

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2018

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Form 990 header section containing organization name (COVENANT HOUSE), EIN (13-2725416), address (5 PENN PLAZA, 3RD FLOOR, NEW YORK, NY 10001), and principal officer (KEVIN RYAN).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for 2018, prior year, and current year.

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.

Signature block section with fields for officer signature (PAMELA KOURNETAS, CFO), preparer name (GARRETT M. HIGGINS), and firm information (PKF O'CONNOR DAVIES, LLP).

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

Form **8879-EO**
Department of the Treasury
Internal Revenue Service
Name of exempt organization

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number
13-2725416

COVENANT HOUSE
Name and title of officer
PAMELA KOURNETAS
CFO

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

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

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>70,452,876.</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize PKF O'CONNOR DAVIES, LLP to enter my PIN 76300
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Pamela Kournetas* Date ▶ 5/15/20

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.
26242303218
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ PKF O'CONNOR DAVIES, LLP Date ▶ 05/13/20

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2018)

823051 10-26-18

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 25,572,020. including grants of \$ 19,902,054.) (Revenue \$) SEE SCHEDULE O - IMMEDIATE HOUSING (SHELTER AND CRISIS CARE)

4b (Code:) (Expenses \$ 11,678,871. including grants of \$ 753,509.) (Revenue \$) SEE SCHEDULE O - EDUCATION AND EMPLOYMENT SERVICES (PUBLIC EDUCATION PROGRAM)

4c (Code:) (Expenses \$ 7,182,057. including grants of \$ 5,825,317.) (Revenue \$ 2,490,040.) SEE SCHEDULE O - TRANSITIONAL LIVING PROGRAM RIGHTS OF PASSAGE "ROP"

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

(Expenses \$ 11,278,876. including grants of \$ 8,571,156.) (Revenue \$)

4e Total program service expenses 55,711,824.

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	
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	

Part IV Checklist of Required Schedules (continued)

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	73
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 29		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 29		
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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PAMELA KOURNETAS, CFO - 212-727-4057**
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 2.00	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 1.00	X						0.	0.	0.
(5) STEPHANIE ASBURY DIRECTOR	1.00	X						0.	0.	0.
(6) RACHEL BROSNAHAN DIRECTOR	1.00	X						0.	0.	0.
(7) JEFFREY S. CALHOUN DIRECTOR	1.00	X						0.	0.	0.
(8) BRIAN M. CASHMAN DIRECTOR	1.00	X						0.	0.	0.
(9) CHRISTOPHER P. CLARKE DIRECTOR	1.00	X						0.	0.	0.
(10) DENIS COLEMAN DIRECTOR	1.00	X						0.	0.	0.
(11) JON S. CORZINE DIRECTOR	1.00	X						0.	0.	0.
(12) DARIUS V. DE HAAS DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN DICKERSON DIRECTOR	1.00	X						0.	0.	0.
(14) DAVID EKLUND DIRECTOR	1.00	X						0.	0.	0.
(15) DAVID HEGARTY DIRECTOR	1.00	X						0.	0.	0.
(16) NANNETTE HENDEL DIRECTOR	1.00	X						0.	0.	0.
(17) MARK J. HENNESSY DIRECTOR	1.00 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) BILL LIVEK DIRECTOR	1.00	X						0.	0.	0.
(23) AUDRA A. MCDONALD DIRECTOR	1.00	X						0.	0.	0.
(24) ANNE M. MILGRAM DIRECTOR	1.00	X						0.	0.	0.
(25) JULIO A. PORTALATIN DIRECTOR	1.00	X						0.	0.	0.
(26) L. EDWARD SHAW, JR DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								2,088,724.	275,751.	384,497.
d Total (add lines 1b and 1c)								2,088,724.	275,751.	384,497.

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 **30**

	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
KAEL DIRECT LLC, 5619 JAMES GUNNELL LANE, ALEXANDRIA, VA 22310	PRINTING SERVICES	8,233,771.
RBS INTERNATIONAL DIRECT MARKETING, LLC 528 ROUTE 13, SUITE 200, MILFORD, NH 03055	PRINTING SERVICES	1,463,343.
DNR GROUP LLC 12101 WESTPORT ROAD, LOUISVILLE, KY 40245	DIRECT MAIL/PRINTING SERVICES	969,623.
ADVERTISING DISTRIBUTORS OF AMERICA INC 85 ORVILLE DRIVE, BOHEMIA, NY 11716	DIRECT MAIL /ADVERTISING SERVICE	791,958.
BLUE STATE DIGITAL, INC., 62187 COLLECTIONS CENTER DRIVE, CHICAGO, IL	DIGITAL STRATEGY AND TECHNOLOGY SERVICES	627,963.

