

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2017

PREPARED FOR:

COVENANT HOUSE
5 PENN PLAZA, 3RD FLOOR
NEW YORK, NY 10001

PREPARED BY:

PKF O'CONNOR DAVIES, LLP
500 MAMARONECK AVENUE
HARRISON, NY 10528-1633

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

RETURN MUST BE MAILED ON OR BEFORE:

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED FOR STATE FILING PURPOSES.

Return of Organization Exempt From Income Tax

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

2016

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

| | | | |
|--|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization COVENANT HOUSE | | D Employer identification number 13-2725416 |
| | Doing business as COVENANT HOUSE INTERNATIONAL | | E Telephone number 212-727-4141 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 83,728,639. |
| | 5 PENN PLAZA, 3RD FLOOR | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see Instructions) |
| F Name and address of principal officer: KEVIN RYAN SAME AS C ABOVE | | | H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.COVENANTHOUSE.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1972 | M State of legal domicile: NY |

Part I Summary

| | | | |
|--|--|--|------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: COVENANT HOUSE SHELTERS, PROTECTS AND ADVOCATES ON BEHALF OF HOMELESS, TRAFFICKED, AND | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 28 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 28 |
| | 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) | 5 | 196 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 54 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 63,725,121. | Current Year 65,405,495. |
| | 9 Program service revenue (Part VIII, line 2g) | 2,270,943. | 2,517,724. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,960,785. | 1,564,982. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 656,306. | 1,134,376. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 68,613,155. | 70,622,577. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 33,515,008. | 36,224,323. |
| Expenses | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 13,138,751. | 13,463,616. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 341,452. | 765,350. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,270,346. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 25,508,331. | 22,432,271. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 72,503,542. | 72,885,560. |
| Net Assets or Fund Balances | 19 Revenue less expenses. Subtract line 18 from line 12 | -3,890,387. | -2,262,983. |
| | 20 Total assets (Part X, line 16) | Beginning of Current Year 105,697,854. | End of Year 108,745,418. |
| | 21 Total liabilities (Part X, line 26) | 68,808,474. | 70,781,875. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 36,889,380. | 37,963,543. |

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 <i>Daniel McCarthy</i> | Date 5/13/18 | | | |
| | DANIEL MCCARTHY, CFO Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name GARRETT M. HIGGINS | Preparer's signature <i>Garrett M Higgins</i> | Date 5/13/18 | Check if self-employed <input type="checkbox"/> | PTIN P00543209 |
| | Firm's name ▶ PKF O'CONNOR DAVIES, LLP | Firm's EIN ▶ 27-1728945 | Phone no. 914-381-8900 | | |
| Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633 | | | | | |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 26,324,545. including grants of \$ 20,202,101.) (Revenue \$) SEE SCHEDULE O - CRISIS CENTERS (SHELTER AND CRISIS CARE)

4b (Code:) (Expenses \$ 11,693,731. including grants of \$ 793,350.) (Revenue \$) SEE SCHEDULE O - PUBLIC EDUCATION PROGRAM

4c (Code:) (Expenses \$ 7,669,525. including grants of \$ 6,162,667.) (Revenue \$ 2,517,724.) SEE SCHEDULE O - RIGHTS OF PASSAGE

4d Other program services (Describe in Schedule O.) (Expenses \$ 11,824,930. including grants of \$ 9,066,205.) (Revenue \$)

4e Total program service expenses 57,512,731.

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> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | 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> | | 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> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | 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> | | 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> | | 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> | | 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> | X | |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | 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> | 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> | | 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> | | 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> | 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> | 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> | 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> | 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> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | 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> | 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> | | 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</i> | 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> | 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> | X | |

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 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> | X | |
| 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> | | 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> | 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> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 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> | | 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> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 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> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | 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> | | 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> | 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> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 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> | | 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> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding (1a-1c), employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and section 501(c)(7), (12), (11), (12a), (29) organizations (10-14b).

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| | 1a 28 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | |
| | 1b 28 | | |
| 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, or 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 in 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 in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 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 in 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 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | X | |
| 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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**
DANIEL C. MCCARTHY - 212-727-4141
5 PENN PLAZA, 3RD FLOOR, NEW YORK, NY 10001

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) THOMAS M. MCGEE BOARD CHAIR | 1.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) DAVID ACKER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) LAUREN AGUIAR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) PHILIP J. ANDRYC DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) JAMES M. BURNS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) BARBARA P. BUSH DIRECTOR, THRU 12/2016 | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) ANDREW P. BUSTILLO DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) JOHN F. BYREN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) JEFFREY S. CALHOUN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) BRIAN M. CASHMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) CHRISTOPHER P. CLARKE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) JON S. CORIZINE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) PAUL A. DANFORTH DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) DARIUS DE HAAS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) DAVID EKLUND DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) GAIL A. GRIMMETT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) MARK J. HENNESSY DIRECTOR | 1.00 | 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) | (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 | | | |
| (18) PAUL J. INGRASSIA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) CAPATHIA Y. JENKINS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) TRACY S. JONES WALKER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) JANET M. KEATING DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) AUDRA A. MCDONALD DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) ANNE M. MILGRAM DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) JULIO A. PORTALATIN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) L. EDWARD SHAW, JR DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) JOHN W. SLATTERY DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 2,105,813. | 257,012. | 391,136. |
| d Total (add lines 1b and 1c) | | | | | | | | 2,105,813. | 257,012. | 391,136. |

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 **28**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | 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 |
|---|--------------------------------|---------------------|
| AKA PRINTING & MAILING, 44 JOSEPH MILLS DRIVE, FREDERICKSBURG, VA 22408 | PRINTING SERVICES | 2,817,490. |
| KAEL DIRECT LLC, 5619 JAMES GUNNELL LANE, ALEXANDRIA, VA 22310 | PRINTING SERVICES | 2,768,929. |
| RBS INTERNATIONAL DIRECT MARKETING, LLC 19 STONEY BROOK DRIVE, WILTON, NH 03086 | PRINTING SERVICES | 2,197,740. |
| THE PRODUCTION MGNT GROUP LTD, 7160 COLUMBIA GATEWAY DRIVE, COLUMBIA, MD 21046 | PRINTING SERVICES | 1,080,519. |
| SANKY COMMUNICATIONS, INC., 599 ELEVENTH AVENUE, 6TH FL, NEW YORK, NY 10036 | DIRECT MAIL/ONLINE CONSULTANT | 586,154. |

