

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

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 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

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 (WILLIAM BEDROSSIAN).

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 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), date (05/12/23), and firm information (PKF O'CONNOR DAVIES ADVISORY, LLC).

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

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

COVENANT HOUSE

EIN or SSN

13-2725416

Name and title of officer or person subject to tax

PAMELA KOURNETAS
CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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>154,746,645.</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 V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2021 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax

Pamela Kournetas

Date 5/12/23

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.

13562803218

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 ADVISORY, LLC Date 05/11/23

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 26,574,005. including grants of \$ 19,665,910.) (Revenue \$ 0.) SEE SCHEDULE O - IMMEDIATE HOUSING (SHELTER AND CRISIS CARE)

4b (Code:) (Expenses \$ 20,693,246. including grants of \$ 737,711.) (Revenue \$ 0.) SEE SCHEDULE O - EDUCATION AND EMPLOYMENT SERVICES/PUBLIC EDUCATION AND PREVENTION PROGRAMS

4c (Code:) (Expenses \$ 11,150,944. including grants of \$ 8,114,756.) (Revenue \$ 938,484.) SEE SCHEDULE O - TRANSITIONAL LIVING PROGRAM - RIGHTS OF PASSAGE "ROP"

4d Other program services (Describe on Schedule O.) (Expenses \$ 13,995,062. including grants of \$ 10,600,323.) (Revenue \$ 0.)

4e Total program service expenses 72,413,257.

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> ? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions	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)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 38		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **SEE SCHEDULE O**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PAMELA KOURNETAS, CFO - 212-727-4057**
5 PENN PLAZA, 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JILL VORNDRAN CHIEF DEVELOPMENT OFFICER	35.00 0.00				X			308,253.	0.	61,729.
(2) DEIRDRE CRONIN SECRETARY/COO	33.00 2.00			X				285,397.	0.	66,263.
(3) JOHN DUCOFF CHIEF LEGAL OFFICER	35.00 0.00					X		282,851.	0.	58,078.
(4) PAMELA KOURNETAS TREASURER/CFO	32.00 3.00			X				315,836.	0.	16,484.
(5) THOMAS MONAGHAN SVP, INDIV. GIVING & CORPORATE PARTN	35.00 0.00					X		266,478.	0.	51,532.
(6) LESLIE MCGUIRE SVP, OPERATIONS & SITE SUPPORT	35.00 0.00					X		240,386.	0.	47,504.
(7) DANIEL KARP SVP, INTEGRATED DIRECT MARKETING	35.00 0.00					X		242,714.	0.	39,628.
(8) CARLETTE MACK CHIEF PEOPLE, CULTURE, AND INCLUSION	35.00 0.00					X		256,325.	0.	25,751.
(9) KEVIN RYAN PRESIDENT & CEO	23.00 12.00			X				0.	0.	2,684.
(10) THOMAS M. MCGEE BOARD CHAIR	1.00 2.00	X		X				0.	0.	0.
(11) DAVID ACKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) LAUREN AGUIAR DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) PHILIP J. ANDRYC DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) DR. ROLAND ANGLIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) STEPHANIE ASBURY DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DR. MERRIAN BROOKS DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) RACHEL BROSNAHAN DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANDY BUSTILLO DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) JEFFREY S. CALHOUN DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) BRIAN M. CASHMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) DENIS COLEMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) HANNAH COLLIER DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) JON S. CORZINE DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) ARIANA DEBOSE DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) DARIUS V. DE HAAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) JOHN DICKERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								2,198,240.	0.	369,653.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,198,240.	0.	369,653.