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 **34**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BRO. RAYMOND SOBOCINSKI DIRECTOR	1.00	X						0.	0.	0.
(28) MARY T. SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(29) STRAUSS ZELNICK DIRECTOR	1.00	X						0.	0.	0.
(30) KEVIN RYAN PRESIDENT & CEO	23.00 12.00			X				232,387.	0.	55,999.
(31) PAMELA KOURNETAS TREASURER/CFO	32.00 3.00			X				0.	0.	0.
(32) DANIEL MCCARTHY TREASURER/CFO THRU 05/19	32.00 3.00			X				274,882.	0.	38,097.
(33) DEIRDRE CRONIN SECRETARY/COO	33.00 2.00			X				263,082.	0.	50,790.
(34) JILL VORNDRAN CHIEF DEVELOPMENT OFFICER	35.00				X			274,228.	0.	38,007.
(35) DIANE MILAN-SCOTT EVP PROGRAM OPERATIONS	35.00 0.00					X		239,246.	0.	37,202.
(36) LESLIE MCGUIRE SVP, OPERATIONS & SITE SUPPORT	35.00					X		220,944.	0.	34,216.
(37) THOMAS MONAGHAN, SVP INDIVIDUAL GIVING&CORP. PARTNERSHIPS	35.00					X		198,724.	0.	42,118.
(38) MARGARET HEALY SVP LATIN AMERICA	35.00					X		194,151.	0.	35,360.
(39) RICHARDSON SCURRY MILLER, VP, OPERATIONS/SITE LIASION THRU 12/18	35.00					X		191,080.	0.	7,113.
(40) JAMES M. WHITE FORMER SEC./EVP, STRAT PLANNING	0.00 35.00						X	0.	275,751.	45,595.
Total to Part VII, Section A, line 1c								2,088,724.	275,751.	384,497.

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 45,558.				
	b Membership dues	1b				
	c Fundraising events	1c 10,629,872.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 259,756.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 54,489,493.				
	g Noncash contributions included in lines 1a-1f: \$	542,612.				
	h Total. Add lines 1a-1f	▶ 65,424,679.				
	Program Service Revenue	2 a RENTAL INCOME FROM AFFILIATES	Business Code 532000	2,490,040.	2,490,040.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 2,490,040.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 788,158.			788,158.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶ 438,337.			438,337.	
	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	13,180,989.			
		(ii) Other	277,500.			
		b Less: cost or other basis and sales expenses	12,186,011.	284,152.		
		c Gain or (loss)	994,978.	-6,652.		
	d Net gain or (loss)	▶ 988,326.			988,326.	
	8 a Gross income from fundraising events (not including \$ 10,629,872. of contributions reported on line 1c). See Part IV, line 18	a	419,870.			
		b Less: direct expenses	b 619,045.			
c Net income or (loss) from fundraising events		▶ -199,175.			-199,175.	
9 a Gross income from gaming activities. See Part IV, line 19	a	39,826.				
	b Less: direct expenses	b 29,661.				
	c Net income or (loss) from gaming activities	▶ 10,165.			10,165.	
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 ADMINISTRATIVE FEES FROM AFFILIAT		900099	498,304.		498,304.	
	b OTHER INCOME/ REFUND CHECK	900099	14,042.		14,042.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 512,346.				
12 Total revenue. See instructions	▶ 70,452,876.	2,490,040.	0.	2,538,157.		

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	31,812,018.	31,812,018.		
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	3,240,018.	3,240,018.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,309,018.	736,857.	496,300.	75,861.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	81,061.	50,862.	22,089.	8,110.
7 Other salaries and wages	8,651,316.	5,510,437.	2,225,819.	915,060.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,158,873.	746,809.	290,230.	121,834.
9 Other employee benefits	905,959.	578,536.	233,765.	93,658.
10 Payroll taxes	760,605.	470,555.	205,821.	84,229.
11 Fees for services (non-employees):				
a Management	30,000.	30,000.		
b Legal	12,152.		12,152.	
c Accounting	196,792.	8,000.	188,792.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	811,972.			811,972.
f Investment management fees	71,606.		71,606.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	6,490,520.	3,774,397.	818,827.	1,897,296.
12 Advertising and promotion	75,829.	33,829.	839.	41,161.
13 Office expenses	403,266.	263,391.	120,935.	18,940.
14 Information technology	233,318.	206,064.	24,817.	2,437.
15 Royalties				
16 Occupancy	1,773,380.	1,161,876.	493,067.	118,437.
17 Travel	367,696.	324,929.	27,235.	15,532.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	95,465.	80,698.	11,578.	3,189.
20 Interest	129,641.	129,264.	377.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,952,385.	2,050,278.	707,057.	195,050.
23 Insurance	65,118.	507.	64,611.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UBI TAX PAYMENT	39,800.		39,800.	
b POSTAGE	5,637,061.	2,514,829.	62,359.	3,059,873.
c PRINTING	2,651,933.	1,183,091.	29,337.	1,439,505.
d BANK CHARGES AND FEES	704,228.	697,187.	7,041.	
e All other expenses	274,910.	107,392.	151,669.	15,849.
25 Total functional expenses. Add lines 1 through 24e	70,935,940.	55,711,824.	6,306,123.	8,917,993.
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)	441,303.	404,529.	0.	36,774.

