

PUBLIC DISCLOSURE COPY

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.**2023**Open to Public
InspectionA For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

COVENANT HOUSEDoing business as **COVENANT HOUSE INTERNATIONAL**

Number and street (or P.O. box if mail is not delivered to street address)

5 PENN PLAZA, 19TH FLOOR

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

NEW YORK, NY 10001F Name and address of principal officer: **WILLIAM BEDROSSIAN****SAME AS C ABOVE**

D Employer identification number

13-2725416

E Telephone number

212-727-4057G Gross receipts \$ **114,606,653.**

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(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 ☐ 527J Website: **WWW.COVENANTHOUSE.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ OtherL 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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a) 3 33
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 33
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 133
	6 Total number of volunteers (estimate if necessary) 6 42
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 85,693,086. 91,388,724.
	9 Program service revenue (Part VIII, line 2g) 927,000. 927,000.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,256,379. 1,296,125.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 432,482. 266,905.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 88,308,947. 93,878,754.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 36,522,999. 36,650,497.
	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) 21,230,344. 20,478,378.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 220,124. 283,604.
	b Total fundraising expenses (Part IX, column (D), line 25) 10,073,500.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 35,526,203. 35,270,000.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 93,499,670. 92,682,479.	
19 Revenue less expenses. Subtract line 18 from line 12 -5,190,723. 1,196,275.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 154,690,928. 159,802,055.
	21 Total liabilities (Part X, line 26) 26,658,865. 24,988,794.
	22 Net assets or fund balances. Subtract line 21 from line 20 128,032,063. 134,813,261.

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	Signature of officer Pamela Kournetas	Date 5/13/23			
	Type or print name and title PAMELA KOURNETAS, CFO				
Paid Preparer Use Only	Print/Type preparer's name MELISSA MODELSON	Preparer's signature MELISSA MODELSON	Date 05/12/25	Check if self-employed <input type="checkbox"/>	PTIN P01603524
	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC	Firm's EIN 33-1374517	Firm's address 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633	Phone no. 914-381-8900	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****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 \$ **24,826,004.** including grants of \$ **17,681,051.**) (Revenue \$ **0.**)
SEE SCHEDULE O - IMMEDIATE HOUSING (SHELTER AND CRISIS CARE)**4b** (Code:) (Expenses \$ **21,242,062.** including grants of \$ **382,143.**) (Revenue \$ **0.**)
SEE SCHEDULE O - EDUCATION AND EMPLOYMENT SERVICES/PUBLIC EDUCATION AND PREVENTION PROGRAMS**4c** (Code:) (Expenses \$ **11,357,300.** including grants of \$ **7,747,149.**) (Revenue \$ **927,000.**)
SEE SCHEDULE O - TRANSITIONAL LIVING PROGRAM - RIGHTS OF PASSAGE "ROP"**4d** Other program services (Describe on Schedule O.)(Expenses \$ **14,946,727.** including grants of \$ **10,840,154.**) (Revenue \$ **0.**)**4e** Total program service expenses **72,372,093.**Form **990** (2023)

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	73
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
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 133		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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 X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
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	
9 Sponsoring organizations maintaining donor advised funds.		
a 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	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.	33			
b Enter the number of voting members included on line 1a, above, who are independent		33		
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?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on 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 - 212-727-4057
5 PENN PLAZA, 19TH FLOOR, NEW YORK, NY 10001

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

☐ 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) WILLIAM BEDROSSIAN PRESIDENT & CEO	23.00 12.00			X				388,395.	84,811.	75,191.
(2) DEIRDRE CRONIN FORMER SECRETARY/COO	0.00 0.00						X	418,118.	0.	85,398.
(3) JILL VORNDRA CHIEF DEVELOPMENT OFFICER	35.00 0.00				X			366,831.	0.	78,735.
(4) CARLETTE MACK CHIEF PEOPLE, CULTURE, & INCLUSION	35.00 0.00					X		362,864.	0.	57,817.
(5) JOHN DUOFF CHIEF LEGAL OFFICER/SECRETARY	35.00 0.00			X				356,163.	0.	61,916.
(6) PAMELA KOURNETAS TREASURER/CFO	32.00 3.00			X				388,115.	0.	22,697.
(7) THOMAS MONAGHAN SVP, KEY PARTNERSHIPS	35.00 0.00					X		283,389.	0.	76,041.
(8) DANIEL KARP SVP, INTEGRATED DIRECT MARKETING	35.00 0.00					X		256,955.	0.	71,181.
(9) LESLIE MCGUIRE SVP, OPERATIONS & SITE SUPPORT	35.00 0.00					X		259,767.	0.	46,785.
(10) GINA BULTER SVP, KEY RELATIONSHIPS	35.00 0.00					X		221,333.	0.	18,680.
(11) PHILIP J. ANDRYC BOARD CHAIR	1.00 1.00	X		X				0.	0.	0.
(12) ERIC HUTCHERSON VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(13) DAVID ACKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) LAUREN AGUIAR DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) DR. ROLAND ANGLIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) STEPHANIE ASBURY DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) DR. MERRIAN BROOKS DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) RACHEL BROSNAHAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) ANDY BUSTILLO DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) BRIAN M. CASHMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) DENIS COLEMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) HANNAH COLLIER DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) JON S. CORZINE DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) JONATHAN DAVIDSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) ARIANA DEBOSE DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) JOHN DICKERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								3,301,930.	84,811.	594,441.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								3,301,930.	84,811.	594,441.

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

59

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS ROAD, SUITE 600, VIENNA, VA 22182	PRINTING SERVICES	8,539,879.
TELEVISION FUNDRAISING SOLUTIONS, 4200 PARLIAMENT PL STE 300, LANHAM, MD 20706	TELEVISION ADVERTISING SERVICES	3,910,524.
ALTUS MARKETING, LLC PO BOX 839, TULSA, OK 74101	DIGITAL ADVERTISING	1,896,493.
INNOVAIRRE GLOBAL, LLC 528 ROUTE 13, STE 200, MILFORD, NH 03055	PRINTING SERVICES	950,369.
DIRECT MEDIA LLC PO BOX 95819, ST LOUIS, MO 63195	LIST SERVICES	686,310.

