE EITHER COVENANT HOUSE STAFF OR STAFF FROM LOCAL TEACHING HOSPITALS WITH WHOM COVENANT HOUSE HAS COOPERATIVE AGREEMENTS. ALL ARE EXPERTS IN THE SPECIAL MEDICAL NEEDS OF ADOLESCENTS AND YOUNG ADULTS.

IN ADDITION TO SERVICES RELATED TO PHYSICAL HEALTH, YOUTH ARE ALSO PROVIDED WITH PSYCHIATRIC SERVICES. A SMALL BUT SIGNIFICANT NUMBER OF THE 18 TO 21 YEAR OLD RESIDENTS IN OUR CRISIS CENTERS ARE COPING WITH SERIOUS MENTAL HEALTH PROBLEMS THAT REQUIRE A RANGE OF PSYCHIATRIC SERVICES AND REFERRAL AGENCIES THAT PROVIDE HOUSING FOR THE MENTALLY ILL.

MOTHER/CHILD

BEING A MOTHER IS A MONUMENTAL TASK WHEN YOU ARE STILL A TEENAGER YOURSELF AND ARE OVERWHELMED BY THE RESPONSIBILITY. OFTEN, THE TEENAGE

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)

MOTHERS WHO COME TO COVENANT HOUSE HAVE BEEN THROWN OUT OF THEIR OWN HOMES AND FIND THEMSELVES ON THE STREETS, WITH NO JOB, NO MONEY AND NOWHERE TO TURN. WORSE YET, THEY OFTEN HAVE NO IDEA HOW TO BE A GOOD PARENT.

THE COVENANT HOUSE STAFF AND VOLUNTEERS ARE THE ROLE MODELS WHO TEACH THE YOUNG MOTHERS HOW TO CARE FOR THEIR CHILDREN. THEY PROVIDE THEM WITH A SAFE, STABLE PLACE TO STAY WHERE THEY CAN PLAN FOR THEIR FUTURE AS WELL AS LEARN VITAL PARENTING SKILLS. DURING FISCAL YEAR 2008, COVENANT HOUSE SHELTER PROGRAMS PROVIDED SERVICES TO 1,211 YOUNG MOTHERS AND THEIR 1,316 BABIES.

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

ANNUAL DINNER

747,845.

TOTAL

747,845.
=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER	96,200.	210,676.	-114,476.
TOTALS	96,200.	210,676.	-114,476.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

PENSION RELATED EXPENSES OTHER THAN NET PERIODIC PENSION COST	2,412,278.
UNREALIZED LOSS ON INVESTMENTS	217,973.
CHANGE IN VALUE OF SPLIT INT AGREEMENTS	400,658.

TOTAL	3,030,909.
	=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
CONSULTANT FEES	1,368,122.	868,896.	376,876.	122,350.
TEMPORARY HELP	173,153.	58,840.	112,298.	2,015.
OTHER PURCHASED SERVICES	1,126,661.	148,061.	132,439.	846,161.
DUES, LICENSES AND PERMITS	22,053.	6,586.	14,580.	887.
STAFF RECRUITMENT	96,223.	1,750.	92,811.	1,662.
INSURANCE	72,614.	16.	72,582.	16.
MISCELLANEOUS	251,774.	72,420.	162,989.	16,365.
BANK CHARGES AND FEES	807,296.		807,296.	
SUPPORT TO AFFILIATES	16,179,217.	15,737,942.	441,275.	
TOTALS	20,097,113.	16,894,511.	2,213,146.	989,456.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
COMMUNITY SERVICE CENTER- SEE ATTACHED STATEMENT 5		2,146,042.
OUTREACH- SEE ATTACHED STATEMENT 6		503,548.
MEDICAL- SEE ATTACHED STATEMENT 6		516,723.
MOTHER/CHILD- SEE ATTACHED STATEMENT 6		1,161,105.
TOTALS		4,327,418.

FORM 990, PART IV - OTHER NOTES AND LOANS RECEIVABLE

BORROWER:	COVENANT HOUSE PENNSYLVANIA/UNDER 21	
ORIGINAL AMOUNT:	2,650,000.	
INTEREST RATE:	8.250000	
MATURITY DATE:	01/01/2010	
SECURITY PROVIDED:	INVESTMENTS OWNED BY COVENANT HOUSE	
ENDING BALANCE DUE	.....	2,650,000.