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 **43**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION SOLUTIONS, 1953 GALLOWS ROAD, SUITE 600, VIENNA, VA 22182	PRINTING SERVICES	8,764,301.
TELEVISION FUNDRAISING SOLUTIONS, 16900 SCIENCE DR. SUITE 210, BOWIE, MD 20715	TELEVISION ADVERTISING SERVICES	5,787,720.
REVUNAMI INC, 545 N VILLAGE AVENUE, ROCKVILLE CENTRE, NY 11570	DIGITAL STRATEGY AND TECHNOLOGY SERVICES	1,819,472.
GIVEBRIDGE INC 1 HACKER WAY, MENLO PARK, CA 94025	FUNDRAISING SERVICES	1,796,776.
DMS DIGITAL AGENCY, 4800 140TH AVE NORTH, SUITE 101, CLEARWATER, FL 33762	DIGITAL STRATEGY AND TECHNOLOGY SERVICES	1,568,103.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **28**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) MARK DODDS DIRECTOR	1.00 0.00	X						0.	0.	0.
(28) DAVID EKLUND DIRECTOR	1.00 0.00	X						0.	0.	0.
(29) DAVID HEGARTY DIRECTOR	1.00 0.00	X						0.	0.	0.
(30) NANNETTE HENDEL DIRECTOR	1.00 0.00	X						0.	0.	0.
(31) MARK J. HENNESSY DIRECTOR	1.00 1.00	X						0.	0.	0.
(32) DR. APRIL RAY HUNZIKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(33) ERIC HUTCHERSON DIRECTOR	1.00 0.00	X						0.	0.	0.
(34) PAUL J. INGRASSIA DIRECTOR	1.00 0.00	X						0.	0.	0.
(35) CAPATHIA Y. JENKINS DIRECTOR	1.00 0.00	X						0.	0.	0.
(36) TRACY S. JONES WALKER DIRECTOR	1.00 0.00	X						0.	0.	0.
(37) JANET M. KEATING DIRECTOR	1.00 0.00	X						0.	0.	0.
(38) BILL LIVEK DIRECTOR	1.00 0.00	X						0.	0.	0.
(39) AUDRA A. MCDONALD DIRECTOR	1.00 0.00	X						0.	0.	0.
(40) JULIO A. PORTALATIN DIRECTOR	1.00 0.00	X						0.	0.	0.
(41) VIVIAN SCOTT CHEW DIRECTOR	1.00 0.00	X						0.	0.	0.
(42) RAHUL VARMA DIRECTOR	1.00 0.00	X						0.	0.	0.
(43) L. EDWARD SHAW, JR DIRECTOR	1.00 0.00	X						0.	0.	0.
(44) MARY T. SULLIVAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(45) JASON VILLANUEVA DIRECTOR	1.00 0.00	X						0.	0.	0.
(46) KEN WILLMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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			
(47) STRAUSS ZELNICK DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	25,280.				
	1 b	Membership dues					
	1 c	Fundraising events	10,268,723.				
	1 d	Related organizations	2,000,000.				
	1 e	Government grants (contributions)	668,950.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	77,751,376.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 1,123,154.				
	1 h	Total. Add lines 1a-1f		90,714,329.			
	Program Service Revenue	2 a	RENTAL INCOME FROM AFFILIATES	532000	938,484.	938,484.	
2 b							
2 c							
2 d							
2 e							
2 f		All other program service revenue					
2 g		Total. Add lines 2a-2f		938,484.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,414,442.		1414442.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		470,734.		470,734.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	15,913,398.	79018030.		
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	15,836,497.	18175785.			
	7 c	Gain or (loss)	76,901.	60842245.			
	7 d	Net gain or (loss)		60,919,146.		60919146.	
8 a	Gross income from fundraising events (not including \$ 10,268,723. of contributions reported on line 1c). See Part IV, line 18	486,076.					
8 b	Less: direct expenses	669,353.					
8 c	Net income or (loss) from fundraising events		-183,277.		-183,277.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	ADMINISTRATIVE FEES FROM AFFILIAT	900099	415,758.		415,758.	
	11 b	OTHER INCOME	900099	40,734.		40,734.	
	11 c	REFUND	900099	16,295.		16,295.	
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		472,787.			
12	Total revenue. See instructions		154746645.	938,484.	0.	63093832.	