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

28

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2023)

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK DODDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) DAVID EKLUND DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) DAVID HEGARTY DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) NANNETTE HENDEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) MARK J. HENNESSY DIRECTOR	1.00 1.00	X						0.	0.	0.
(32) DR. APRIL RAY HUNZIKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) CAPATHIA Y. JENKINS DIRECTOR, THRU SEPT. 2023	1.00 0.00	X						0.	0.	0.
(34) TRACY S. JONES WALKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) JANET M. KEATING DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) BILL LIVEK DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) AUDRA A. MCDONALD DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) VIVIAN SCOTT CHEW DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) L. EDWARD SHAW, JR DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) MARY T. SULLIVAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) RAHNOLD THOMAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) JASON VILLANUEVA DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) KENNETH WILLMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) STRAUSS ZELNICK DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck 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	1 a Federated campaigns	1a	23,472.				
	b Membership dues	1b					
	c Fundraising events	1c	8,877,906.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,192,901.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	80,294,445.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 458,635.				
	h Total. Add lines 1a-1f				91,388,724.		
Program Service Revenue	2 a RENTAL INCOME FROM AFFILIATES	Business Code	532000	927,000.	927,000.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			927,000.			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,240,053.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties				665,048.			665,048.
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b					
c Gain or (loss)		7c					
d Net gain or (loss)				56,072.			56,072.
8 a Gross income from fundraising events (not including \$ 8,877,906. of contributions reported on line 1c). See Part IV, line 18		8a		93,635.			
b Less: direct expenses		8b		863,859.			
c Net income or (loss) from fundraising events				-770,224.			-770,224.
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses		9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a ADMINISTRATIVE FEES FROM AFFILIAT	Business Code	900099	370,792.			370,792.
	b OTHER INCOME		900099	1,289.			1,289.
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			372,081.			
	12 Total revenue. See instructions			93,878,754.	927,000.	0.	1563030.

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	32,292,487.	32,292,487.		
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, lines 15 and 16	4,358,010.	4,358,010.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,852,009.	1,169,940.	573,355.	108,714.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,925,669.	8,797,041.	4,311,181.	817,447.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,533,299.	1,015,023.	409,728.	108,548.
9 Other employee benefits	2,037,521.	1,347,638.	546,108.	143,775.
10 Payroll taxes	1,129,880.	745,721.	305,068.	79,091.
11 Fees for services (nonemployees):				
a Management				
b Legal	146,324.	109,132.	37,192.	
c Accounting	316,284.	15,000.	301,284.	
d Lobbying	62,600.	62,600.		
e Professional fundraising services. See Part IV, line 17	283,604.			283,604.
f Investment management fees	64,524.		64,524.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,383,128.	4,618,434.	1,463,727.	300,967.
12 Advertising and promotion				
13 Office expenses	538,828.	425,318.	102,828.	10,682.
14 Information technology	340,009.	240,001.	99,574.	434.
15 Royalties				
16 Occupancy	316,737.		296,131.	20,606.
17 Travel	422,039.	335,143.	58,692.	28,204.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	241,447.	230,258.	8,970.	2,219.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,878,933.	6,843,479.	1,080,948.	954,506.
23 Insurance	133,287.		132,883.	404.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a POSTAGE	10,494,968.	5,657,632.	219,730.	4,617,606.
b PRINTING	5,833,841.	3,144,909.	122,142.	2,566,790.
c BANK CHARGES AND FEES	802,666.	794,349.	8,317.	
d OTHER EXPENSES	249,933.	169,905.	50,154.	29,874.
e All other expenses	44,452.	73.	44,350.	29.
25 Total functional expenses. Add lines 1 through 24e	92,682,479.	72,372,093.	10,236,886.	10,073,500.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,101,680.	1	3,709,763.
	2 Savings and temporary cash investments	4,138,018.	2	9,634,931.
	3 Pledges and grants receivable, net	3,000,473.	3	4,690,878.
	4 Accounts receivable, net	109,283.	4	72,463.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,020,504.	9	517,333.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 96,250,783.		
	b Less: accumulated depreciation	10b 23,287,258.		
	11 Investments - publicly traded securities	75,779,349.	10c	72,963,525.
	12 Investments - other securities. See Part IV, line 11	36,991,794.	11	39,588,307.
	13 Investments - program-related. See Part IV, line 11	6,488,652.	12	6,914,933.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	8,486,693.	14	6,363,017.
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,574,482.	15	15,346,905.	
17 Accounts payable and accrued expenses	154,690,928.	16	159,802,055.	
Liabilities	18 Grants payable	4,569,318.	17	4,197,455.
	19 Deferred revenue	14,819.	18	14,819.
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	114,251.	21	296,153.
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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	3,000,000.	24	4,350,000.
	26 Total liabilities. Add lines 17 through 25	18,960,477.	25	16,130,367.
	27 Net assets without donor restrictions	26,658,865.	26	24,988,794.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	28 Net assets with donor restrictions	109,855,891.	27	115,268,515.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.	18,176,172.	28	19,544,746.
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	128,032,063.	32	134,813,261.
33 Total liabilities and net assets/fund balances	154,690,928.	33	159,802,055.	

Form 990 (2023)

Part XI Reconciliation of Net AssetsCheck 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	93,878,754.
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,682,479.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,196,275.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	128,032,063.
5	Net unrealized gains (losses) on investments	5	2,554,313.
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 on Schedule O)	9	3,030,610.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	134,813,261.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2023)

SCHEDULE A
(Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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).)
- 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 **section 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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 on 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	88813453.	83307739.	90700829.	85683086.	91388724.	439893831
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	88813453.	83307739.	90700829.	85683086.	91388724.	439893831
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.						439893831

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	88813453.	83307739.	90700829.	85683086.	91388724.	439893831
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1235446.	1372343.	1885176.	1632511.	1905101.	8030577.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	474,028.	592,193.	472,787.	454,672.	372,081.	2365761.
11 Total support. Add lines 7 through 10						450290169
12 Gross receipts from related activities, etc. (see instructions)					12	6,222,047.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	97.69 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	97.67 %
16a 33 1/3% support test - 2023. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 on line 2, above, 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

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2019 AMOUNT: \$ 17,355.

2020 AMOUNT: \$ 55,607.

2021 AMOUNT: \$ 40,734.

2022 AMOUNT: \$ 10,705.

2023 AMOUNT: \$ 1,289.

INSURANCE PROCEEDS

2020 AMOUNT: \$ 91,830.

REFUND

2021 AMOUNT: \$ 16,295.

ADMINISTRATIVE INCOME FROM AFFILIATES

2019 AMOUNT: \$ 456,673.

2020 AMOUNT: \$ 444,756.

2021 AMOUNT: \$ 415,758.

2022 AMOUNT: \$ 443,967.

2023 AMOUNT: \$ 370,792.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

COVENANT HOUSE

13-2725416

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 4,772,356.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 2,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

13-2725416

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 	 	\$ 	

Name of organization

Employer identification number

COVENANT HOUSE**13-2725416****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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 organization

COVENANT HOUSE

Employer identification number

13-2725416

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$
- 3 Volunteer hours for political campaign activities

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-.

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

Schedule C (Form 990) 2023

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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		62,600.	103,650.												
c Total lobbying expenditures (add lines 1a and 1b)		62,600.	103,650.												
d Other exempt purpose expenditures		82,481,855.	114,266,94.												
e Total exempt purpose expenditures (add lines 1c and 1d)		82,544,455.	114,230,344.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2020	(b) 2021	(c) 2022	(d) 2023	(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	114,306.	190,907.	158,300.	103,650.	567,163.
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					

Schedule C (Form 990) 2023

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)		(b)
	Yes	No	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 not be 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 campaign activity 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 expenditures 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.