BORROWER:	COVENANT HOUSE MISSOURI	
INTEREST RATE:	7.750000	
PURPOSE OF LOAN:	CONSTRUCTION OF CENTER FOR YOUTH PROJECT.	
ENDING BALANCE DUE	.....	2,363,000.

BORROWER:	COVENANT HOUSE NEW YORK/UNDER 21	
ENDING BALANCE DUE	.....	2,138,336.

BORROWER:	COVENANT HOUSE NICARAGUA	
ENDING BALANCE DUE	.....	58,462.

BORROWER:	COVENANT HOUSE NEW ORLEANS	
ENDING BALANCE DUE	.....	137,271.

BORROWER:	COVENANT HOUSE GEORGIA	
ENDING BALANCE DUE	.....	100,000.

BORROWER:	COVENANT HOUSE HONDURAS	
ENDING BALANCE DUE	.....	80,000.

TOTAL ENDING OTHER NOTES AND LOANS RECEIVABLES		7,527,069.
		=====

FORM 990, PART IV - INVESTMENTS - OTHER SECURITIES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
HEDGE FUND OF FUNDS- LP	18,615,278.
TOTALS	----- 18,615,278. -----

FORM 990, PART IV - OTHER ASSETS
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
BENEFICIAL INTEREST IN TRUSTS	2,932,245.
DUE FROM AFFILIATES	289,860.
SECURITY DEPOSITS	9,723.
MISCELLANEOUS	174.
TOTALS	----- 3,232,002. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: JP MORGAN CHASE BANK LINE OF CREDIT

DATE OF NOTE: 08/21/2006

MATURITY DATE: 08/21/2009

ENDING BALANCE DUE 6,678,567.

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE

6,678,567.

=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DUE TO AFFILIATES	1,073,256.
ANNUITIES PAYABLE	6,358,690.
PENSION BENEFITS LIABILITY	6,625,604.
DEFERRED RENT	2,511,063.
MISCELLANEOUS	288,007.
TOTALS	----- 16,856,620. -----

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

CHANGE IN VALUE OF SPLIT-INT
AGREEMENTS

-400,658.

TOTAL

-400,658.
=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SISTER PATRICIA A CRUISE SC 5 PENN PLAZA NEW YORK, NY 10001	PRESIDENT 35.00	187,225.	27,717.	5,100.
COMPENSATION WAS NOT PAID DIRECTLY TO THE PRESIDENT, SISTER PATRICIA A. CRUISE, S.C. ALL PAYMENTS WERE MADE DIRECTLY TO HER ORDER, "SISTERS OF CHARITY OF CINCINNATI." THE ALLOWANCES ARE CAR ALLOWANCES.				
JAMES M WHITE 5 PENN PLAZA NEW YORK, NY 10001	SECRETARY 35.00	211,597.	20,616.	10,000.
ROBERT R CARDANY JR 5 PENN PLAZA NEW YORK, NY 10001	TREASURER 35.00	190,879.	26,336.	NONE
THOMAS J POTENZA 5 PENN PLAZA NEW YORK, NY 10001	ASSISTANT SECRETARY 35.00	132,855.	16,300.	NONE
ARNOLD E DITRI 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE 1.00	NONE	NONE	NONE
BR RAYMOND SOBOCINSKI 5 PENN PLAZA NEW YORK, NY 10001	TRDSTEE 1.00	NONE	NONE	NONE
HAROLD HOGSTROM 5 PENN PLAZA	TRUSTEE 1.00	NONE	NONE	NONE

COVENANT HOUSE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NEW YORK, NY 10001	TRUSTEE	NONE	NONE	NONE
JAMES R KELLY 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE	1.00	NONE	NONE
JANET M KEATING 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE	1.00	NONE	NONE
JOHN PESCATORE 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE	1.00	NONE	NONE
JUDY G BLAYLOCK 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE	1.00	NONE	NONE
JULIA A UPTON 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE	1.00	NONE	NONE
L EDWARD SHAW JR 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE	1.00	NONE	NONE
MARK LOUGHRIDGE 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE	1.00	NONE	NONE
PRISCILLA BO MARCONI 5 PENN PLAZA	TRUSTEE	1.00	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
NEW YORK, NY 10001				
SUZANNE HALPIN 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE 1.00	NONE	NONE	NONE
THOMAS D WOODS 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE 1.00	NONE	NONE	NONE
THOMAS M MCGEE 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE 1.00	NONE	NONE	NONE
THOMAS MARANO 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE 1.00	NONE	NONE	NONE
TRACY S JONES WALKER 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE 1.00	NONE	NONE	NONE
WILLIAM J MONTGORIS 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE 1.00	NONE	NONE	NONE
WILLIAM MCLAUGHLIN 5 PENN PLAZA NEW YORK, NY 10001	TRUSTEE 1.00	NONE	NONE	NONE
GRAND TOTALS		722,556.	90,969.	15,100.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
=====