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,112,784.	1	2,862,524.	
	2 Savings and temporary cash investments	3,290,932.	2	6,362,395.	
	3 Pledges and grants receivable, net	9,236,770.	3	8,205,130.	
	4 Accounts receivable, net	136,517.	4	42,291.	
	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	397,118.	9	394,114.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 82,965,771.			
	b Less: accumulated depreciation	10b 28,007,278.	44,467,421.	10c	54,958,493.
	11 Investments - publicly traded securities	34,065,034.	11	28,928,907.	
	12 Investments - other securities. See Part IV, line 11	3,267,956.	12	3,115,900.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets	2,656,212.	14	2,320,714.	
	15 Other assets. See Part IV, line 11	8,107,369.	15	11,236,575.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	106,738,113.	16	118,427,043.		
Liabilities	17 Accounts payable and accrued expenses	4,736,427.	17	2,650,163.	
	18 Grants payable	3,347.	18	15,519.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	333,603.	21	335,813.	
	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	17,042,294.	23	22,989,498.	
	24 Unsecured notes and loans payable to unrelated third parties		24	5,950,000.	
	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	29,060,568.	25	34,209,794.	
	26 Total liabilities. Add lines 17 through 25	51,176,239.	26	66,150,787.	
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	31,975,406.	27	28,168,874.	
	28 Temporarily restricted net assets	16,868,820.	28	17,387,043.	
	29 Permanently restricted net assets	6,717,648.	29	6,720,339.	
	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	55,561,874.	33	52,276,256.		
34 Total liabilities and net assets/fund balances	106,738,113.	34	118,427,043.		

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	70,452,876.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,935,940.
3	Revenue less expenses. Subtract line 2 from line 1	3	-483,064.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,561,874.
5	Net unrealized gains (losses) on investments	5	-487,137.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,315,417.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,276,256.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

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.

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

OMB No. 1545-0047

2018

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62474689.	62683358.	64520836.	63955945.	65424679.	319059507
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	62474689.	62683358.	64520836.	63955945.	65424679.	319059507
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.						319059507

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	62474689.	62683358.	64520836.	63955945.	65424679.	319059507
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1616477.	1424224.	1564897.	1639298.	1226495.	7471391.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	75,100.					75,100.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	57,897.	249,548.	552,107.	365,906.	512,346.	1737804.
11 Total support. Add lines 7 through 10						328343802
12 Gross receipts from related activities, etc. (see instructions)					12	9,796,063.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	97.17 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	96.28 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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).		

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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

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

OTHER INCOME/REFUND CHECK

2014 AMOUNT: \$ 22,340.

2015 AMOUNT: \$ 79,521.

2016 AMOUNT: \$ 65,310.

2017 AMOUNT: \$ 25,111.

2018 AMOUNT: \$ 14,042.

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.

ADMINISTRATIVE INCOME FROM AFFILIATES

2017 AMOUNT: \$ 340,795.

2018 AMOUNT: \$ 498,304.

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

OMB No. 1545-0047

2018

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private 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

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 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).

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/>	\$ <u>2,350,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>2,150,000.</u>	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.)

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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

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

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) 2018

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)		0.	37,034.
b Total lobbying expenditures to influence a legislative body (direct lobbying)		0.	37,034.
c Total lobbying expenditures (add lines 1a and 1b)		61,946,341.	84,631,891.
d Other exempt purpose expenditures		61,946,341.	84,668,925.
e Total exempt purpose expenditures (add lines 1c and 1d)		1,000,000.	1,000,000.
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	39,000.	36,250.	36,050.	37,034.	148,334.
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	\$37,034

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018
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 7/25/06, 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?

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)?

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) 2018

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	8,621,776.	7,737,476.	7,079,354.	7,599,992.	7,454,928.
b Contributions					
c Net investment earnings, gains, and losses	378,031.	884,300.	658,122.	-520,638.	145,064.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,999,807.	8,621,776.	7,737,476.	7,079,354.	7,599,992.

- 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 56.68 %
 - c Temporarily restricted endowment 43.32 %
- 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? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,210,408.		6,210,408.
b Buildings	31,423.	50,839,659.	19,778,340.	31,092,742.
c Leasehold improvements		3,758,480.	3,758,480.	0.
d Equipment		2,810,181.	2,715,561.	94,620.
e Other		19,315,620.	1,754,897.	17,560,723.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				54,958,493.

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	108,448.
(2) DUE FROM AFFILIATES	526,798.
(3) SECURITY DEPOSITS	11,955.
(4) ACCRUED REVENUE	5,821,583.
(5) LOANS RECEIVABLE FROM AFFILIATES	4,767,791.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	11,236,575.