SCHEDULE C, PART II-A, BOX A:

COVENANT HOUSE, INC. BELONGS TO AN AFFILIATED GROUP WITH THE FOLLOWING

AFFILIATES:**AFFILIATES****DIRECT LOBBYING EXPENSE**

COVENANT HOUSE, INC.

\$62,600

UNDER 21, INC./COVENANT HOUSE NY

\$41,050

Part IV Supplemental Information *(continued)*

TESTANMENTUM \$0

COVENANT INTERNATIONAL FOUNDATION \$0

CONVENANT HOUSE WESTERN AVENUE \$0

AFFILIATED GROUP TOTAL \$103,650

REFER TO SCHEDULE R FOR FURTHER DETAILS FOR ADDRESS AND EIN.

Blank lines for supplemental information.

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2023

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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" 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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, 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	9,843,374.	9,455,068.	10041309.	8,558,563.	8,999,807.
b Contributions					
c Net investment earnings, gains, and losses	336,914.	388,306.	-586,241.	1,482,746.	441,244.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	10180288.	9,843,374.	9,455,068.	10041309.	8,558,563.

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

a Board designated or quasi-endowment .0000 %

b Permanent endowment 50.1090 %

c Term endowment 49.8910 %

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

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

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		2,026,659.		2,026,659.
b Buildings		80,770,038.	11,971,224.	68,798,814.
c Leasehold improvements		3,758,480.	3,758,480.	0.
d Equipment		4,386,188.	3,256,947.	1,129,241.
e Other		5,309,418.	4,300,607.	1,008,811.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				72,963,525.

Schedule D (Form 990) 2023

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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	46,475.
(2) DUE FROM AFFILIATES	848,254.
(3) SECURITY DEPOSITS	20,113.
(4) LOANS RECEIVABLE FROM AFFILIATES	6,527,031.
(5) ADVANCE PAYMENT ON CONDOMINIUM CONSTRUCTION	7,500,000.
(6) RIGHT OF USE ASSETS	405,032.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	15,346,905.

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	
(2) DUE TO AFFILIATES	321,686.
(3) ANNUITIES PAYABLE	3,484,066.
(4) PENSION BENEFITS LIABILITY	11,919,583.
(5) LEASE LIABILITY, OPERATING LEASES	405,032.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	16,130,367.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2023

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	107,909,862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,554,313.
b	Donated services and use of facilities	2b	10,969,992.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	571,327.
e	Add lines 2a through 2d	2e	14,095,632.
3	Subtract line 2e from line 1	3	93,814,230.
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	64,524.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	64,524.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	93,878,754.

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	103,702,750.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,969,992.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	114,803.
e	Add lines 2a through 2d	2e	11,084,795.
3	Subtract line 2e from line 1	3	92,617,955.
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	64,524.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	64,524.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	92,682,479.

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.

PART IV, LINE 2B:

CHI ACTS AS AN AGENT AND HELD INVESTMENTS FOR ITS AFFILIATES TOTALING IN THE AMOUNT OF \$296,153. 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 REQUEST IS SUBMITTED BY THE AFFILIATES FOR REIMBURSEMENT. THIS AMOUNT IS RECORDED AS A LIABILITY ON THE CHI'S BALANCE SHEET.

PART V, LINE 4:

CHI'S ENDOWMENT IS INTENDED TO FUND THE ORGANIZATION'S PROGRAM SERVICE ACTIVITIES AND TO SECURE FUTURE GROWTH. THE PERMANENT ENDOWMENT'S PRINCIPAL IS HELD FOR INVESTMENT AND ONLY THE EARNINGS ARE DISBURSED TO

Part XIII Supplemental Information (continued)

FUND ACTIVITIES UPON APPROPRIATION BY COVENANT HOUSE'S BOARD OF DIRECTORS.

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 HAS NO UNCERTAIN 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 YEARS PRIOR TO JUNE 30, 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	296,180.
CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS	275,147.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	571,327.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF PLEDGE RECEIVABLES	114,803.
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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" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023Open 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" on 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 Activities 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	3	698	GRANTS TO RECIPIENTS		1489940.
CENTRAL AMERICA AND THE CARIBBEAN	3	281	GRANTS TO RECIPIENTS		2868070.
3 a Subtotal	0	979			4358010.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	979			4358010.

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

Schedule F (Form 990) 2023

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	PROGRAM SUPPORT	1273623.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	112,619.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	103,698.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	1688928.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	1179142.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 5

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" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

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 the 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 the Instructions for Forms 3520 and 3520-A; don't 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* ☐ Yes ☒ No

Schedule F (Form 990) 2023

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.

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.

PART I, LINE 3:

ACCRUED BASIS OF ACCOUNTING WAS THE METHOD USED TO ACCOUNT FOR
EXPENDITURES.

FORM 990, SCHEDULE F, PART IV:

COVENANT HOUSE, INC. IS NOT REQUIRED TO FILE FORM 3520 BECAUSE IT DOES
NOT MEET THE APPLICABLE FILING REQUIREMENT.

PART IV, FOREIGN FORMS, LINE 1:

THE ORGANIZATION IS REQUIRED TO FILE FORM 926 BECAUSE IT DOES MEET THE
APPLICABLE THRESHOLD FILING REQUIREMENTS.

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, line 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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

Part I

Fundraising Activities.

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

2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
SD&A TELESERVICES, INC - 5757 WEST CENTURY BLVD, SUITE 300,	TELE-FUNDRAISING SERVICES		X	0.	193,535.	-193,535.
PUBLISHING CONCEPTS, LP (STORYCAUSE) - 875 REGAL ROW,	MANAGE FUNDRAISING CAMPAIGNS		X	0.	90,070.	-90,070.
Total					283,605.	-283,605.

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

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

Schedule G (Form 990) 2023

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

40

22370513 756359 1176300.500

2023.05070 COVENANT HOUSE

11763001

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 NOCHS (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	7,946,352.	1,025,189.		8,971,541.
2 Less: Contributions	7,946,352.	931,554.		8,877,906.
3 Gross income (line 1 minus line 2)		93,635.		93,635.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	3,075.	70,048.		73,123.
7 Food and beverages	2,088.	156,200.		158,288.
8 Entertainment		207,325.		207,325.
9 Other direct expenses	165,260.	259,863.		425,123.
10 Direct expense summary. Add lines 4 through 9 in column (d)				863,859.
11 Net income summary. Subtract line 10 from line 3, column (d)				-770,224.