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 **31**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|--|--|---|---|---|--|---------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 60,258. | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 8,497,264. | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 56,847,973. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 559,732. | | | | |
| | h Total. Add lines 1a-1f | ▶ 65,405,495. | | | | |
| | Program Service Revenue | 2 a RENTAL INCOME FROM AFFILIATES | Business Code 532000 | 2,516,524. | 2,516,524. | |
| b FAITH COMMUNITY | | 523200 | 1,200. | 1,200. | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | ▶ 2,517,724. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ 851,573. | | | 851,573. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ 713,324. | | | 713,324. | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | ▶ | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 12,618,625. | | | |
| | | c Gain or (loss) | 713,409. | | | |
| | d Net gain or (loss) | ▶ 713,409. | | | 713,409. | |
| | 8 a Gross income from fundraising events (not including \$ 8,497,264. of contributions reported on line 1c). See Part IV, line 18 | a 296,982. | | | | |
| | | b Less: direct expenses | b 464,094. | | | |
| c Net income or (loss) from fundraising events | | ▶ -167,112. | | | -167,112. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a 59,400. | | | | | |
| | b Less: direct expenses | b 23,343. | | | | |
| | c Net income or (loss) from gaming activities | ▶ 36,057. | | | 36,057. | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a LLC OTHER INCOME | 900099 | 432,338. | | | 432,338. | |
| | b OTHER INCOME/ REFUND CHECK | 900099 | 65,310. | | | 65,310. |
| | | c VENDOR DISCOUNTS | 900099 | 54,459. | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ▶ 552,107. | | | | |
| 12 Total revenue. See instructions. | ▶ 70,622,577. | 2,517,724. | 0. | 2,699,358. | | |

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 | 33,046,823. | 33,046,823. | | |
| 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 | 3,177,500. | 3,177,500. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,429,222. | 914,392. | 378,786. | 136,044. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 141,434. | 88,781. | 38,236. | 14,417. |
| 7 Other salaries and wages | 7,727,979. | 4,851,009. | 2,089,204. | 787,766. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 2,633,122. | 1,916,139. | 595,877. | 121,106. |
| 9 Other employee benefits | 839,895. | 613,420. | 189,090. | 37,385. |
| 10 Payroll taxes | 691,964. | 429,093. | 186,254. | 76,617. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 30,000. | 30,000. | | |
| b Legal | 11,718. | 5,494. | 6,224. | |
| c Accounting | 186,747. | 10,000. | 176,747. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | 765,350. | | | 765,350. |
| f Investment management fees | 68,577. | | 68,577. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 5,029,885. | 2,910,385. | 665,671. | 1,453,829. |
| 12 Advertising and promotion | 665. | 296. | 6. | 363. |
| 13 Office expenses | 284,612. | 176,493. | 94,576. | 13,543. |
| 14 Information technology | 293,247. | 210,973. | 74,456. | 7,818. |
| 15 Royalties | | | | |
| 16 Occupancy | 1,708,928. | 1,088,155. | 500,566. | 120,207. |
| 17 Travel | 263,555. | 224,862. | 20,574. | 18,119. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 90,906. | 77,206. | 10,453. | 3,247. |
| 20 Interest | 388,272. | 385,676. | 2,596. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,246,484. | 2,246,270. | 783,951. | 216,263. |
| 23 Insurance | 68,571. | 533. | 68,009. | 29. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a POSTAGE | 6,471,941. | 2,876,413. | 62,785. | 3,532,743. |
| b PRINTING | 3,587,628. | 1,594,498. | 34,804. | 1,958,326. |
| c BANK CHARGES AND FEES | 560,071. | 554,472. | 5,599. | |
| d OTHER EXPENSES | 84,824. | 77,083. | 1,076. | 6,665. |
| e All other expenses | 55,640. | 6,765. | 48,366. | 509. |
| 25 Total functional expenses. Add lines 1 through 24e | 72,885,560. | 57,512,731. | 6,102,483. | 9,270,346. |
| 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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 945,180. | 324,542. | 0. | 620,638. |

Part X Balance Sheet

Check 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 | 78,455. | 1 | 239,239. |
| | 2 Savings and temporary cash investments | 4,861,040. | 2 | 3,370,068. |
| | 3 Pledges and grants receivable, net | 7,495,044. | 3 | 8,782,341. |
| | 4 Accounts receivable, net | 181,676. | 4 | 160,022. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 463,486. | 9 | 308,146. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 68,617,403. | | |
| | b Less: accumulated depreciation | 10b 25,164,658. | 10c | 43,452,745. |
| | 11 Investments - publicly traded securities | 34,797,353. | 11 | 37,726,831. |
| | 12 Investments - other securities. See Part IV, line 11 | 3,277,547. | 12 | 3,285,360. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | 2,989,743. | 14 | 3,278,364. |
| | 15 Other assets. See Part IV, line 11 | 7,171,566. | 15 | 8,142,302. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 105,697,854. | 16 | 108,745,418. | |
| Liabilities | 17 Accounts payable and accrued expenses | 6,400,306. | 17 | 4,978,824. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 1,755,711. | 21 | 2,249,200. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 17,300,000. | 23 | 16,976,931. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 12,000,000. | 24 | 14,500,000. |
| | 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 | 31,352,457. | 25 | 32,076,920. |
| | 26 Total liabilities. Add lines 17 through 25 | 68,808,474. | 26 | 70,781,875. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 19,526,212. | 27 | 15,045,794. |
| | 28 Temporarily restricted net assets | 10,875,174. | 28 | 16,217,300. |
| | 29 Permanently restricted net assets | 6,487,994. | 29 | 6,700,449. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 36,889,380. | 33 | 37,963,543. | |
| 34 Total liabilities and net assets/fund balances | 105,697,854. | 34 | 108,745,418. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 70,622,577. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 72,885,560. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -2,262,983. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 36,889,380. |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,142,649. |
| 6 | Donated services and use of facilities | 6 | -2,587,800. |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -2. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 3,782,299. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 37,963,543. |