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	3,110,587.
(3) ANNUITIES PAYABLE	4,341,749.
(4) PENSION BENEFITS LIABILITY	17,539,375.
(5) CONDITIONAL ASSET RETIREMENT OBLIGATION	414,374.
(6) DEFERRED RENT	877,086.
(7) CAPITAL LEASE OBLIGATIONS	8,705.
(8) CONSTRUCTION DEPOSIT	7,901,803.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	34,209,794.

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	70,457,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-487,137.
b	Donated services and use of facilities	2b	1,096,806.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	432,906.
e	Add lines 2a through 2d	2e	1,042,575.
3	Subtract line 2e from line 1	3	69,414,714.
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	71,606.
b	Other (Describe in Part XIII.)	4b	966,556.
c	Add lines 4a and 4b	4c	1,038,162.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	70,452,876.

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	71,862,837.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,096,806.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	583,300.
e	Add lines 2a through 2d	2e	1,680,106.
3	Subtract line 2e from line 1	3	70,182,731.
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	71,606.
b	Other (Describe in Part XIII.)	4b	681,603.
c	Add lines 4a and 4b	4c	753,209.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	70,935,940.

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 \$335,813. THE AGENCY ACCOUNTS PRIMARILY RELATE TO THE INVESTMENTS OF ITS AFFILIATES FOR WHICH CHI HOLDS AND OVERSEES THE FUNDS FOR EACH OF ITS AFFILIATES UNTIL SUCH TIME AS A CHECK REQUEST IS SUBMITTED BY THE AFFILIATES FOR REIMBURSEMENT. THIS AMOUNT IS RECORDED AS A LIABILITY ON THE CHI'S BALANCE SHEET.

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)

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

PART X, LINE 2:

THE PARENT RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE PARENT HAS NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE PARENT IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2016. THE LLC IS CONSIDERED A DISREGARDED ENTITY FOR TAX PURPOSES AND IS NOT SUBJECT TO EXAMINATIONS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS	99,631.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	333,275.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	432,906.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE FROM COVENANT HOUSE HOLDINGS LLC (CHH)	966,556.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

WRITE-OFF OF UNCOLLECTIBLE REVENUES	583,300.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FROM COVENANT HOUSE HOLDINGS LLC (CHH)	681,603.
-------------------------------------------------	----------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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	110	GRANTS TO RECIPIENTS		962,228.
CENTRAL AMERICA AND THE CARIBBEAN	3	207	GRANTS TO RECIPIENTS		2,277,790.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		3,297.
3 a Subtotal	4	317			3,243,315.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	4	317			3,243,315.

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

Schedule F (Form 990) 2018

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	962,228.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	709,968.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	864,290.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	703,532.	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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; don't file with Form 990)* Yes No

Part V Supplemental Information

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

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 8865. COVENANT HOUSE HAS BEEN IN THE PROCESS OF LIQUIDATING ITS TOTAL INTEREST IN THESE ALTERNATIVE INVESTMENTS SINCE 2009. THESE FUNDS HAD CERTAIN LIQUIDATION RESTRICTIONS. WHILE THE PROCESS HAS TAKEN LONGER THAN EXPECTED, THE PROCESS TO LIQUIDATE THESE FUNDS CONTINUES.

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

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

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)	NIGHT OF BROADWAY STA (event type)	3 (total number)		
Revenue	1	Gross receipts	8,764,186.	1,828,685.	456,871.	11,049,742.
	2	Less: Contributions	8,764,186.	1,593,285.	272,401.	10,629,872.
	3	Gross income (line 1 minus line 2)		235,400.	184,470.	419,870.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		10,367.	21,759.	32,126.
	6	Rent/facility costs	39,251.	178,155.	109,429.	326,835.
	7	Food and beverages	20,893.	158,315.	0.	179,208.
	8	Entertainment	5,100.	36,799.	17,206.	59,105.
	9	Other direct expenses	21,446.	0.	325.	21,771.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				619,045.
11	Net income summary. Subtract line 10 from line 3, column (d)				-199,175.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue		39,826.	39,826.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes		15,256.	15,256.
	4	Rent/facility costs			
	5	Other direct expenses		14,405.	14,405.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				29,661.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				10,165.

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 ► \$ 8,175.
**

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: CHANGING OUR WORLD

(I) ADDRESS OF FUNDRAISER: _____

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

(I) NAME OF FUNDRAISER: ALLISON ASHE

(I) ADDRESS OF FUNDRAISER: _____

3040 SHINNECOCK HILLS DRIVE, JOHNS CREEK, GA 30097

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: SULLIVAN + COMPANY, LLC

(I) ADDRESS OF FUNDRAISER:

450 WEST 14TH STREET, 12TH FL, NEW YORK, NY 10014

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

Schedule G (Form 990 or 990-EZ)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**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	939,360.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE CALIFORNIA 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027	13-3391210	501(C)3	2,676,216.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE FLORIDA 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)3	2,387,938.	0.			PROGRAM SUPPORT/NATIONAL SLEEPOUT EVENTS
COVENANT HOUSE GEORGIA 1559 JOHNSON ROAD NW ATLANTA, GA 30318	13-3523561	501(C)3	1,422,454.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)3	830,506.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE MISSOURI 2727 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63113	43-1821599	501(C)3	989,155.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 14.**
- 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) (2018)