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	34,585,822.	34,585,822.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	7,700.	7,700.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	4,525,178.	4,525,178.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,165,060.	754,383.	323,475.	87,202.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,984,325.	8,407,424.	3,605,058.	971,843.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,721,059.	1,118,900.	482,096.	120,063.
9 Other employee benefits	1,467,845.	954,212.	411,103.	102,530.
10 Payroll taxes	1,045,252.	668,823.	304,402.	72,027.
11 Fees for services (nonemployees):				
a Management				
b Legal	178,318.	137,736.	40,582.	
c Accounting	265,380.		265,380.	
d Lobbying	152,600.	152,600.		
e Professional fundraising services. See Part IV, line 17	491,936.			491,936.
f Investment management fees	73,646.		73,646.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,953,515.	4,670,573.	1,580,907.	702,035.
12 Advertising and promotion	521,559.	267,429.	11,367.	242,763.
13 Office expenses	925,159.	790,544.	118,123.	16,492.
14 Information technology	263,804.	213,610.	48,777.	1,417.
15 Royalties				
16 Occupancy	1,610,338.	1,076,616.	421,239.	112,483.
17 Travel	237,003.	199,291.	22,147.	15,565.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	209,707.	195,731.	6,680.	7,296.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,885,319.	4,260,920.	1,223,370.	401,029.
23 Insurance	98,392.	140.	98,237.	15.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a POSTAGE	10,515,628.	5,391,883.	229,188.	4,894,557.
b PRINTING	5,776,098.	2,961,691.	125,890.	2,688,517.
c BANK CHARGES AND FEES	1,043,329.	977,485.	65,844.	
d OTHER EXPENSES	136,323.	94,566.	37,462.	4,295.
e All other expenses	106,201.		106,201.	
25 Total functional expenses. Add lines 1 through 24e	92,946,496.	72,413,257.	9,601,174.	10,932,065.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance 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	4,484,145.	1	4,698,523.
	2 Savings and temporary cash investments	4,197,149.	2	979,875.
	3 Pledges and grants receivable, net	1,535,207.	3	2,488,693.
	4 Accounts receivable, net	88,363.	4	104,161.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	586,539.	9	536,628.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 96,238,582.		
	b Less: accumulated depreciation	10b 16,288,380.	10c	79,950,202.
	11 Investments - publicly traded securities	39,961,747.	11	40,892,813.
	12 Investments - other securities. See Part IV, line 11	3,785,823.	12	3,362,653.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets	6,479,349.	14	9,750,331.
	15 Other assets. See Part IV, line 11	4,326,025.	15	13,102,604.
16 Total assets. Add lines 1 through 15 (must equal line 33)	156,506,513.	16	155,866,483.	
Liabilities	17 Accounts payable and accrued expenses	5,049,494.	17	4,714,723.
	18 Grants payable	14,819.	18	14,819.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	368,587.	21	319,753.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	42,859,442.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	350,000.
	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	41,453,855.	25	21,107,892.
	26 Total liabilities. Add lines 17 through 25	89,746,197.	26	26,507,187.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	45,497,773.	27	110,148,215.
	28 Net assets with donor restrictions	21,262,543.	28	19,211,081.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	66,760,316.	32	129,359,296.
	33 Total liabilities and net assets/fund balances	156,506,513.	33	155,866,483.

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	154,746,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,946,496.
3	Revenue less expenses. Subtract line 2 from line 1	3	61,800,149.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	66,760,316.
5	Net unrealized gains (losses) on investments	5	-5,081,032.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5,879,863.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	129,359,296.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on 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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

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).
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).
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).
6 [] A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] 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).
8 [] A community trust described in section 170(b)(1)(A)(vi).
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.
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.
11 [] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	63726695.	65395929.	88823453.	83364042.	90714329.	392024448
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	63726695.	65395929.	88823453.	83364042.	90714329.	392024448
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.						392024448

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	63726695.	65395929.	88823453.	83364042.	90714329.	392024448
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1639298.	1226495.	1235446.	1372343.	1885176.	7358758.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	365,906.	512,346.	474,028.	592,193.	472,787.	2417260.
11 Total support. Add lines 7 through 10						401800466
12 Gross receipts from related activities, etc. (see instructions)					12	9,374,611.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	97.57 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	97.46 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

2017 AMOUNT: \$ 25,111.

2018 AMOUNT: \$ 14,042.

2019 AMOUNT: \$ 17,355.

2020 AMOUNT: \$ 55,607.

2021 AMOUNT: \$ 40,734.

INSURANCE PROCEEDS

2020 AMOUNT: \$ 91,830.

REFUND

2021 AMOUNT: \$ 16,295.

ADMINISTRATIVE INCOME FROM AFFILIATES

2017 AMOUNT: \$ 340,795.

2018 AMOUNT: \$ 498,304.

2019 AMOUNT: \$ 456,673.

2020 AMOUNT: \$ 444,756.

2021 AMOUNT: \$ 415,758.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization COVENANT HOUSE	Employer identification number 13-2725416
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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>2,461,289.</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>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>2,000,000.</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.)