Part XII Financial Statements and Reporting

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

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

Form 990 (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 53043829. | 56993289. | 62474689. | 62878358. | 65405495. | 300795660 |
| 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 | 53043829. | 56993289. | 62474689. | 62878358. | 65405495. | 300795660 |
| 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. | | | | | | 300795660 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 53043829. | 56993289. | 62474689. | 62878358. | 65405495. | 300795660 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 3871950. | 3919357. | 1616477. | 1424224. | 1564897. | 12396905. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 1404750. | 375,677. | 75,100. | | 0. | 1855527. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 5,185. | 177,832. | 57,897. | 249,548. | 552,107. | 1042569. |
| 11 Total support. Add lines 7 through 10 | | | | | | 316090661 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 4,789,499. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-----------|-------|-------------------------------------|
| 14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 95.16 | % |
| 15 Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | 94.38 | % |
| 16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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"/> |

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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (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) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2016. 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 - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (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 or 990-EZ).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <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 government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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 (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <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). | | |

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2016 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016: | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2016 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions | | | |
| 6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7: | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |
| e Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

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:

SPECIAL EVENTS

MISCELLANEOUS

2012 AMOUNT: \$ 5,185.

2013 AMOUNT: \$ 177,832.

2014 AMOUNT: \$ 22,340.

2015 AMOUNT: \$ 79,521.

2016 AMOUNT: \$ 65,310.

VENDOR DISCOUNT

2014 AMOUNT: \$ 35,557.

2015 AMOUNT: \$ 2,664.

2016 AMOUNT: \$ 54,459.

INSURANCE PROCEEDS

2015 AMOUNT: \$ 143,363.

REFUND/CREDIT

2015 AMOUNT: \$ 24,000.

LLC OTHER INCOME

2016 AMOUNT: \$ 432,338.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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 foundation

Check 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

[X] 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| | |
|---|---|
| Name of organization COVENANT HOUSE | Employer identification number 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 | <hr/> <hr/> <hr/> | \$ 3,100,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization COVENANT HOUSE | Employer identification number 13-2725416 |
|---|---|

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

| | |
|---|---|
| Name of organization COVENANT HOUSE | Employer identification number 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 | |
| _____ _____ _____ | | _____ _____ _____ | |
| (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 | |
| _____ _____ _____ | | _____ _____ _____ | |
| (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 | |
| _____ _____ _____ | | _____ _____ _____ | |
| (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 | |
| _____ _____ _____ | | _____ _____ _____ | |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

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

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 or 990-EZ) 2016

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 0. | 36,250. | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 0. | 36,250. | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 63,546,637. | 85,030,485. | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 63,546,637. | 85,066,735. | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | 1,000,000. | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (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 | 49,284. | 106,278. | 39,000. | 36,250. | 230,812. |
| d | Grassroots nontaxable amount | 250,000. | 250,000. | 250,000. | 250,000. | 1,000,000. |
| e | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f | Grassroots lobbying expenditures | | | | | |

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

| For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (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 be not described in section 501(c)(3)? | | | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political 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 expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

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

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. | \$0 |
| UNDER 21, INC/COVENANT HOUSE NY | \$39,000 |

Part IV Supplemental Information (continued)

TESTANMENTUM \$0

COVENANT INTERNATIONAL FOUNDATION \$0

CONVENANT HOUSE WESTERN AVENUE \$0

AFFILIATED GROUP TOTAL \$39,000

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

Multiple horizontal 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.**

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

OMB No. 1545-0047

2016
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).

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- 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 on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 7,079,354. | 7,599,992. | 7,454,928. | 6,346,879. | 5,475,432. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 658,122. | -520,638. | 145,064. | 1,108,049. | 871,447. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 7,737,476. | 7,079,354. | 7,599,992. | 7,454,928. | 6,346,879. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.00 %
 - b Permanent endowment 65.93 %
 - c Temporarily restricted endowment 34.07 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land | | 6,385,408. | | 6,385,408. |
| b Buildings | 31,423. | 51,508,615. | 17,744,471. | 33,795,567. |
| c Leasehold improvements | | 3,758,480. | 3,752,446. | 6,034. |
| d Equipment | | 2,787,141. | 2,557,425. | 229,716. |
| e Other | | 4,146,336. | 1,110,316. | 3,036,020. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 43,452,745. |

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, col. (B) line 12.) ▶ | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) OTHER ASSETS | 85,974. |
| (2) DUE FROM AFFILIATES | 1,018,723. |
| (3) SECURITY DEPOSITS | 19,155. |
| (4) ACCRUED REVENUE | 4,178,062. |
| (5) LOANS RECEIVABLE FROM AFFILIATES | 2,840,388. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 8,142,302. |

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 | 5,437,494. |
| (3) ANNUITIES PAYABLE | 5,342,755. |
| (4) PENSION BENEFITS LIABILITY | 19,368,199. |
| (5) CONDITIONAL ASSET RETIREMENT | |
| (6) OBLIGATION | 414,374. |
| (7) DEFERRED RENT | 1,456,089. |
| (8) CAPITAL LEASE OBLIGATIONS | 58,009. |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 32,076,920. |

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

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

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

| | | | | |
|---|---|----|------------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 72,343,015. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a | 2,142,649. | |
| b | Donated services and use of facilities | 2b | 483,083. | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 562,177. | |
| e | Add lines 2a through 2d | 2e | | 3,187,909. |
| 3 | Subtract line 2e from line 1 | | 3 | 69,155,106. |
| 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 | 68,577. | |
| b | Other (Describe in Part XIII.) | 4b | 1,398,894. | |
| c | Add lines 4a and 4b | 4c | | 1,467,471. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 70,622,577. |

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 | 76,144,436. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a | 3,070,883. | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | 968,598. | |
| e | Add lines 2a through 2d | 2e | | 4,039,481. |
| 3 | Subtract line 2e from line 1 | | 3 | 72,104,955. |
| 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 | 68,577. | |
| b | Other (Describe in Part XIII.) | 4b | 712,028. | |
| c | Add lines 4a and 4b | 4c | | 780,605. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | 72,885,560. |

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 \$2,249,200. 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:

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

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 HAD 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, 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

| | |
|---|----------|
| CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS | 253,052. |
| CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS | 309,125. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D | 562,177. |

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|--|------------|
| REVENUE FROM COVENANT HOUSE HOLDINGS LLC (CHH) | 1,398,894. |
|--|------------|

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|-------------------------------------|----------|
| WRITE-OFF OF UNCOLLECTIBLE REVENUES | 968,598. |
|-------------------------------------|----------|

PART XII, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---|----------|
| EXPENSES FROM COVENANT HOUSE HOLDINGS LLC (CHH) | 712,028. |
|---|----------|