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				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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 | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

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

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

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

Name _____

Address _____

- 16** Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

b Enter the amount of distributions required under state law to be 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SD&A TELESERVICES, INC

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BLVD, SUITE 300, LOS ANGELES, CA 90045

(I) NAME OF FUNDRAISER: PUBLISHING CONCEPTS, LP (STORYCAUSE)

(I) ADDRESS OF FUNDRAISER: 875 REGAL ROW, DALLAS, TX 75247

Part IV Supplemental Information (continued)

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. CHI RECORDS 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.

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.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COVENANT HOUSE ALASKA 755 A STREET ANCHORAGE, AK 99501	13-3419755	501(C)3	841,365.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE CALIFORNIA 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027	13-3391210	501(C)3	2406483.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE FLORIDA 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)3	2451065.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE GEORGIA 1559 JOHNSON ROAD SW ATLANTA, GA 30318	13-3523561	501(C)3	1257107.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE ILLINOIS 5 PENN PLAZA NEW YORK, NY 10001	81-2061485	501(C)3	1079507.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)3	877,493.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT HOUSE MISSOURI 2727 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63113	43-1821599	501(C)3	1007214.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK, NJ 07102	13-3537710	501(C)3	4079900.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)3	1560883.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE PENNSYLVANIA 31 EAST ARMAT STREET PHILADELPHIA, PA 19144	23-3003176	501(C)3	2051957.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882	501(C)3	1634420.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE WASHINGTON 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	13-3537709	501(C)3	1705410.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT INTERNATIONAL FOUNDATION 5 PENN PLAZA NEW YORK, NY 10001	13-3124706	501(C)3	67,530.	0.			PROGRAM SUPPORT
UNDER 21 COVENANT HOUSE NEW YORK 460 WEST 41ST STREET NEW YORK, NY 10036	13-3076376	501(C)3	11246817	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
CHARLOTTE RESCUE MISSION 907 WEST 1ST STREET CHARLOTTE, NC 28202	56-0571223	501(C)3	25,329.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANT FUNDS PROVIDED TO EACH ORGANIZATION ARE MONITORED BY COVENANT HOUSE
INTERNATIONAL TO ENSURE THAT THE ORGANIZATION IS USING THESE FUNDS TO
SUPPORT ITS CHARITABLE PROGRAMS. COVENANT HOUSE INTERNATIONAL MONITORS THE
USE OF THESE FUNDS BY REQUIRING EACH ORGANIZATION TO SUBMIT AN ANNUAL
BUDGET, REFORECASTS, AND INTERNAL AND EXTERNAL AUDITS.

**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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

Part I Questions Regarding Compensation

1a Check the appropriate 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?

b Any related organization?

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?

b Any related organization?

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 on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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 aren't 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 and/or 1099-NEC 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				
(1) WILLIAM BEDROSSIAN PRESIDENT & CEO	(i)	377,368.	0.	11,027.	16,709.	50,488.	455,592.	0.
	(ii)	84,788.	0.	23.	2,619.	5,375.	92,805.	0.
(2) DEIRDRE CRONIN FORMER SECRETARY/COO	(i)	103,266.	0.	314,852.	38,334.	47,064.	503,516.	266,538.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JILL VORNDRA CHIEF DEVELOPMENT OFFICER	(i)	366,141.	0.	690.	24,713.	54,022.	445,566.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CARLETTE MACK CHIEF PEOPLE, CULTURE, & INCLUSION	(i)	362,414.	0.	450.	37,460.	20,357.	420,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOHN DUCOFF CHIEF LEGAL OFFICER/SECRETARY	(i)	355,473.	0.	690.	27,659.	34,257.	418,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAMELA KOURNETAS TREASURER/CFO	(i)	376,665.	0.	11,450.	22,159.	538.	410,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) THOMAS MONAGHAN SVP, KEY PARTNERSHIPS	(i)	282,952.	0.	437.	29,167.	46,874.	359,430.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DANIEL KARP SVP, INTEGRATED DIRECT MARKETING	(i)	256,550.	0.	405.	17,363.	53,818.	328,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) LESLIE MCGUIRE SVP, OPERATIONS & SITE SUPPORT	(i)	259,170.	0.	597.	16,810.	29,975.	306,552.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) GINA BULTER SVP, KEY RELATIONSHIPS	(i)	221,128.	0.	205.	18,249.	431.	240,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4A:

PURSUANT TO THE TERMS AND CONDITIONS OF DEIRDRE CRONIN'S SEPARATION

AGREEMENT, THE ORGANIZATION MADE PAYMENTS IN THE AMOUNT OF \$296,154 IN

2023. THE PAYMENTS WERE TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.

**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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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	X		70,225.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	50	247,328.	SALES 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	X	2	3,802.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (LAPTOPS)	X	310	137,280.	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 V, Donee Acknowledgement

29

0

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 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

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.

SCHEDULE M, PART I, COLUMN (B):

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

SCHEDULE O
(Form 990)

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

FORM 990, PART I AND PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IN 34 CITIES ACROSS FIVE COUNTRIES, COVENANT HOUSE BUILDS BRIDGES TO

HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN

TRAFFICKING. WE MEET THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING,

PROTECTION, AND MEDICAL CARE; SUPPORT THEM TO ADVANCE THEIR GOALS OF

EDUCATION AND EMPLOYMENT; AND OFFER HOMELESSNESS PREVENTION AND

AFTERCARE SERVICES TO REDUCE THE RISK OF A YOUNG PERSON BECOMING

HOMELESS IN THE FIRST PLACE AND THE LIKELINESS OF RECURRING

HOMELESSNESS. COVENANT HOUSE ENCOMPASSES A ROBUST NETWORK OF "HOUSES,"

WITH BEST-IN-CLASS SERVICES AND A SHARED COMMITMENT TO UNCONDITIONAL

LOVE, ABSOLUTE RESPECT, AND RELENTLESS SUPPORT FOR EACH YOUNG PERSON

WHO COMES TO OUR DOORS. FOUNDED AS A DROP-IN CENTER IN NEW YORK CITY IN

1972, COVENANT HOUSE NOW SERVES TENS OF THOUSANDS OF CHILDREN AND YOUTH

EVERY YEAR IN OUR RESIDENTIAL, OUTREACH, DROP-IN, PREVENTION, AND

AFTERCARE PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED STATES,

GUATEMALA, HONDURAS, MEXICO, AND CANADA EMPLOY A STRENGTH-BASED,

TRAUMA-INFORMED PROGRAM MODEL THAT HELPS YOUNG PEOPLE DISCOVER AND

DEVELOP THEIR POWER TO OVERCOME ADVERSITY NOW AND INTO THE FUTURE. OUR

NORTH STAR IS TO END YOUTH HOMELESSNESS AS WE KNOW IT TODAY.