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	4,122,858.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)3	1,865,008.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE PENNSYLVANIA 31 EAST ARMAT STREET PHILADELPHIA, PA 19144	23-3003176	501(C)3	2,256,806.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882	501(C)3	1,839,519.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE WASHINGTON 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	13-3537709	501(C)3	1,770,258.	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	8,165,000.	0.			PROGRAM SUPPORT
COVENANT HOUSE ILLINOIS 5 PENN PLAZA NEW YORK, NY 10001	81-2061485	501(C)3	1,493,579.	0.			PROGRAM SUPPORT/NATIONAL SLEEPOUT EVENTS
COVENANT HOUSE ILLINOIS 5 PENN PLAZA NEW YORK, NY 10001	81-2061485	501(C)3	1,000,403.	0.			STARTUP COST/OTHER OPERATING COST
US COMMITTEE FOR REFUGEES AND IMMIGRANTS - 2231 CRYSTAL DRIVE SUITE 350 - ARLINGTON, VA 22202	13-1878704	501(C)3	50,920.	0.			JTIP GRANT AWARD

Schedule I (Form 990)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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

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) 2018

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)	231,856.	0.	531.	22,188.	33,811.	288,386.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL MCCARTHY TREASURER/CFO THRU 05/19	(i)	273,060.	0.	1,822.	28,255.	9,842.	312,979.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DEIRDRE CRONIN SECRETARY/COO	(i)	262,447.	0.	635.	24,300.	26,490.	313,872.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JILL VORNDRAN CHIEF DEVELOPMENT OFFICER	(i)	273,814.	0.	414.	21,353.	16,654.	312,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DIANE MILAN-SCOTT EVP PROGRAM OPERATIONS	(i)	238,214.	0.	1,032.	25,625.	11,577.	276,448.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LESLIE MCGUIRE SVP, OPERATIONS & SITE SUPPORT	(i)	220,611.	0.	333.	6,752.	27,464.	255,160.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) THOMAS MONAGHAN, SVP INDIVIDUAL GIVING&CORP. PARTNERSHIPS	(i)	198,534.	0.	190.	17,000.	25,118.	240,842.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARGARET HEALY SVP LATIN AMERICA	(i)	171,943.	0.	22,208.	24,000.	11,360.	229,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RICHARDSON SCURRY MILLER, VP, OPERATIONS/SITE LIASION THRU 12/18	(i)	147,895.	0.	43,185.	0.	7,113.	198,193.	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)	274,564.	0.	1,187.	24,242.	21,353.	321,346.	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 TERMS AND CONDITIONS STIPULATED IN RICHARDSON SCURRY MILLER'S SEVERANCE AGREEMENT, THE ORGANIZATION PAID A SEVERANCE PAYMENT TO RICHARDSON SCURRY MILLER IN THE AMOUNT OF \$42,487 IN 2018. THIS PAYMENT WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SEE PART V	SEE PART V	80,527.	SEE PART V		X

Part V Supplemental Information.

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

FORM 990, SCHEDULE L, PART IV:

NAME OF INTERESTED PERSON: DANIEL RYAN

RELATIONSHIP BETWEEN THE INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF THE PRESIDENT & CEO

DESCRIPTION OF TRANSACTION: DANIEL RYAN IS AN EMPLOYEE OF COVENANT HOUSE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

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	59	510,486.	AVG. 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	42	32,126.	COST
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

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

FOR NEARLY FIVE DECADES, COVENANT HOUSE HAS HELPED MORE THAN ONE

MILLION YOUTH OVERCOMING HOMELESSNESS AND/OR HUMAN TRAFFICKING

TRANSFORM THEIR LIVES IN THE CANADA, GUATEMALA, HONDURAS, MEXICO,

NICARAGUA AND THE UNITED STATES. OPENING WITH AN INITIAL DROP-IN CENTER

IN NEW YORK CITY IN 1972, COVENANT HOUSE IS NOW THE LARGEST PRIMARILY

PRIVATELY-FUNDED CHARITY IN THE AMERICAS OFFERING HOUSING AND

SUPPORTIVE SERVICES TO 46,000 YOUTH ANNUALLY IN 31 CITIES. OVER TIME,

WE HAVE EVOLVED INTO A ROBUST NETWORK OF "HOUSES" THAT COLLECTIVELY

FUEL AN OPPORTUNITY MOVEMENT FOR HOMELESS YOUTH, CREATING A BRIDGE FROM

HOMELESSNESS TO HOPE. OUR MOVEMENT SUSTAINS AND WIDENS THIS BRIDGE, ONE

THAT IS SCULPTED BY OUR DIVERSE ARRAY OF PROGRAMS; RELATIONSHIPS

GROUNDING IN ABSOLUTE RESPECT, UNCONDITIONAL LOVE AND RELENTLESS

ENGAGEMENT; AND OUR STRENGTHS-BASED PRACTICE MODEL OF RESILIENCE AND

POSITIVE YOUTH DEVELOPMENT.