**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.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" 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 | 1 | 113 | GRANTS TO RECIPIENTS | | 1,068,500. |
| CENTRAL AMERICA AND THE CARIBBEAN | 3 | 201 | GRANTS TO RECIPIENTS | | 2,109,000. |
| CENTRAL AMERICA AND THE CARIBBEAN | 0 | 0 | INVESTMENTS | | 206,363. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Sub-total | 4 | 314 | | | 3,383,863. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 4 | 314 | | | 3,383,863. |

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 | 1068500. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | PROGRAM SUPPORT | 700,000. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | PROGRAM SUPPORT | 719,000. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | PROGRAM SUPPORT | 690,000. | WIRE | 0. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

3 Enter total number of other organizations or entities **0**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2016

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. HOLDS VARIOUS ALTERNATIVE INVESTMENTS. THE RESPONSES IN PART IV ARE BASED ON THE OWNERSHIP INTEREST HELD IN VARIOUS FOREIGN INVESTMENTS DURING THE TAX YEAR BUT DOES NOT MEAN COVENANT HOUSE, INC. HAS A FILING REQUIREMENT FOR FORM 5471. COVENANT HOUSE HAS BEEN IN THE PROCESS OF LIQUIDATING ITS TOTAL INTEREST IN THESE ALTERNATIVE INVESTMENTS SINCE 2009. THESE FUNDS HAD CERTAIN LIQUIDATION RESTRICTIONS. WHILE THE PROCESS HAS TAKEN LONGER THAN EXPECTED, THE PROCESS TO LIQUIDATE THESE FUNDS CONTINUES.

COVENANT HOUSE, INC. IS NOT REQUIRED TO FILE FORM 8865 BECAUSE IT DOES NOT MEET THE APPLICABLE FILING THRESHOLD REQUIREMENT AND/OR OWNERSHIP REQUIREMENT.

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

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.

Multiple horizontal lines for supplemental information.

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 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--|---|-----------------------------|---------------------|--|------------|
| | | SLEEP OUT (event type) | ANNUAL GALA (event type) | 4 (total number) | | |
| Revenue | 1 | Gross receipts | 7,464,808. | 842,903. | 486,535. | 8,794,246. |
| | 2 | Less: Contributions | 7,464,808. | 734,703. | 297,753. | 8,497,264. |
| | 3 | Gross income (line 1 minus line 2) | | 108,200. | 188,782. | 296,982. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | 30,071. | 10,285. | 40,356. |
| | 6 | Rent/facility costs | | 82,217. | 117,167. | 199,384. |
| | 7 | Food and beverages | | 152,225. | | 152,225. |
| | 8 | Entertainment | | 69,950. | | 69,950. |
| | 9 | Other direct expenses | | 2,179. | | 2,179. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | | -167,112. |

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)) | |
|-----------------|--|---|---|--|---|---------|
| | | 1 | Gross revenue | | | 59,400. |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | 22,794. | 22,794. |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | 549. | 549. |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes 90.00 % <input type="checkbox"/> No | | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | | 23,343. |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | 36,057. |

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|-----|----------|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | 100.00 % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ LENORE HAAS, V.P. OF FINANCE

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

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ PAMELA SANDONATO, VP, DEVELOPMENT

Gaming manager compensation ▶ \$ 5,445.
**

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

- 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: SANKY COMMUNICATIONS INC

(I) ADDRESS OF FUNDRAISER: _____

599 ELEVENTH AVENUE, 6TH FLOOR, NEW YORK, NY 10036

(I) NAME OF FUNDRAISER: WILSON & ASSOCIATES, INC.

(I) ADDRESS OF FUNDRAISER: 6 BUTLER HILL ROAD, SOMERS, NY 10589

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: CHANGING OUR WORLD

(I) ADDRESS OF FUNDRAISER:

220 EAST 42ND STREET, 5TH FLOOR, NEW YORK, NY 10017

SCHEDULE G, PART III, LINE 16, DESCRIPTION OF SERVICES PROVIDED:

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

FORM 990, SCHEDULE G, PART I

THE FUNDRAISERS DISCLOSED ON SCHEDULE G DID NOT SOLICIT FUNDS ON BEHALF OF COVENANT HOUSE. SERVICES RENDERED WERE MORE CONSULTING IN NATURE, INCLUDING ADVICE ON ESTABLISHING WEBSITE, DEVELOPING A CONSISTENT MESSAGE, MAINTAINING REPUTATION, GRANT RESEARCH, GRANT WRITING AND PROPOSAL PRESENTATION. ACCORDINGLY, COVENANT HOUSE IS REPORTING \$0 IN GROSS RECEIPTS FROM THESE SERVICES IN COLUMN (IV) OF SCHEDULE G, PART I.

FORM 990, SCHEDULE G, PART II:

CHI CONDUCTS FUNDRAISING ACTIVITIES FOR ITS OWN PROGRAMS AND THE PROGRAMS OF ITS AFFILIATES. DURING FISCAL YEAR 2015, CHI BEGAN TO RECORD THE CONTRIBUTIONS IT COLLECTS FOR THE SLEEP OUT EVENTS HELD BY ITS AFFILIATES AS PART OF ITS SPECIAL EVENTS. CHI THEN MADE A GRANT TO EACH AFFILIATE TO PROVIDE THEM WITH THE SLEEP OUT INCOME THAT WAS RAISED BY EACH LOCATION. AS A RESULT, CHI REPORTS A SIGNIFICANT AMOUNT OF CONTRIBUTIONS AND GRANT EXPENSES ON ITS BOOKS TO RECORD THESE TRANSACTIONS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