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH AN ARRAY OF LIVED

EXPERIENCES, INCLUDING FOSTER CARE, FAMILY TRAUMA, SUBSTANCE USE,

MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, DISPLACEMENT,

AND HUMAN TRAFFICKING. YOUTH MAY COME TO US SCARRED BY ANTI-LGBTQ+

DISCRIMINATION AND VIOLENCE, OR AS PARENTS OF SMALL CHILDREN, OR

PREGNANT. OUR STAFF MEET THEM WHERE THEY ARE, HELP THEM STABILIZE THEIR

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Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

SITUATION, AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY SERVICES, ON
THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

- IMMEDIATE HOUSING

COVENANT HOUSE WELCOMES ALL YOUNG PEOPLE FACING HOMELESSNESS WITH
UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS SUPPORT. OUR
SHELTER DOORS ARE ALWAYS OPEN, 24/7/365. WE HAVE PROVIDED UNINTERRUPTED
SERVICE TO CHILDREN AND YOUTH FOR MORE THAN 50 YEARS, ENSURING THEM
SHELTER, NUTRITIOUS FOOD, CLOTHING, SAFETY, MEDICAL CARE, AND MENTAL
HEALTH CARE - ALL NEEDS THAT REQUIRE IMMEDIATE ATTENTION. COVENANT
HOUSE PROVIDES HIGH-QUALITY SERVICES AND PROGRAMS TO MEET THOSE NEEDS,
STABILIZE EACH YOUNG PERSON'S SITUATION, AND HELP THEM BEGIN TO
CONSIDER THEIR LONGER-TERM GOALS FOR EDUCATION, EMPLOYMENT, CAREER
PLANNING, AND STABLE HOUSING. WE WELCOME ALL YOUNG PEOPLE WHO COME TO
US FOR HOUSING AND HELP, REGARDLESS OF THEIR RACE, RELIGION, SEXUAL
ORIENTATION, OR GENDER IDENTITY OR EXPRESSION. WE ARE EXPERTLY EQUIPPED
TO RESPOND TO THE UNIQUE NEEDS OF YOUNG SURVIVORS OF HUMAN TRAFFICKING,
THOSE WHO IDENTIFY AS LGBTQ+, AND THOSE WHO ARE PREGNANT OR PARENTING.
DURING FISCAL YEAR 2024, WE SERVED 8,000 INDIVIDUAL YOUTH IN OUR
RESIDENTIAL PROGRAMS, INCLUDING 376 YOUNG PARENTS AND 486 BABIES AND
SMALL CHILDREN. WE SERVED ANOTHER 7,500 YOUTH THROUGH OUR DROP-IN AND
NONRESIDENTIAL PROGRAMS. AND WE SERVED 1.8 MILLION MEALS TO YOUTH
ACROSS ALL OUR PROGRAMS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

- EDUCATION AND EMPLOYMENT SERVICES

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH DREAMS THAT HAVE BEEN
 DISRUPTED BY HOMELESSNESS. AT THE TIME OF INTAKE, 23% ARE EMPLOYED AND
 22% ARE ENROLLED IN SCHOOL. ADVANCING EDUCATIONALLY AND PREPARING FOR
 THE WORLD OF WORK ARE KEY TO A YOUNG PERSON'S PROSPECTS FOR LEAVING
 HOMELESSNESS BEHIND. EITHER DIRECTLY OR THROUGH REFERRAL, WE GUIDE
 YOUTH TO APPROPRIATE EDUCATIONAL AND VOCATIONAL OPPORTUNITIES, MATCHING
 EACH YOUNG PERSON'S STRENGTHS AND ABILITIES WITH THEIR CAREER
 INTERESTS. OUR CAREER PATHWAYS PILOT PROGRAM IN INFORMATION TECHNOLOGY
 IS HELPING YOUTH PREPARE FOR CAREERS THAT OFFER A LIVABLE WAGE AND ROOM
 TO GROW PROFESSIONALLY. OUR WORKFORCE DEVELOPMENT PROGRAM HELPS THEM
 HONE THE SKILLS THEY NEED TO JOIN THE WORKFORCE, BECOME INDEPENDENT,
 AND SUSTAINABLY EXIT HOMELESSNESS. IN FISCAL YEAR 2024, ABOUT 1,900
 YOUTH ENROLLED OR REMAINED IN SCHOOL, 1,300 ENGAGED IN ON-SITE
 EDUCATION PROGRAMS PROVIDED AT COVENANT HOUSE, 2,600 OBTAINED OR
 MAINTAINED EMPLOYMENT, AND 2,900 YOUTH ENGAGED IN ON-SITE WORKFORCE
 DEVELOPMENT PROGRAMS.

- PUBLIC EDUCATION AND PREVENTION

COVENANT HOUSE USES A VARIETY OF PLATFORMS TO INFORM AND EDUCATE THE
 PUBLIC, GOVERNMENT OFFICIALS, AND YOUNG PEOPLE THEMSELVES ABOUT YOUTH
 HOMELESSNESS AND HUMAN TRAFFICKING. WE EMPLOY WEBSITES, SOCIAL MEDIA,
 NEWSLETTERS, SCHOOL-BASED PROGRAMS, TALKS, LECTURES, AND PEER-TO-PEER
 EVENTS ACROSS OUR FEDERATION TO RAISE AWARENESS OF THE CAUSES AND
 IMPACTS OF YOUTH HOMELESSNESS AND OF THE SIGNS THAT A YOUNG PERSON
 MIGHT BE EXPERIENCING HOMELESSNESS OR HUMAN TRAFFICKING. WE ALSO
 ADVOCATE LOCALLY AND NATIONALLY FOR JUST LAWS THAT IMPACT YOUNG PEOPLE
 EXPERIENCING OR AT RISK OF HOMELESSNESS AND FOR INCREASED HOUSING
 OPTIONS THAT ARE AFFORDABLE FOR YOUTH. IN FISCAL YEAR 2024, WE REACHED

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

41,000 YOUNG PEOPLE THROUGH OUR PUBLIC EDUCATION AND PREVENTION PROGRAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

-TRANSITIONAL LIVING PROGRAM - RIGHTS OF PASSAGE "ROP"