RELATED ORGANIZATION NAME:	COVENANT HOUSE ALASKA
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE CALIFORNIA
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE FLORIDA
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE GEORGIA
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE MICHIGAN
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE MISSOURI
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE NEW JERSEY
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE NEW ORLEANS
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE PENNSYLVANIA/UNDER 21
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE TEXAS
EXEMPT: X	NONEXEMPT:
RELATED ORGANIZATION NAME:	COVENANT HOUSE TORONTO
EXEMPT: X	NONEXEMPT:

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
=====

RELATED ORGANIZATION NAME: COVENANT HOUSE VANCOUVER
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: COVENANT HOUSE WASHINGTON DC
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: COVENANT HOUSE WESTERN AVENUE
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: COVENANT INTERNATIONAL FOUNDATION
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ASOCIACION CASA ALIANZA (GUATEMALA)
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CASA ALIANZA INTERNACIONAL
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CASA ALIANZA DE HONDURAS
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CASA ALIANZA NICARAGUA
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: FUNDACION CASA ALIANZA MEXICO IAP
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: TESTAMENTUM
EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: UNDER 21
EXEMPT: X NONEXEMPT:

FORM 990, PART VI, LINE 90A - STATES
=====

AZ, AR, CT, DC, FL, GA,
IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM,
NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VT, VA, WA, WV, WI,

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
PATRICIA CONNORS 5 PENN PLAZA NEW YORK, NY 10001	SVP HUMAN RESOURCES 35.00	159,695.	24,199.	NONE
JUDITH E NICHOLS 5 PENN PLAZA NEW YORK, NY 10001	SVP DEVELOPMENT 35.00	156,531.	16,964.	NONE
THOMAS KENNEDY 5 PENN PLAZA NEW YORK, NY 10001	SVP PROGRAM & ADV. 35.00	154,041.	18,347.	NONE
JOHN RUSSO 5 PENN PLAZA NEW YORK, NY 10001	VP DATA PROCESSING 35.00	144,785.	15,813.	NONE
JOAN SMYTH 5 PENN PLAZA NEW YORK, NY 10001	SVP DIRECT MARKETING 35.00	142,790.	24,853.	NONE
TOTAL COMPENSATION		757,842.	100,176.	NONE

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
GRANT THORNTON LLP 666 THIRD AVENUE NEW YORK, NY 10017	EXTERNAL AUDITOR	920,632.
O2KL 10 WEST 18TH STREET 6TH FLOOR NEW YORK, NY 10011	CONSULTANT- F/R	819,324.
RUSS REID COMPANY 2 NORTH LAKE AVENUE SUITE 600 PASADENA, CA 91101	CONSULT.-F/R & OTHER	332,400.
SANKY COMMUNICATIONS INC 589 EIGHTH AVENUE 10TH FLOOR NEW YORK, NY 10018	CONSULTANT- F/R	237,738.
EPSILON DATA MANAGEMENT 601 EDGEWATER DRIVE WAKEFIELD, MA 01880	CONSULTANT- F/R	100,000.
	TOTAL COMPENSATION	<u>2,410,094.</u>