**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 non-cash 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 | 806,728. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |
| COVENANT HOUSE CALIFORNIA 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027 | 13-3391210 | 501(C)3 | 2,670,330. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |
| COVENANT HOUSE FLORIDA 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304 | 59-2323607 | 501(C)3 | 3,101,035. | 0. | | | PROGRAM SUPPORT/NATIONAL SLEEPOUT EVENTS |
| COVENANT HOUSE GEORGIA 1559 JOHNSON ROAD NW ATLANTA, GA 30318 | 13-3523561 | 501(C)3 | 1,437,072. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |
| COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208 | 38-3351777 | 501(C)3 | 1,114,292. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |
| COVENANT HOUSE MISSOURI 2727 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63113 | 43-1821599 | 501(C)3 | 947,241. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK, NJ 07102 | 13-3537710 | 501(C)3 | 4,592,913. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |
| COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112 | 58-1669937 | 501(C)3 | 1,878,102. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |
| COVENANT HOUSE PENNSYLVANIA 31 EAST ARMAT STREET PHILADELPHIA, PA 19144 | 23-3003176 | 501(C)3 | 2,609,290. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |
| COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006 | 76-0050882 | 501(C)3 | 1,952,471. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |
| COVENANT HOUSE WASHINGTON 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020 | 13-3537709 | 501(C)3 | 2,107,134. | 0. | | | PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT |
| UNDER 21 COVENANT HOUSE NEW YORK 460 WEST 41ST STREET NEW YORK, NY 10036 | 13-3076376 | 501(C)3 | 9,828,192. | 0. | | | PROGRAM SUPPORT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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:

COVENANT HOUSE PROVIDES FINANCIAL SUPPORT AS WELL AS MANAGEMENT AND ORGANIZATIONAL SUPPORT FOR ITS AFFILIATED ORGANIZATIONS; IT ALSO CONDUCTS FUNDRAISING ACTIVITIES NOT ONLY FOR ITS OWN PROGRAMS, BUT FOR THE PROGRAMS OF ITS AFFILIATES. CONTRIBUTIONS RECEIVED BY THE PARENT ARE GENERALLY NOT SPECIFICALLY RESTRICTED BY DONORS TO SPECIFIC AFFILIATES. BRANDING DOLLARS PROVIDED TO EACH AFFILIATE ARE MONITORED BY COVENANT HOUSE TO ENSURE THAT THE AFFILIATE IS USING THESE FUNDS TO RUN ITS CHARITABLE PROGRAMS. COVENANT HOUSE MANAGEMENT MONITORS THE USE OF THESE FUNDS BY REQUIRING EACH

Part IV Supplemental Information

SUBSIDIARY TO SUBMIT AN ANNUAL BUDGET, REFORECASTS, INTERNAL AND EXTERNAL AUDITS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <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 | | |

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

Schedule J (Form 990) 2016

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 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) KEVIN RYAN PRESIDENT & CEO | (i) | 252,682. | 0. | 402. | 21,221. | 35,469. | 309,774. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) DANIEL MCCARTHY TREASURER/CFO | (i) | 258,287. | 0. | 1,111. | 27,478. | 12,226. | 299,102. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) THOMAS J. POTENZA SECRETARY/SVP ADMIN | (i) | 195,558. | 0. | 2,317. | 23,613. | 10,926. | 232,414. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) JILL VORNDRAN CHIEF DEVELOPMENT OFFICER | (i) | 243,725. | 0. | 240. | 21,129. | 18,441. | 283,535. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) DIANE MILAN-SCOTT EVP PROGRAM OPERATIONS | (i) | 238,455. | 0. | 1,032. | 24,724. | 12,470. | 276,681. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) MARGARET HEALY SVP LATIN AMERICA AND SITE LIAISON | (i) | 174,528. | 0. | 20,286. | 19,124. | 12,649. | 226,587. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) DAVID HOWARD SVP, RESEARCH, EVALUATION & LEARNING | (i) | 152,812. | 0. | 123. | 0. | 26,734. | 179,669. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) LORI MALONEY SVP, PROGRAM OPERATIONS AND ADVOCACY | (i) | 151,464. | 0. | 568. | 0. | 1,666. | 153,698. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) JOAN SMYTH, SVP, FORMER SVP OF DIRECT MARKETING | (i) | 98,239. | 0. | 46,186. | 24,145. | 28,915. | 197,485. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) JAMES M. WHITE FORMER SEC./EVP, STRAT PLANNING | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 257,012. | 0. | 0. | 18,601. | 22,561. | 298,174. | 0. |
| | (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 TERM AND CONDITIONS STIPULATED IN JOAN SMYTH'S SEPARATION

AGREEMENT, CHI PAID SEVERANCE PAYMENT IN THE AMOUNT OF \$45,400 IN 2016.

THIS PAYMENT WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 78 | 519,881. | SELLING PRICE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (RAFFLE ITEMS) | X | 37 | 39,851. | COST |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 1

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 1
- 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 |

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

Schedule M (Form 990) (2016)

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

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

SEXUALLY EXPLOITED YOUTH.

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

THE MISSION OF COVENANT HOUSE IS TO SERVE CHILDREN AND YOUTH OVERCOMING
HOMELESSNESS AND TRAFFICKING. COVENANT HOUSE PROVIDES YOUNG PEOPLE WITH
A BRIDGE FROM HOMELESSNESS TO HOPE.

FOR MORE THAN FOUR DECADES, COVENANT HOUSE HAS HELPED MORE THAN 1.5
MILLION CHILDREN AND YOUTH TRANSFORM THEIR LIVES ACROSS NORTH AND
CENTRAL AMERICA. OPENING WITH AN INITIAL DROP-IN CENTER IN NEW YORK
CITY IN 1972, COVENANT HOUSE IS NOW A MOVEMENT: THE LARGEST CHARITY IN
THE AMERICAS DEDICATED TO HELPING CHILDREN AND YOUTH FIND SAFETY,
SHELTER, AND OPPORTUNITY. WE REACH NEARLY 80,000 YOUTH IN 31 CITIES IN
SIX COUNTRIES ANNUALLY.

COVENANT HOUSE INTERNATIONAL, AS THE CENTRAL ENTITY, MAINTAINS
RESPONSIBILITY FOR OVERALL STRATEGY, POLICY, AND PROGRAMMING ACROSS ALL
OUR COVENANT HOUSE SITES. OUR UNION, FRAMED BY OUR INTERNATIONAL REACH
AND IMPACT, POSITIONS US TO ADVOCATE WITH AND FOR YOUNG PEOPLE. WE ARE
A BRIDGE FROM HOMELESSNESS TO HOPE. OUR MOVEMENT SUSTAINS AND WIDENS
THIS BRIDGE, SCULPTED BY A DIVERSE ARRAY OF PROGRAMS, OUR
TRAUMA-INFORMED PRACTICE MODELS OF RESILIENCE AND POSITIVE YOUTH
DEVELOPMENT, AND OUR ADVOCACY FOR PUBLIC POLICIES THAT EMPHASIZE
EQUITY, SAFETY, AND OPPORTUNITY FOR CHILDREN AND YOUTH.