THE YOUTH WE SERVE ACROSS THE AMERICAS COME FROM HOMES RIVEN BY ABUSE,

POVERTY, SUBSTANCE ABUSE, MENTAL ILLNESS AND/OR VIOLENCE. BY THE TIME

THEY WALK THROUGH THE DOORS OF A COVENANT HOUSE, THEY ARE IN CRISIS,

ALONE AND FRIGHTENED. FOR EACH ONE, OUR CONTINUUM OF SERVICES

INCLUDES:

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

- IMMEDIATE HOUSING

WHEN YOUNG PEOPLE LEAVE HOMELESSNESS TO WALK THROUGH OUR DOORS, OUR

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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

FIRST JOB IS TO HELP THEM STABILIZE THEIR SITUATIONS. OUR SHELTERS OFFER THE BASIC NECESSITIES (A HEARTY MEAL, A SHOWER, A FRESH SET OF CLOTHES, A WARM AND SAFE PLACE TO SLEEP) IMMEDIATELY AND WITH UNCONDITIONAL LOVE. NEXT, OUR STAFF HELPS YOUTH DEVELOP A PLAN FOR THE REST OF THEIR TIME WITH US AND BEYOND. THEY CONNECT YOUTH TO COUNSELING, HEALTH AND MENTAL HEALTH CARE AS WELL AS EDUCATIONAL AND VOCATIONAL SERVICES. WHEN PREGNANT OR PARENTING YOUNG PEOPLE ARE FACING HOMELESSNESS, OUR PROGRAMS SERVICE THEIR SPECIAL NEEDS AND ENSURE THEIR YOUNG FAMILY RECEIVES THE IMPORTANT CARE THEY NEED. OUR GOAL IS THAT YOUTH LEAVE OUR SHELTER WITH A STABLE HOUSING PLAN AND EMPLOYMENT. AFTER THEY LEAVE, YOUTH HAVE ONGOING ACCESS TO ALL OF OUR PROGRAMS THROUGH OUR DROP-IN CENTERS. DURING FISCAL YEAR 2019, WE SERVED OVER 1,000 YOUNG FAMILIES AND ALMOST 7,000 INDIVIDUAL YOUNG PEOPLE IN THIS RESIDENTIAL PROGRAM.

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

- EDUCATION AND EMPLOYMENT SERVICES

ADVANCING EDUCATIONALLY AND PREPARING FOR THE WORLD OF WORK ARE KEY FACTORS IN A YOUNG PERSON'S ABILITY TO LEAVE HOMELESSNESS BEHIND. EITHER DIRECTLY OR THROUGH REFERRAL, WE GUIDE YOUTH TO APPROPRIATE EDUCATIONAL AND VOCATIONAL OPPORTUNITIES, MATCHING EACH YOUNG PERSON'S STRENGTHS AND ABILITIES WITH THEIR CAREER INTERESTS. WE HELP THEM GAIN THE SKILLS THEY NEED TO JOIN THE WORKFORCE, BECOME INDEPENDENT AND ESCAPE THE CYCLE OF HOMELESSNESS.

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

-TRANSITIONAL LIVING PROGRAM RIGHTS OF PASSAGE "ROP"

YOUNG MEN AND WOMEN LIVE IN ROP FOR UP TO 18 MONTHS, IN AN ENVIRONMENT

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

THAT MIRRORS THE ROLES AND RESPONSIBILITIES OF A TRADITIONAL HOUSEHOLD, WHICH SADLY MOST OF OUR YOUTH HAVE NEVER EXPERIENCED. YOUTH PARTICIPATE IN EDUCATIONAL AND VOCATIONAL PROGRAMS, LEARN BASIC LIFE SKILLS, SEEK EMPLOYMENT WITH LONG-TERM ADVANCEMENT PROSPECTS, AND WORK TOWARDS MOVING INTO A HOME OF THEIR OWN. ALL OF OUR SERVICES WORK TO HELP EACH YOUTH IN OUR CARE MOVE TOWARDS AN INDEPENDENT, SUSTAINABLE FUTURE. IN FISCAL YEAR 2019, ROP SERVED 1,144 YOUNG PEOPLE.

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

-AFTERCARE HOUSING

WHEN YOUTH LEAVE OUR RESIDENTIAL CARE, WE CONTINUE IN RELENTLESS RELATIONSHIP WITH THEM TO HELP ENSURE THEIR INDEPENDENCE AND PREVENT THEIR RETURN TO HOMELESSNESS. THESE YOUTH WORK FULL-TIME OR CONTINUE THEIR EDUCATION AND WORK PART TIME. OUR STAFF CONTINUE TO MEET WITH THEM IN THE COMMUNITY TO SUPPORT THEIR PROGRESS. COMMUNITY APARTMENTS ARE AN IMPORTANT ELEMENT OF OUR CONTINUUM OF CARE FOR THE YOUNG PEOPLE WE SERVE, HELPING THEM TO TRANSITION OUT OF OUR CRISIS SHELTER AND INTO INDEPENDENCE.