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.
=====

<u>NAME AND ADDRESS</u>	<u>TYPE OF SERVICE</u>	<u>COMPENSATION</u>
BOVIS LEND LEASE 200 PARK AVENUE 9TH FLOOR NEW YORK, NY 10166	BUILDING CONTRACTOR	5,139,812.
TARGET SOFTWARE INC 1030 MASSACHUSETTS AVE CAMBRIDGE, MA 02198	SOFTWARE	263,822.
STRUCTURE TONE INC 770 BROADWAY NEW YORK, NY 10003	BUILDING CONTRACTOR	155,071.
HEIDRICK AND STRUGGLES 245 PARK AVENUE SUITE 4300 NEW YORK, NY 10167	EXEC RECRUITMENT	123,334.
CONSULTEGE INC 9 WHIPPANY ROAD B2-7 WHIPPANY, NJ 07981	PHONE SYSTEM MAINT.	114,450.
	TOTAL COMPENSATION	----- 5,796,489. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
=====

CERTAIN OFFICERS, AND KEY EMPLOYEES RECEIVE COMPENSATION AND BENEFITS SEE FORM 990, PART V. UNDER THE ACCOUNTABLE PLAN RULES, THE ORGANIZATION ALSO PROVIDES REIMBURSEMENTS FOR REASONABLE AND NECESSARY BUSINESS EXPENSES INCURRED BY ITS OFFICERS, AND KEY EMPLOYEES.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization COVENANT HOUSE	Employer identification number 13 2725416	
	Number, street, and room or suite no. If a P.O. box, see instructions. 5 PENN PLAZA		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001		

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

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

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

• The books are in the care of **DANIEL C. McCARTHY**

Telephone No. **(212) 727-4141** FAX No. **(212) 727-6516**

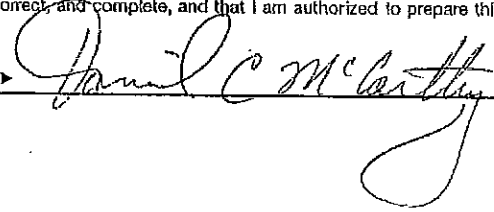
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this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

- I request an additional 3-month extension of time until **MAY 15**, 20**09**.
- For calendar year _____, or other tax year beginning **JULY 1**, 20**07**, and ending **JUNE 30**, 20**08**.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	NA
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	NA
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	NA

Signature and Verification

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

Signature  Title **TREASURER** Date **1/26/09**

Capital Gains and Losses

2007

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the separate instructions for Form 1041 (also for Form 5227 or Form 990-T, if applicable).

Name of estate or trust

COVENANT HOUSE

Employer identification number

13-2725416

Note: Form 5227 filers need to complete only Parts I and II.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					
b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b					1b
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824					2
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts					3
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2006 Capital Loss Carryover Worksheet					4 ()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back.					5

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 40 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a					
b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b					6b 57,915,191.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824					7
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts					8
9 Capital gain distributions					9
10 Gain from Form 4797, Part I					10
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2006 Capital Loss Carryover Worksheet					11 ()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back.					12 57,915,191.

Part III Summary of Parts I and II Caution: Read the instructions before completing this part.		(1) Beneficiaries' (see page 41)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13		
14	Net long-term gain or (loss):			
a	Total for year	14a		57,915,191.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b		
c	28% rate gain	14c		
15	Total net gain or (loss). Combine lines 13 and 14a	15		57,915,191.

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part IV Capital Loss Limitation

16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of: a The loss on line 15, column (3) or b \$3,000	16	()
----	---	----	-----

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 42 of the instructions to figure your capital loss carryover.

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

Caution: Skip this part and complete the worksheet on page 43 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 43 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18	Enter the smaller of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0-	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	
24	Enter the smaller of the amount on line 17 or \$2,150	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> Yes. Skip lines 25 through 27; go to line 28 and check the "No" box. <input type="checkbox"/> No. Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Multiply line 26 by 5% (.05)	27	
28	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> Yes. Skip lines 28 thru 31; go to line 32. <input type="checkbox"/> No. Enter the smaller of line 17 or line 22	28	
29	Enter the amount from line 26 (If line 26 is blank, enter -0-)	29	
30	Subtract line 29 from line 28	30	
31	Multiply line 30 by 15% (.15)	31	
32	Figure the tax on the amount on line 23. Use the 2007 Tax Rate Schedule on page 27 of the instructions	32	
33	Add lines 27, 31, and 32	33	
34	Figure the tax on the amount on line 17. Use the 2007 Tax Rate Schedule on page 27 of the instructions	34	
35	Tax on all taxable income. Enter the smaller of line 33 or line 34 here and on line 1a of Schedule G, Form 1041 (or line 36 of Form 990-T)	35	