COVENANT HOUSE'S TRANSITIONAL LIVING PROGRAMS, OFTEN REFERRED TO AS "RIGHTS OF PASSAGE" OR ROP, ARE WHERE YOUNG PEOPLE TAKE THEIR BOLDEST STEPS TOWARD INDEPENDENCE. YOUTH LIVE IN ROP FOR UP TO 18-24 MONTHS, WHERE THEY TAP INTO THEIR POTENTIAL AND PLAN FOR THE FUTURE. OUR RESEARCH SHOWS THAT THE LONGER A YOUNG PERSON RESIDES WITH US AND TAKES ADVANTAGE OF OUR WRAPAROUND PROGRAMS, THE MORE LIKELY THEY ARE TO EXPERIENCE POSITIVE OUTCOMES, INCLUDING STABLE HOUSING, GAINFUL EMPLOYMENT, AND HIGHER EDUCATION. IN OUR TRANSITIONAL LIVING PROGRAM, YOUTH BUILD BASIC LIFE SKILLS AND FINANCIAL LITERACY, PARTICIPATE IN EDUCATIONAL AND VOCATIONAL PROGRAMS, SEEK EMPLOYMENT WITH LONG-TERM ADVANCEMENT AND CAREER PROSPECTS, AND WORK TOWARD MOVING INTO THEIR OWN SAFE AND STABLE HOUSING. COVENANT HOUSE STAFF SUPPORT EACH YOUNG PERSON ON THEIR JOURNEY TOWARD SUSTAINABLE INDEPENDENCE AND A HOPE-FILLED FUTURE. IN FISCAL YEAR 2024, OUR TRANSITIONAL LIVING PROGRAMS SERVED 1,182 YOUNG PEOPLE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

- STREET OUTREACH

IN VANS AND ON FOOT, COVENANT HOUSE OUTREACH WORKERS GO OUT TO THE NEIGHBORHOODS, RIVERFRONTS, PARKS, AND OTHER PLACES WHERE YOUTH FACING HOMELESSNESS OFTEN SEEK REFUGE AND OFFER THEM FOOD, RESOURCES, AND COUNSELING. THROUGH SUSTAINED CONTACT, OUR OUTREACH WORKERS BUILD TRUST WITH YOUNG PEOPLE, ENCOURAGING THEM TO COME INTO OUR SHELTERS AND

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

CONNECT TO OUR PROGRAMS AND SERVICES. IN FISCAL YEAR 2024, WE SERVED
4,900 YOUNG PEOPLE THROUGH OUR OUTREACH PROGRAMS.

- HUMAN TRAFFICKING SURVIVORS

OF THE THOUSANDS OF YOUNG PEOPLE WHO FIND SAFETY AND SANCTUARY AT
COVENANT HOUSE, OUR RESEARCH INDICATES THAT APPROXIMATELY ONE IN FIVE
YOUTH RESIDING AT OUR U.S. AND CANADIAN SITES AND MORE THAN ONE IN TWO
AT OUR LATIN AMERICAN SITES ARE SURVIVORS OF HUMAN TRAFFICKING. YOUNG
PEOPLE EXPERIENCING HOMELESSNESS ARE VULNERABLE TO TRAFFICKERS, WHO
PREY ON THEIR NEED FOR LOVE, SUPPORT, A SAFE PLACE TO SLEEP, AND FOOD,
TO CREATE A TRAUMA BOND WITH THEM. COVENANT HOUSE HAS PIONEERED INTAKE
SCREENING TOOLS TO QUICKLY REVEAL A HISTORY OF TRAFFICKING THAT,
OTHERWISE, YOUNG PEOPLE MAY BE RELUCTANT TO NAME. WE MEET TRAFFICKING
SURVIVORS' IMMEDIATE NEEDS FOR NUTRITIOUS FOOD, CLOTHING, SHELTER,
SAFETY, AND MEDICAL CARE. AND WE RECOGNIZE THEIR UNIQUE NEEDS FOR EXTRA
LEVELS OF PROTECTION, INCLUDING SAFE SPACES AT ALL OUR SITES AND SAFE
HOUSES AT OUR SITES IN TORONTO, CANADA; TEGUCIGALPA, HONDURAS; AND
GUATEMALA CITY AND SAN JUAN DEL OBISPO, GUATEMALA. WE ALSO PROVIDE
RIGOROUS MENTAL HEALTH CARE TO HELP THEM PROCESS THEIR EXPERIENCES AND
RECLAIM THEIR POTENTIAL. COVENANT HOUSE ADVOCATES AT THE LOCAL, STATE,
AND NATIONAL LEVELS FOR TRAFFICKING SURVIVORS, PROMOTING LEGISLATION TO
PROTECT THEM AND THEIR RIGHTS AND BRINGING CRIMINAL CASES AGAINST THEIR
TRAFFICKERS WHENEVER POSSIBLE. IN FISCAL YEAR 2024, ABOUT 3,400 YOUTH
WERE SCREENED FOR HUMAN TRAFFICKING EXPERIENCES, INCLUDING SEX AND
LABOR TRAFFICKING.

- HEALTH AND WELL-BEING

HOMELESSNESS IMPACTS A YOUNG PERSON'S PHYSICAL AND MENTAL WELL-BEING IN

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

MANY WAYS, AND BECAUSE YOUTH ARE STILL DEVELOPING COGNITIVELY, PHYSICALLY, PSYCHOLOGICALLY, AND EMOTIONALLY, THOSE IMPACTS CAN HAVE DEEP EFFECTS. THIS IS EVEN MORE SO FOR YOUNG PEOPLE OF COLOR AND THOSE WHO IDENTIFY AS LGBTQ+, AS THEY FACE UNIQUE CHALLENGES ASSOCIATED WITH RACISM AND PREJUDICE. COVENANT HOUSE WELCOMES ALL YOUNG PEOPLE FACING HOMELESSNESS WITH UNCONDITIONAL LOVE AND ABSOLUTE RESPECT AND PROVIDES THEM WITH ACCESS TO A RANGE OF HEALTH AND WELL-BEING SERVICES THAT THEY CAN USE TO HEAL AND REDISCOVER THEIR POTENTIAL. OUR TRAUMA-INFORMED, STRENGTH-BASED PROGRAMS AND SERVICES RANGE FROM MEDICAL CARE AT OUR ON-SITE HEALTH CENTERS TO THERAPY, YOGA CLASSES, MUSIC LESSONS, RELIGIOUS AND SPIRITUAL SERVICES, AND SPORTS. IN THESE ACTIVITIES, YOUNG PEOPLE RETAKE CONTROL OVER THEIR LIVES, BUILD ON THEIR STRENGTHS, AND NOURISH THEIR SELF-CONFIDENCE. IN FISCAL YEAR 2024, YOUTH MADE 19,000 VISITS TO OUR ON-SITE MEDICAL SERVICES, AND 3,700 YOUNG PEOPLE ENGAGED IN MENTAL HEALTH SERVICES.