-OUTREACH

IN VANS AND ON FOOT, OUR OUTREACH WORKERS GO TO THE NEIGHBORHOODS, BACK ALLEYS, PARKS, RIVERFRONTS AND OTHER PLACES WHERE STREET KIDS CONGREGATE. THEY PROVIDE MEALS AND COUNSELING, AND AN INVITATION TO COME TO COVENANT HOUSE. THROUGH SUSTAINED CONTACT, OUR WORKERS BUILD A SOLID RAPPORT WITH THE KIDS. THIS TRUST IS THE FIRST AND ESSENTIAL STEP IN GETTING THESE YOUNG PEOPLE OFF THE STREETS AND CONNECTED TO SERVICES.

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-HEALTH AND WELL-BEING

EVERY YOUNG PERSON AT COVENANT HOUSE HAS HARD CIRCUMSTANCES BEHIND THEM AND AN UNCERTAIN FUTURE AHEAD. EACH ONE OF THEM ALSO BRINGS THEIR UNIQUE STRENGTHS, HOPES AND DREAMS.

HEALTH AND WELL-BEING SUPPORTS ARE ESSENTIAL TO RENEW A YOUNG PERSON'S SENSE OF POTENTIAL. AT COVENANT HOUSE, YOUTH ACCESS A RANGE OF HEALTH AND WELL-BEING SERVICES. OVER THE YEARS, WE'VE SEEN THAT THE BEST CARE COMES THROUGH HEALING BODY, MIND, HEART AND SPIRIT. WITH THIS IN MIND, WE OFFER A WIDE-RANGING ARRAY OF SERVICES THAT BRING A HOLISTIC APPROACH TO TRAUMA, RANGING FROM MEDICAL CARE IN OUR ONSITE HEALTH CENTERS TO YOGA CLASSES; MUSIC LESSONS TO MENTAL HEALTH COUNSELING; RELIGIOUS AND SPIRITUAL SERVICES TO BASKETBALL GAMES.

ALL OF OUR PROGRAMS ARE OFFERED THROUGH A TRAUMA-INFORMED LENS THAT ENHANCES OUR CAPACITY TO ADDRESS THE MENTAL HEALTH NEEDS OF OUR YOUTH. THIS APPROACH EMPHASIZES PHYSICAL, PSYCHOLOGICAL, AND EMOTIONAL SAFETY AND CREATES OPPORTUNITIES FOR YOUTH TO REBUILD A SENSE OF CONTROL AND EMPOWERMENT IN THEIR LIVES. BY OFFERING COMPREHENSIVE, WRAPAROUND SERVICES AND SURROUNDING YOUTH WITH POSITIVE INFLUENCES TO ENCOURAGE THEIR GROWTH AND DEVELOPMENT, WE BUILD ON THEIR STRENGTHS AND ASSETS TO RESTORE THEIR CONFIDENCE, INCREASE THEIR SENSE OF COMPETENCE AND SELF-WORTH, AND CULTIVATE LIFE SKILLS THAT RESULT IN POSITIVE AND HEALTHIER CHOICES THAT WILL LAST A LIFETIME.

-WEBSITE

THE COVENANT HOUSE INTERNATIONAL WEBSITE IS [HTTPS://WWW.COVENANTHOUSE.ORG](https://www.covenanthouse.org). THE SITE CONTAINS INFORMATION AND

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RESOURCES FOR YOUTH EXPERIENCING OR AT RISK OF HOMELESSNESS, AS WELL AS
 ADVICE FOR PARENTS AND OTHER ADULTS PROFESSIONALLY INVOLVED IN THE CARE
 OF CHILDREN AND YOUTH. THE SITE ALSO CONTAINS INFORMATION ABOUT
 COVENANT HOUSE SITES, PROGRAMS, AND RELATED ACTIVITIES, INCLUDING OUR
 WORK AS CHILD ADVOCATES, AND EMPLOYMENT OPPORTUNITIES WITH THE AGENCY.
 THE WEBSITE ACCEPTS DONATIONS VIA CREDIT CARD.