Name of organization COVENANT HOUSE	Employer identification number 13-2725416
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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
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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
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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) 2021

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	0.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	152,600.	190,907.												
c	Total lobbying expenditures (add lines 1a and 1b)	152,600.	190,907.												
d	Other exempt purpose expenditures	81,788,185.	114,585,759.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	81,940,785.	114,776,666.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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	37,034.	39,561.	114,306.	190,907.	381,808.
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.	\$152,600
UNDER 21, INC/COVENANT HOUSE NY	\$38,307

Part IV Supplemental Information *(continued)*

TESTANMENTUM \$0

COVENANT INTERNATIONAL FOUNDATION \$0

CONVENANT HOUSE WESTERN AVENUE \$0

AFFILIATED GROUP TOTAL \$190,907

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section requirements and reporting.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - 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	10,041,309.	8,558,563.	8,999,807.	8,621,776.	7,737,476.
b Contributions					
c Net investment earnings, gains, and losses	-586,241.	1,482,746.	441,244.	378,031.	884,300.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,455,068.	10,041,309.	8,558,563.	8,999,807.	8,621,776.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 53.9520 %
 - c Term endowment 46.0480 %
- 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 checked="" type="checkbox"/> |
| (ii) Related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,163,591.		3,163,591.
b Buildings	31,423.	80,472,285.	7,068,688.	73,435,020.
c Leasehold improvements		3,758,480.	3,758,480.	0.
d Equipment		4,386,187.	2,353,554.	2,032,633.
e Other		4,426,616.	3,107,658.	1,318,958.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				79,950,202.

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	19,070.
(2) DUE FROM AFFILIATES	2,221,579.
(3) SECURITY DEPOSITS	11,955.
(4) LOANS RECEIVABLE FROM AFFILIATES	3,350,000.
(5) ADVANCE PAYMENT ON CONDOMINIUM CONSTRUCTION	7,500,000.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	13,102,604.

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	1,489,266.
(3) ANNUITIES PAYABLE	3,629,452.
(4) PENSION BENEFITS LIABILITY	15,989,174.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	21,107,892.

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

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	162,250,499.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,081,032.
b	Donated services and use of facilities	2b	13,164,171.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	339,099.
e	Add lines 2a through 2d	2e	8,422,238.
3	Subtract line 2e from line 1	3	153,828,261.
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	73,646.
b	Other (Describe in Part XIII.)	4b	844,738.
c	Add lines 4a and 4b	4c	918,384.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	154,746,645.

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	106,732,271.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,164,171.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	711,545.
e	Add lines 2a through 2d	2e	13,875,716.
3	Subtract line 2e from line 1	3	92,856,555.
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	73,646.
b	Other (Describe in Part XIII.)	4b	16,295.
c	Add lines 4a and 4b	4c	89,941.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	92,946,496.

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 \$319,753. 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, 2019.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

<u>CLOSING COSTS INCLUDED ON PART VIII, LINE 7B</u>	<u>339,099.</u>
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

<u>CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS</u>	<u>208,760.</u>
<u>CHANGE IN VALUE OF BENEFICIAL INTERESTS IN TRUSTS</u>	<u>619,683.</u>
<u>REFUND INCOME INCLUDED ON PART VIII, LINE 11C</u>	<u>16,295.</u>
<u>TOTAL TO SCHEDULE D, PART XI, LINE 4B</u>	<u>844,738.</u>

PART XII, LINE 2D - OTHER ADJUSTMENTS:

<u>WRITE-OFF OF UNCOLLECTIBLE REVENUES</u>	<u>372,446.</u>
<u>CLOSING COSTS INCLUDED ON PART VIII, LINE 7B</u>	<u>339,099.</u>
<u>TOTAL TO SCHEDULE D, PART XII, LINE 2D</u>	<u>711,545.</u>

PART XII, LINE 4B - OTHER ADJUSTMENTS:

<u>REFUND INCOME INCLUDED ON PART VIII, LINE 11C</u>	<u>16,295.</u>
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

COVENANT HOUSE

13-2725416

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA	3	660	GRANTS TO RECIPIENTS		1,406,607.
CENTRAL AMERICA AND THE CARIBBEAN	3	184	GRANTS TO RECIPIENTS		3,118,571.
3 a Subtotal	0	844			4,525,178.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	844			4,525,178.