- AFTERCARE AND PERMANENT HOUSING

COVENANT HOUSE SUPPORTS YOUNG PEOPLE ON THEIR JOURNEY FROM CRISIS CARE TO INDEPENDENCE IN AN ONGOING RELATIONSHIP THAT BOLSTERS THEIR CAPACITY FOR INDEPENDENT LIVING AND PREVENTS THEIR RETURN TO HOMELESSNESS. OUR DROP-IN SERVICES FOR PHYSICAL AND MENTAL HEALTH CARE AND EDUCATIONAL, VOCATIONAL, AND LEGAL SUPPORT REMAIN AVAILABLE TO MANY. WE ALSO HELP YOUTH SECURE PERMANENT HOUSING BY COVERING A PORTION OF THEIR RENT, A PORTION THAT DWINDLES AS THEIR CAPACITY FOR INDEPENDENCE INCREASES. COMMUNITY APARTMENTS AND RAPID REHOUSING PROGRAMS ARE AN INCREASINGLY IMPORTANT PART OF OUR HOUSING SOLUTIONS, AS ARE NEW MODELS OF AFFORDABLE-FOR-YOUTH HOUSING SUCH AS OUR LINDEN COMMONS AND OLIVE TREE COMMONS IN CALIFORNIA. IN FISCAL YEAR 2024, WE SUPPORTED 737 YOUTH IN

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

PERMANENT HOUSING.EXPENSES \$ 14,946,727. INCLUDING GRANTS OF \$ 10,840,154. REVENUE \$ 0.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 AUDIT COMMITTEE OF THE BOARD AND ONCE
APPROVED; IT IS DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO ITS FILING WITH
THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATION OF THE CONFLICT
OF INTEREST POLICY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES, WHICH IS
MONITORED ANNUALLY BY THE BOARD'S AUDIT COMMITTEE. THE DISCLOSURE STATEMENT
REQUIRED EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE 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
INTERNATIONAL (CHI) OR ANY OTHER ORGANIZATION BUSINESS/ AGENCY AFFILIATED
WITH CHI. IF A CONFLICT IS DETERMINED TO EXIST, IT MUST BE REPORTED AND
ADDRESSED TO THE SATISFACTION OF THE ORGANIZATION. ANY OTHER PERSON HAVING
A CONFLICT, AND ATTENDING SAID MEETING, SHALL RETIRE FROM THE ROOM IN WHICH
THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL
DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY
INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE
MEETING OF THE BOARD OR COMMITTEE 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.

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT/CEO'S, OTHER OFFICERS', AND KEY EMPLOYEES' COMPENSATION ARE DETERMINED BY THE EXECUTIVE COMMITTEE ACTING AS THE COMPENSATION COMMITTEE WORKING IN CONJUNCTION WITH COMPARABILITY DATA SUCH AS SALARY SURVEYS WITH SIMILARLY SIZED NON-PROFITS. PERIODICALLY THE ORGANIZATION HIRES AN INDEPENDENT CONSULTANT TO REVIEW COMPARABLE SALARIES FOR THE PRESIDENT/CEO, OTHER OFFICERS AND KEY EMPLOYEES. GENERALLY THE BOARD EVALUATES COMPENSATION ANNUALLY. THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT FACTORS INTO ACCOUNT EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS.

RECORDS OF EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS ARE WRITTEN BY THE BOARD CHAIR AND MAINTAINED IN THE PRESIDENT'S FOLDER - HUMAN RESOURCES DEPARTMENT RECORD. THIS PROCESS WAS LAST UNDERTAKEN IN 2024.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OK, OR, PA, RI, SC
TN, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19:

COVENANT HOUSE MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE WWW.COVENANTHOUSE.ORG. COVENANT HOUSE MAKES ITS FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND AT MANAGEMENT'S DISCRETION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION RELATED ACTIVITIES

2,574,086.

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS 296,180.

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST 275,147.

WRITE-OFF OF PLEDGE RECEIVABLES -114,803.

TOTAL TO FORM 990, PART XI, LINE 9 3,030,610.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND ESTABLISHING A
COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT HAS
NOT CHANGED FROM PRIOR YEARS.

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

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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
460 WEST 41ST, LLC 5 PENN PLAZA, 3RD FLOOR NEW YORK, NY 10001	HOLDING CO.	DELAWARE	257,350.	87260418.	COVENANT HOUSE
COVENANT HOUSE INNOVATION CENTER, LLC - 99-0611069, 5 PENN PLAZA, 3RD FLOOR, NEW YORK, NY 10001	HOLDING CO.	DELAWARE	0.	0.	COVENANT 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.

(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
COVENANT HOUSE ALASKA - 13-3419755 755 A STREET ANCHORAGE, AK 99501	HUMANITARIAN	ALASKA	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE CALIFORNIA - 13-3391210 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027	HUMANITARIAN	CALIFORNIA	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE FLORIDA - 59-2323607 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	HUMANITARIAN	FLORIDA	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE GEORGIA - 13-3523561 1559 JOHNSON ROAD NW ATLANTA, GA 30318	HUMANITARIAN	GEORGIA	501(C)3	LINE 7	COVENANT HOUSE	X	