DESCRIPTION	EXPENSES	GRANTS	REVENUE
AFTERCARE HOUSING	8,678,555	6,514,748	
OUTREACH	1,303,866	1,028,227	
HEALTH AND WELL-BEING	1,296,455	1,028,181	
EXPENSES \$ 11,278,876.	INCLUDING GRANTS OF \$ 8,571,156.		REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:
 THE FORM 990 IS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN
 CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. A COPY OF THE
 DRAFT FORM 990 IS PRESENTED TO THE AUDIT COMMITTEE OF THE BOARD AND ONCE
 APPROVED; IT IS DISTRIBUTED TO THE ENTIRE BOARD PRIOR TO ITS FILING WITH
 THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:
 THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATION OF THE CONFLICT
 OF INTEREST POLICY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES, WHICH IS
 MONITORED ANNUALLY BY THE BOARD'S AUDIT COMMITTEE. THE DISCLOSURE STATEMENT
 REQUIRED EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE TO DISCLOSE ANY BUSINESS
 OR PERSONAL INTERESTS, DIRECT OR INDIRECT, THAT THE PERSON MAY HAVE IN AN
 ORGANIZATION THAT COMPLETES WITH OR DOES BUSINESS WITH COVENANT HOUSE
 INTERNATIONAL (CHI) OR ANY OTHER ORGANIZATION BUSINESS/ AGENCY AFFILIATED

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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 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 2019.

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

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

Name of the organization COVENANT HOUSE	Employer identification number 13-2725416
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FORM 990, PART VI, SECTION C, LINE 19:

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

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

PENSION RELATED ACTIVITIES	-2,165,023.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	333,275.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	99,631.
WRITE-OFF OF UNCOLLECTIBLE REVENUES	-583,300.
TOTAL TO FORM 990, PART XI, LINE 9	-2,315,417.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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	966,556.	19,232,081.	COVENANT HOUSE
460 WEST 41ST, LLC 5 PENN PLAZA, 3RD FLOOR NEW YORK, NY 10001	HOLDING CO.	DELAWARE	0.	15,742,325.	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) 2018

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 30 WEST CHICAGO AVENUE, 5TH FLOOR CHICAGO, IL 60654	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, 550 10TH AVENUE, NEW YORK, NY 10018	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	927,000.	COST
(3) COVENANT HOUSE TEXAS	A	11,484.	COST
(4) COVENANT HOUSE ALASKA	A	966,556.	COST
(5) COVENANT HOUSE TORONTO	A	142,588.	COST
(6) COVENANT HOUSE ALASKA	A	9,000.	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 CALIFORNIA	A	15,000.	COST
(8)COVENANT HOUSE FLORIDA	A	9,000.	COST
(9)COVENANT HOUSE GEORGIA	A	6,000.	COST
(10)COVENANT HOUSE MICHIGAN	A	6,000.	COST
(11)COVENANT HOUSE MISSOURI	A	3,000.	COST
(12)COVENANT HOUSE NEW JERSEY	A	12,000.	COST
(13)COVENANT HOUSE NEW ORLEANS	A	15,000.	COST
(14)COVENANT HOUSE PENNSYLVANIA/ UNDER 21	A	9,000.	COST
(15)COVENANT HOUSE TEXAS	A	9,000.	COST
(16)COVENANT HOUSE WASHINGTON	A	9,000.	COST
(17)UNDER 21/ COVENANT HOUSE NEW YORK	A	15,000.	COST
(18)COVENANT HOUSE ALASKA	B	939,360.	COST
(19)COVENANT HOUSE CALIFORNIA	B	2,676,216.	COST
(20)COVENANT HOUSE FLORIDA	B	2,387,938.	COST
(21)COVENANT HOUSE GEORGIA	B	1,422,454.	COST
(22)COVENANT HOUSE MICHIGAN	B	830,506.	COST
(23)COVENANT HOUSE MISSOURI	B	989,155.	COST
(24)COVENANT HOUSE NEW JERSEY	B	4,122,858.	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 NEW ORLEANS	B	1,865,008.	COST
(8) COVENANT HOUSE PENNSYLVANIA/ UNDER 21	B	2,256,806.	COST
(9) COVENANT HOUSE TEXAS	B	1,839,519.	COST
(10) COVENANT HOUSE WASHINGTON	B	1,770,258.	COST
(11) UNDER 21/ COVENANT HOUSE NEW YORK	B	8,165,000.	COST
(12) COVENANT HOUSE ILLINOIS	B	2,493,982.	COST
(13) FUNDACION CASA ALIANZA MEXICO IAP	B	962,228.	COST
(14) ASOCIACION LA ALIANZA (GUATEMALA)	B	709,968.	COST
(15) CASA ALIANZA NICARAGUA	B	864,290.	COST
(16) CASA ALIANZA HONDURAS	B	703,532.	COST
(17) COVENANT HOUSE MISSOURI	D	1,780,740.	COST
(18) UNDER 21/ COVENANT HOUSE NEW YORK	D	2,400,000.	COST
(19) COVENANT HOUSE WASHINGTON	D	587,051.	COST
(20) COVENANT HOUSE PENNSYLVANIA/ UNDER 21	D	2,711,000.	COST
(21) COVENANT HOUSE FLORIDA	L	89,735.	COST
(22) COVENANT HOUSE CALIFORNIA	L	59,137.	COST
(23) COVENANT HOUSE GEORGIA	L	52,516.	COST
(24) COVENANT HOUSE NEW JERSEY	L	123,702.	COST

Part VII Supplemental Information.

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

Multiple horizontal lines for supplemental information.