COVENANT HOUSE INTERNATIONAL RECOGNIZES THAT SAFETY IS A KEY COMPONENT

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

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

IN A THERAPEUTIC COMMUNITY AND FOUNDATIONAL TO SOCIAL WORK PRACTICE. IN RESPONSE TO THE SAFETY NEEDS OF OUR YOUTH, CHI HAS ESTABLISHED CHILD PROTECTION COMMITTEE CHARGED WITH CREATING A COMMON CORE OF SAFETY PRACTICES DESIGNED TO REDUCE RISK. THE COMMITTEE PROCESS IS DRIVEN BY THE NEEDS OF THE YOUTH WE SERVE, OUR MISSION, AND OUR PROGRAMS. THE SAFETY MODEL'S CONCEPTUAL FRAMEWORK VIEWS RISK MANAGEMENT AS AN INTERACTION AMONG SPECIFIC SAFETY CONCERNS, THE VULNERABILITIES OF AT-RISK YOUTH, AND THE ADMINISTRATION'S CAPACITY TO SHELTER AND PROTECT YOUTH PROACTIVELY AND RESPOND TO INCIDENTS QUICKLY. THE CHILD PROTECTION SYSTEM IS AN ARTICULATION THAT WE WILL SERVE YOUTH IN A SECURE ENVIRONMENT AND THAT WE WILL HOLD OURSELVES ACCOUNTABLE FOR THEIR SAFETY. YOUTH COME TO US IN STATES OF CRISIS AND PROVIDING THEM WITH A SAFE ENVIRONMENT IN WHICH TO HEAL IS A FUNDAMENTAL PART OF OUR RESPONSE TO TRAUMA AND AN ESSENTIAL PRACTICE IN OUR FIELD.

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

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

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

-CRISIS CENTERS (SHELTER AND CRISIS CARE)

YOUTH IN CRISIS NEED HELP IMMEDIATELY. THAT IS WHY COVENANT HOUSE'S

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

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

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

DURING FISCAL YEAR 2017, COVENANT HOUSE CRISIS CENTERS PROVIDED SHELTER TO 7,729 YOUTH AND CHILDREN. ON AVERAGE, KIDS STAY IN THE CRISIS SHELTERS FROM ONE TO THREE WEEKS DEPENDING ON THEIR CIRCUMSTANCES. THEY RECEIVE INDIVIDUAL AND GROUP COUNSELING, VOCATIONAL AND EDUCATIONAL TRAINING, AND HELP TOWARD SECURING EMPLOYMENT AND HOUSING, AS WELL AS HEALTH CARE, LEGAL SERVICES, PASTORAL COUNSELING, AND ADVOCACY.

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

-PUBLIC EDUCATION & PREVENTION

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

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

SERVES, BUT FOR ALL YOUNG PEOPLE AT RISK. MANY COVENANT HOUSE SITES ENGAGE IN PUBLIC EDUCATION AND PREVENTION ACTIVITIES, WHICH INCLUDE STAFF PRESENTATIONS TO YOUNG PEOPLE OR COMMUNITY GROUPS ABOUT THE SERVICES THEIR SITES PROVIDE AS WELL AS TRAININGS FOR PROFESSIONALS WHO WORK WITH OUR TARGET POPULATION.

A MAJOR COMPONENT COVENANT HOUSE'S PUBLIC EDUCATION AND PREVENTION WORK INCLUDES STAFF PRESENTATIONS IN SCHOOLS AND AT COMMUNITY EVENTS. THESE PRESENTATIONS ARE DESIGNED TO INFORM STUDENTS AND COMMUNITY MEMBERS ABOUT THE MANY ISSUES COVENANT HOUSE YOUTH FACE, INCLUDING ABANDONMENT AND REJECTION, INVOLVEMENT IN STREET LIFE, AND HUMAN TRAFFICKING. THESE PRESENTATIONS PROVIDE CRITICAL INFORMATION TO GENERATE AWARENESS AND TO LET YOUTH WHO MIGHT BE FACING THESE ISSUES KNOW THERE IS A PLACE TO GO FOR HELP.

UNDER OUR PUBLIC EDUCATION AND PREVENTION WORK, COVENANT HOUSE ALSO PROVIDES TRAININGS TO GROUPS WHO WORK WITH OUR TARGET POPULATION. THESE TRAININGS HAVE TWO MAIN AUDIENCES: DIRECT CARE STAFF AND OTHER PROFESSIONALS ENGAGING WITH YOUNG PEOPLE THROUGH THEIR WORK.

IN FISCAL YEAR 2017, COVENANT HOUSE SITE REACHED 45,804 YOUNG PEOPLE THROUGH THEIR PUBLIC EDUCATION AND PREVENTION PROGRAMS.

IN ADDITION TO ADVOCACY EFFORTS UNDERTAKEN BY EACH COVENANT HOUSE SITE, COVENANT HOUSE PERIODICALLY PUBLISHES AND WIDELY DISSEMINATES BOOKS WHICH TELL THE STORIES OF THE YOUNG PEOPLE WHO COME TO COVENANT HOUSE FOR HELP. THE OBJECTIVE OF THESE PUBLICATIONS IS TO COUNTERACT THE OFTEN NEGATIVE STEREOTYPES MANY PEOPLE HAVE OF YOUTH OVERCOMING HOMELESSNESS AND SENSITIZE THE PUBLIC TO THE NEEDS AND ASPIRATIONS OF

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

THIS VERY VULNERABLE SEGMENT OF SOCIETY.

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

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

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

-RIGHTS OF PASSAGE

COVENANT HOUSE'S RIGHTS OF PASSAGE (ROP) IS A UNIQUE PROGRAM FOR OLDER YOUTH (18-21) WHO HAVE NO PLACE TO GO AND WHO NEED SUPPORT TO ACHIEVE ADULT INDEPENDENCE. THE PROGRAM, WHICH IS IN PLACE IN COVENANT HOUSES ACROSS THE UNITED STATES AND AT OUR TWO CANADIAN AFFILIATES, ANSWERS A PRESSING NEED MANY OLDER KIDS AT COVENANT HOUSE FEEL AS THEY ENDEAVOR TO BECOME CONTRIBUTING MEMBERS OF SOCIETY. DURING FISCAL YEAR 2017, 1,234 YOUTH WERE SERVED BY ROP.