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

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COVENANT HOUSE ILLINOIS - 81-2061485 2934 W. LAKE STREET CHICAGO, IL 60612	HUMANITARIAN	ILLINOIS	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE MICHIGAN - 38-3351777 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	HUMANITARIAN	MICHIGAN	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE MISSOURI - 43-1821599 2727 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63113	HUMANITARIAN	MISSOURI	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE NEW JERSEY - 13-3537710 330 WASHINGTON STREET NEWARK, NJ 07102	HUMANITARIAN	NEW JERSEY	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE NEW ORLEANS - 58-1669937 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	HUMANITARIAN	LOUISIANA	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE PENNSYLVANIA - 23-3003176 31 EAST ARMAT STREET PHILADELPHIA, PA 19144	HUMANITARIAN	PENNSYLVANIA	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE TEXAS - 76-0050882 1111 LOVETT BLVD HOUSTON, TX 77006	HUMANITARIAN	TEXAS	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE WASHINGTON - 13-3537709 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	HUMANITARIAN	DISTRICT OF COLUMBIA	501(C)3	LINE 7	COVENANT HOUSE	X	
COVENANT HOUSE WESTERN AVENUE - 95-4395845 1325 N WESTERN AVENUE HOLLYWOOD, CA 90027	HOLDING CO	CALIFORNIA	501(C)3	LINE 12A, I	COVENANT HOUSE	X	
COVENANT INTERNATIONAL FOUNDATION - 13-3124706, 5 PENN PLAZA, NEW YORK, NY 10001	HOLDING CO	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE	X	
TESTAMENTUM - 23-7326634 5 PENN PLAZA NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)3	LINE 10	COVENANT HOUSE	X	
UNDER 21 COVENANT HOUSE NEW YORK - 13-3076376, 460 WEST 41ST STREET, NEW YORK, NY 10036	HUMANITARIAN	NEW YORK	501(C)3	LINE 7	COVENANT HOUSE	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COVENANT HOUSE CONNECTICUT - 13-3330953	HUMANITARIAN	CONNECTICUT	501(C)3	LINE 7	COVENANT HOUSE	X	
C/O COVENANT HOUSE, 5 PENN PLAZA							
NEW YORK, NY 10001							
COVENANT HOUSE CHICAGO - 13-3386635	HUMANITARIAN	ILLINOIS	501(C)3	PF	COVENANT HOUSE	X	
C/O COVENANT HOUSE, 5 PENN PLAZA							
NEW YORK, NY 10001							
268 WEST 44TH CORPORATION - 13-2874450	HOLDING CO	NEW YORK	501(C)2		COVENANT HOUSE	X	
C/O COVENANT HOUSE, 5 PENN PLAZA							
NEW YORK, NY 10001							
RIGHTS OF PASSAGE INC - 13-3549405	HUMANITARIAN	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE	X	
C/O COVENANT HOUSE, 5 PENN PLAZA							
NEW YORK, NY 10001							
UNDER 21 BOSTON INC - 04-2790593	HUMANITARIAN	MASSACHUSETTS	501(C)3	LINE 12A, I	COVENANT HOUSE	X	
C/O COVENANT HOUSE, 5 PENN PLAZA							
NEW YORK, NY 10001							
COVENANT HOUSE TORONTO	HUMANITARIAN	CANADA			COVENANT INTERNATIONAL FOUNDATION		X
20 GERRARD STREET EAST							
TORONTO, CANADA, CANADA M5B 2P3							
COVENANT HOUSE VANCOUVER	HUMANITARIAN	CANADA			COVENANT INTERNATIONAL FOUNDATION		X
575 DRAKE STREET							
VANCOUVER, CANADA, CANADA V6B 4K8							
ASOCIACION LA ALIANZA GUATEMALA	HUMANITARIAN	GUATEMALA			COVENANT INTERNATIONAL FOUNDATION		X
13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL							
MIXCO, GUATEMALA, GUATEMALA							
CASA ALIANZA DE HONDURAS	HUMANITARIAN	HONDURAS			COVENANT INTERNATIONAL FOUNDATION		X
CORNER OF ARDA CERVANTES Y MORELOS							
TEGUCIGALPA, HONDURAS, HONDURAS							
CASA ALIANZA NICARAGUA	HUMANITARIAN	NICARAGUA			COVENANT INTERNATIONAL FOUNDATION		X
EDIFFICIO CONRAD N HILTON COSTADO ESTE DEL M							
MANAGUA, NICARAGUA, NICARAGUA							
FUNDACION CASA ALIANZA MEXICO IAP	HUMANITARIAN	MEXICO			COVENANT INTERNATIONAL FOUNDATION		X
PLAZA DE LAS FUENTES 116 COL							
MEXICO DF, MEXICO, MEXICO							
CASA ALIANZA INTERNACIONAL	HUMANITARIAN	COSTA RICA			COVENANT INTERNATIONAL FOUNDATION		X
C/O COVENANT HOUSE, 5 PENN PLAZA							
NEW YORK, NY 10001							

Part II Continuation of Identification of Related Tax-Exempt Organizations

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
COVENANT HOUSE ILLINOIS QALICB LLC - 85-3857238, 2934 W. LAKE STREET, CHICAGO, IL 60612	DEVELOP PROPERTY	IL	COVENANT HOUSE ILLINOIS	RELATED	-15,749.	386,158.		X	N/A	X		5.00%
CHGA CHI LEVERAGE LENDER, LLC - 85-3539993, 1559 JOHNSON ROAD NW, ATLANTA, GA 30318	DEVELOP PROPERTY	GA	COVENANT HOUSE GEORGIA	RELATED	2,911.	301,732.		X	N/A	X		5.00%

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	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 organization 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 X	
b Gift, grant, or capital contribution to related organization(s)	1b X	
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n X	
o Sharing of paid employees with related organization(s)	1o X	
p Reimbursement paid to related organization(s) for expenses	1p X	
q Reimbursement paid by related organization(s) for expenses	1q X	
r Other transfer of cash or property to related organization(s)	1r X	
s Other transfer of cash or property from related organization(s)	1s X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) UNDER 21/COVENANT HOUSE NEW YORK	A	927,000.	COST
(2) COVENANT HOUSE TORONTO	A	126,836.	COST
(3) COVENANT HOUSE VANCOUVER	A	25,000.	COST
(4) COVENANT HOUSE ALASKA	A	48,072.	COST
(5) COVENANT HOUSE CALIFORNIA	A	48,072.	COST
(6) COVENANT HOUSE FLORIDA	A	28,848.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)COVENANT HOUSE GEORGIA	A	28,848.	COST
(8)COVENANT HOUSE ILLINOIS	A	19,224.	COST
(9)COVENANT HOUSE MICHIGAN	A	38,460.	COST
(10)COVENANT HOUSE MISSOURI	A	9,612.	COST
(11)COVENANT HOUSE NEW JERSEY	A	28,848.	COST
(12)COVENANT HOUSE NEW ORLEANS	A	48,072.	COST
(13)COVENANT HOUSE PENNSYLVANIA/ UNDER 21	A	28,848.	COST
(14)COVENANT HOUSE TEXAS	A	28,848.	COST
(15)COVENANT HOUSE WASHINGTON	A	38,460.	COST
(16)UNDER 21/ COVENANT HOUSE NEW YORK	A	9,612.	COST
(17)COVENANT HOUSE ALASKA	B	841,365.	COST
(18)COVENANT HOUSE CALIFORNIA	B	2,406,483.	COST
(19)COVENANT HOUSE FLORIDA	B	2,451,065.	COST
(20)COVENANT HOUSE GEORGIA	B	1,257,107.	COST
(21)COVENANT HOUSE ILLINOIS	B	1,079,507.	COST
(22)COVENANT HOUSE MICHIGAN	B	877,493.	COST
(23)COVENANT HOUSE MISSOURI	B	1,007,214.	COST
(24)COVENANT HOUSE NEW JERSEY	B	4,079,900.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) COVENANT HOUSE NEW ORLEANS	B	1,560,883.	COST
(8) COVENANT HOUSE PENNSYLVANIA	B	2,051,957.	COST
(9) COVENANT HOUSE TEXAS	B	1,634,420.	COST
(10) COVENANT HOUSE WASHINGTON	B	1,705,410.	COST
(11) COVENANT INTERNATIONAL FOUNDATION	B	67,530.	COST
(12) UNDER 21 COVENANT HOUSE NEW YORK	B	11,246,817.	COST
(13) ASOCIACION LA ALIANZA GUATEMALA	B	1,688,928.	COST
(14) CASA ALIANZA DE HONDURAS	B	1,179,142.	COST
(15) FUNDACION CASA ALIANZA MEXICO IAP	B	1,273,623.	COST
(16) COVENANT HOUSE VANCOUVER	B	112,619.	COST
(17) COVENANT HOUSE TORONTO	B	103,688.	COST
(18) COVENANT HOUSE ALASKA	D	850,000.	COST
(19) COVENANT HOUSE MISSOURI	D	450,000.	COST
(20) CASA ALIANZA DE HONDURAS	D	177,031.	COST
(21)			
(22)			
(23)			
(24)			

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.

[illegible]

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.