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

Schedule F (Form 990) 2021

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	125,467.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	79,181.	WIRE	0.		
		NORTH AMERICA	PROGRAM SUPPORT	72,749.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	156,591.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	122,753.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	PROGRAM SUPPORT	325,125.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **6**

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

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **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

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THOMAS GAFFNY - 71 CLIFF ROAD, WELLESLEY, MA 02481	STRATEGIC CONSULTANT		X	0.	90,000.	-90,000.
GRANTSMYTHS - 483 MANHATTAN AVE, MANHATTAN, NY 10027	GRANT WRITING SERVICES		X	0.	21,300.	-21,300.
BLUE STATE DIGITAL, INC. - 41 FLATBUSH AVE, BROOKLYN, NY	STRATEGIC & CAMPAIGN CONSULTANT		X	0.	46,485.	-46,485.
GIVEBRIDGE, INC. - 525 W. MONROE STREET, SUITE 900,	MANAGE FUNDRAISING CAMPAIGNS		X	0.	334,151.	-334,151.
Total					491,936.	-491,936.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SLEEP OUT (event type)	NOCHS (event type)	2 (total number)		
Revenue	1	Gross receipts	9,055,094.	1,353,856.	345,849.	10,754,799.
	2	Less: Contributions	9,055,094.	1,058,750.	154,879.	10,268,723.
	3	Gross income (line 1 minus line 2)		295,106.	190,970.	486,076.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	2,024.	108,925.	40,865.	151,814.
	7	Food and beverages	3,223.	143,010.	500.	146,733.
	8	Entertainment	4,000.	16,048.	3,104.	23,152.
	9	Other direct expenses	8,621.	298,806.	40,227.	347,654.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				669,353.
11	Net income summary. Subtract line 10 from line 3, column (d)				-183,277.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

(I) NAME OF FUNDRAISER: BLUE STATE DIGITAL, INC.

(I) ADDRESS OF FUNDRAISER: 41 FLATBUSH AVE, BROOKLYN, NY 11217

(I) NAME OF FUNDRAISER: GIVEBRIDGE, INC.

(I) ADDRESS OF FUNDRAISER:

525 W. MONROE STREET, SUITE 900, CHICAGO, IL 60661

Part IV Supplemental Information (continued)

FORM 990, SCHEDULE G, PART I

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

FORM 990, SCHEDULE G, PART II:

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNDER 21 COVENANT HOUSE NEW YORK 460 WEST 41ST STREET NEW YORK, NY 10036	13-3076376	501(C)3	10,126,290.	0.			PROGRAM SUPPORT
COVENANT HOUSE NEW JERSEY 330 WASHINGTON STREET NEWARK, NJ 07102	13-3537710	501(C)3	4,064,227.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE CALIFORNIA 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027	13-3391210	501(C)3	3,351,455.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE FLORIDA 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	59-2323607	501(C)3	2,432,029.	0.			PROGRAM SUPPORT/NATIONAL SLEEPOUT EVENTS
COVENANT HOUSE ALASKA 755 A STREET ANCHORAGE, AK 99501	13-3419755	501(C)3	2,254,960.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE TEXAS 1111 LOVETT BLVD HOUSTON, TX 77006	76-0050882	501(C)3	2,166,149.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 13.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COVENANT HOUSE PENNSYLVANIA 31 EAST ARMAT STREET PHILADELPHIA, PA 19144	23-3003176	501(C)3	2,049,386.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)3	1,727,904.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE ILLINOIS 2934 W. LAKE STREET CHICAGO, IL 60612	81-2061485	501(C)3	1,683,364.	0.			PROGRAM SUPPORT/NATIONAL SLEEPOUT EVENTS
COVENANT HOUSE WASHINGTON 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	13-3537709	501(C)3	1,639,160.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE GEORGIA 1559 JOHNSON ROAD NW ATLANTA, GA 30318	13-3523561	501(C)3	1,093,388.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE MISSOURI 2727 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63113	43-1821599	501(C)3	1,075,272.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT
COVENANT HOUSE MICHIGAN 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	38-3351777	501(C)3	919,653.	0.			PROGRAM SUPPORT/ NATIONAL SLEEPOUT EVENT

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
SECTION 139 EMERGENCY GRANT	22	7,700.	0.		