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

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

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

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

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

-COMMUNITY SERVICE CENTERS (DROP-IN/NON-RESIDENTIAL SERVICES):

THE GOALS OF OUR DROP-IN AND OTHER NON-RESIDENTIAL PROGRAMS ARE TWOFOLD: FIRST, OUR DROP-IN CENTERS PROVIDE FOLLOW-UP AND AFTERCARE FOR GRADUATES FROM THE CRISIS SHELTERS AND RIGHTS OF PASSAGE PROGRAM WHO MAY NEED SUPPORT AND CONTINUING CONTACT WITH COVENANT HOUSE STAFF NOW THAT THEY ARE ON THEIR OWN. SECOND, THE CENTERS OFFER PREVENTIVE SERVICES TARGETED TOWARD YOUTH AT RISK BEFORE THEY LEAVE HOME.

COVENANT HOUSE STAFF WORK IN THE COMMUNITIES FROM WHICH OUR RESIDENTS HAVE TRADITIONALLY COME, IN ORDER TO INTERVENE BEFORE THERE IS A FAMILY BREAKDOWN.

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

DURING FISCAL YEAR 2017, 12,695 YOUTH WERE SERVED THROUGH COVENANT HOUSE DROP-IN CENTERS AND OTHER NON-RESIDENTIAL PROGRAMS (INCLUDING CHMI'S PUBLIC SCHOOL ACADEMY). AMONG THE ARRAY OF SERVICES UTILIZED BY THE YOUTH WERE COUNSELING, EDUCATIONAL AND VOCATIONAL SERVICES, TUTORING, AND PARENTING SKILLS TRAINING.

-MOTHER/CHILD

BEING A MOTHER IS A MONUMENTAL TASK WHEN YOU ARE STILL A TEENAGER YOURSELF AND ARE OVERWHELMED BY THE RESPONSIBILITY. OFTEN, THE TEENAGE MOTHERS WHO COME TO COVENANT HOUSE HAVE BEEN THROWN OUT OF THEIR OWN HOMES AND FIND THEMSELVES ON THE STREETS, WITH NO JOB, NO MONEY, AND NOWHERE TO TURN. WORSE YET, THEY OFTEN HAVE NO IDEA HOW TO BE A GOOD PARENT.

THE COVENANT HOUSE STAFF AND VOLUNTEERS ARE THE ROLE MODELS WHO TEACH THE YOUNG MOTHERS HOW TO CARE FOR THEIR CHILDREN. THEY PROVIDE THEM WITH A SAFE, STABLE PLACE TO STAY WHERE THEY CAN PLAN FOR THEIR FUTURE, AS WELL AS LEARN VITAL PARENTING SKILLS. DURING FISCAL YEAR 2017, COVENANT HOUSE SHELTER PROGRAMS PROVIDED SERVICES TO 685 YOUNG MOTHERS AND THEIR 750 BABIES.

-OUTREACH

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

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

SANDWICHES, HOT CHOCOLATE OR OTHER BEVERAGES, INFORMATION, FIRST AID KITS, AND MOST IMPORTANTLY, HOPE.

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

DURING FISCAL YEAR 2017 COVENANT HOUSE OUTREACH STAFF WORKED WITH 16,923 YOUTH ON THE STREET.

-MEDICAL SERVICES

IN FISCAL YEAR 2017, 4,880 COVENANT HOUSE YOUTH RECEIVED FULL HEALTH ASSESSMENTS, PHYSICAL EXAMS AND MEDICAL TREATMENT. THE YOUTH ARE SERVED BY DOCTORS, NURSES, PHYSICIAN ASSISTANTS AND OTHER HEALTH PROFESSIONALS WHO ARE EITHER COVENANT HOUSE STAFF OR STAFF FROM LOCAL TEACHING HOSPITALS WITH WHOM COVENANT HOUSE HAS COOPERATIVE AGREEMENTS. ALL ARE EXPERTS IN THE SPECIAL MEDICAL NEEDS OF ADOLESCENTS AND YOUNG ADULTS.

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

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

- PERMANENT SUPPORTIVE HOUSING

IN RECENT YEARS, MANY COVENANT HOUSES SITES HAVE OPENED PERMANENT SUPPORTIVE HOUSING PROGRAMS TO OFFER YOUNG PEOPLE A LONGER-TERM HOUSING DESTINATION BEYOND ROP. THESE PROGRAMS GIVE YOUNG PEOPLE A PERMANENT SOLUTION TO HOMELESSNESS, AND WRAPAROUND SERVICES TO ENSURE SUSTAINED STABILITY. DURING FISCAL YEAR 2017, 150 YOUTH WERE SERVED IN PERMANENT SUPPORTIVE HOUSING PROGRAMS.

-WEBSITE

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

| DESCRIPTION | EXPENSES | GRANTS | REVENUE |
|---|------------|-----------|---------|
| COMMUNITY SERVICE CENTERS | 4,529,855 | 3,265,563 | |
| MOTHER/CHILD | 4,530,478 | 3,625,217 | |
| OUTREACH | 1,385,385 | 1,087,732 | |
| MEDICAL | 1,379,212 | 1,087,693 | |
| TOTALS | 11,824,930 | 9,066,205 | |
| EXPENSES \$ 11,824,930. INCLUDING GRANTS OF \$ 9,066,205. REVENUE \$ 0. | | | |

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN

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

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.

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

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

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 FISCAL YEAR 2017.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OK, OR, PA, RI
SC, TN, UT, VA, WV, WI, AK

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 | 4,188,720. |
| CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS | 309,125. |
| CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST | 253,052. |
| WRITE-OFF OF UNCOLLECTIBLE REVENUES | -968,598. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 3,782,299. |

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| COVENANT HOUSE HOLDINGS, LLC - 45-5493820 5 PENN PLAZA, 3RD FLOOR NEW YORK, NY 10001 | HOLDING CO. | ALASKA | 1,398,894. | 18,544,337. | 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) 2016

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 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001 | 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 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001 | HUMANITARIAN | CONNECTICUT | 501(C)3 | LINE 7 | COVENANT HOUSE | X | |
| COVENANT HOUSE CHICAGO - 13-3386635 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001 | HUMANITARIAN | ILLINOIS | 501(C)3 | PF | COVENANT HOUSE | X | |
| 268 WEST 44TH CORPORATION - 13-2874450 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001 | HOLDING CO | NEW YORK | 501(C)2 | | COVENANT HOUSE | X | |
| RIGHTS OF PASSAGE INC - 13-3549405 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001 | HUMANITARIAN | DELAWARE | 501(C)3 | LINE 7 | COVENANT HOUSE | X | |
| UNDER 21 BOSTON INC - 04-2790593 C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001 | HUMANITARIAN | MASSACHUSETTS | 501(C)3 | LINE 12A, I | COVENANT HOUSE | X | |
| YOUTH VISION SOLUTIONS - 27-1855040 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208 | HUMANITARIAN | MICHIGAN | 501(C)3 | LINE 7 | COVENANT HOUSE MICHIGAN | | X |
| COVENANT HOUSE TORONTO 20 GERRARD STREET EAST TORONTO, CANADA, CANADA M5B 2P3 | HUMANITARIAN | CANADA | | | COVENANT HOUSE | X | |
| COVENANT HOUSE VANCOUVER 575 DRAKE STREET VANCOUVER, CANADA, CANADA V6B 4K8 | HUMANITARIAN | CANADA | | | COVENANT HOUSE | X | |
| ASOCIACION LA ALIANZA GUATEMALA 13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL MIXCO, GUATEMALA, GUATEMALA | HUMANITARIAN | GUATEMALA | | | COVENANT HOUSE | X | |
| CASA ALIANZA DE HONDURAS CORNER OF ARDA CERVANTES Y MORELOS TEGUCIGALPA, HONDURAS, HONDURAS | HUMANITARIAN | HONDURAS | | | COVENANT HOUSE | X | |
| CASA ALIANZA NICARAGUA EDIFICIO CONRAD N HILTON COSTADO ESTE DEL M MANAGUA, NICARAGUA, NICARAGUA | HUMANITARIAN | NICARAGUA | | | COVENANT HOUSE | X | |
| FUNDACION CASA ALIANZA MEXICO IAP PLAZA DE LAS FUENTES 116 COL MEXICO DF, MEXICO, MEXICO | HUMANITARIAN | MEXICO | | | COVENANT HOUSE | X | |

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 | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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.

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | X | |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | | X |
| d Loans or loan guarantees to or for related organization(s) | X | |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | X | |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | X | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | X | |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | X | |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | X | |
| s Other transfer of cash or property from related organization(s) | 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) COVENANT HOUSE FLORIDA | A | 585,000. | COST |
| (2) UNDER 21/COVENANT HOUSE NEW YORK | A | 953,484. | COST |
| (3) COVENANT HOUSE TEXAS | A | 11,484. | COST |
| (4) COVENANT HOUSE TORONTO | A | 150,000. | COST |
| (5) COVENANT HOUSE ALASKA | A | 9,000. | COST |
| (6) COVENANT HOUSE CALIFORNIA | A | 15,000. | 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-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|---|
| (7)COVENANT HOUSE FLORIDA | A | 7,000. | COST |
| (8)COVENANT HOUSE GEORGIA | A | 6,000. | COST |
| (9)COVENANT HOUSE MICHIGAN | A | 6,000. | COST |
| (10)COVENANT HOUSE MISSOURI | A | 3,000. | COST |
| (11)COVENANT HOUSE NEW JERSEY | A | 12,000. | COST |
| (12)COVENANT HOUSE NEW ORLEANS | A | 15,000. | COST |
| (13)COVENANT HOUSE PENNSYLVANIA/ UNDER 21 | A | 9,000. | COST |
| (14)COVENANT HOUSE TEXAS | A | 9,000. | COST |
| (15)COVENANT HOUSE WASHINGTON | A | 9,000. | COST |
| (16)UNDER 21/ COVENANT HOUSE NEW YORK | A | 15,000. | COST |
| (17)COVENANT HOUSE ALASKA | B | 806,728. | COST |
| (18)COVENANT HOUSE CALIFORNIA | B | 2,670,330. | COST |
| (19)COVENANT HOUSE FLORIDA | B | 3,101,035. | COST |
| (20)COVENANT HOUSE GEORGIA | B | 1,437,072. | COST |
| (21)COVENANT HOUSE MICHIGAN | B | 1,114,292. | COST |
| (22)COVENANT HOUSE MISSOURI | B | 947,241. | COST |
| (23)COVENANT HOUSE NEW JERSEY | B | 4,592,913. | COST |
| (24)COVENANT HOUSE NEW ORLEANS | B | 1,878,102. | 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-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7)COVENANT HOUSE PENNSYLVANIA/ UNDER 21 | B | 2,609,290. | COST |
| (8)COVENANT HOUSE TEXAS | B | 1,952,471. | COST |
| (9)COVENANT HOUSE WASHINGTON | B | 2,107,134. | COST |
| (10)UNDER 21/ COVENANT HOUSE NEW YORK | B | 9,828,192. | COST |
| (11)FUNDACION CASA ALIANZA MEXICO IAP | B | 1,068,500. | COST |
| (12)ASOCIACION LA ALIANZA (GUATEMALA) | B | 700,000. | COST |
| (13)CASA ALIANZA NICARAGUA | B | 719,000. | COST |
| (14)CASA ALIANZA HONDURAS | B | 690,000. | COST |
| (15)UNDER 21/COVENANT HOUSE NEW YORK | D | 901,527. | COST |
| (16)COVENANT HOUSE MISSOURI | D | 1,698,861. | COST |
| (17)COVENANT HOUSE GEORGIA | D | 150,000. | COST |
| (18)ASOCIACION LA ALIANZA (GUATEMALA) | D | 90,000. | COST |
| (19)COVENANT HOUSE PENNSYLVANIA/ UNDER 21 | D | 2,699,000. | COST |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 1A:

COVENANT HOUSE INTERNATIONAL RECEIVED RENTAL INCOME AND ROYALTIES,
WHICH ARE SPECIFIED PAYMENTS, FROM ITS CONTROLLED SUBSIDIARIES. THESE
PAYMENTS WERE MADE AT ARM'S LENGTH AND MEETS THE FAIR MARKET VALUE
STANDARD.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | Enter filer's identifying number | |
|--|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. COVENANT HOUSE | Employer identification number (EIN) or 13-2725416 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 5 PENN PLAZA, 3RD FLOOR | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

DANIEL C. MCCARTHY

• The books are in the care of ▶ **5 PENN PLAZA, 3RD FLOOR - NEW YORK, NY 10001**
Telephone No. ▶ **212-727-4141** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **MAY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045**