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.

SECTION 139 EMERGENCY GRANT - THE ORGANIZATION PROVIDED ASSISTANCE TO EMPLOYEES TO COVER FOR HOME OFFICE EXPENSES INCURRED DURING COVID-19

Part IV Supplemental Information

LOCKDOWN. COVENANT HOUSE INTERNATIONAL MONITORS THE USE OF THE FUNDS BY
REQUIRING EACH EMPLOYEE TO SUBMIT AN EXPENSE REPORT AS TO WHAT THE FUND WAS
USED FOR.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

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 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) 2021

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JILL VORNDRAN CHIEF DEVELOPMENT OFFICER	(i)	307,803.	0.	450.	29,997.	31,732.	369,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DEIRDRE CRONIN SECRETARY/COO	(i)	284,711.	0.	686.	34,384.	31,879.	351,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN DUCOFF CHIEF LEGAL OFFICER	(i)	282,403.	0.	448.	24,409.	33,669.	340,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) PAMELA KOURNETAS TREASURER/CFO	(i)	303,122.	0.	12,714.	15,706.	778.	332,320.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS MONAGHAN SVP, INDIV. GIVING & CORPORATE PARTN	(i)	266,071.	0.	407.	22,551.	28,981.	318,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) LESLIE MCGUIRE SVP, OPERATIONS & SITE SUPPORT	(i)	240,024.	0.	362.	15,842.	31,662.	287,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIEL KARP SVP, INTEGRATED DIRECT MARKETING	(i)	242,463.	0.	251.	3,747.	35,881.	282,342.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CARLETTE MACK CHIEF PEOPLE, CULTURE, AND INCLUSION	(i)	255,934.	0.	391.	13,556.	12,195.	282,076.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	X		491,694.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	72	611,860.	SALES PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	1	500.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (ELECTRONICS A)	X	2	19,100.	COST
26 Other				
27 Other				
28 Other				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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.

	Yes	No
30a		X
31	X	
32a		X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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 CONTRIBUTORS IN PART I, COLUMN (B) OF SCHEDULE M.

SCHEDULE N
(Form 990)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

Part I **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

- 2** Did or will any officer, director, trustee, or key employee of the organization:
- a** Become a director or trustee of a successor or transferee organization?
 - b** Become an employee of, or independent contractor for, a successor or transferee organization?
 - c** Become a direct or indirect owner of a successor or transferee organization?
 - d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
 - e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

	Yes	No
2a		
2b		
2c		
2d		

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

Schedule N (Form 990) 2021

Part I Liquidation, Termination, or Dissolution (continued)

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

		Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?		
4b	If "Yes," did the organization provide such notice?		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?		
6a	Did the organization have any tax-exempt bonds outstanding during the year?		
6b	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?		
c	If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
	SALE OF BUILDING	11/12/21	79,018,030.	APPRAISAL	83-2412387	GO COVENANT LLC 432 PARK AVENUE SOUTH, 2ND FL NEW YORK, NY 10016	LLC

		Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:		
a	Become a director or trustee of a successor or transferee organization?		X
b	Become an employee of, or independent contractor for, a successor or transferee organization?		X
c	Become a direct or indirect owner of a successor or transferee organization?		X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?		X
e	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

COVENANT HOUSE

Employer identification number

13-2725416

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

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

HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN

TRAFFICKING, MEETING THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING,

PROTECTION, AND MEDICAL CARE AND SUPPORTING THEM TO ADVANCE THEIR GOALS

OF EDUCATION AND EMPLOYMENT. COVENANT HOUSE ENCOMPASSES A ROBUST

NETWORK OF "HOUSES," WITH BEST-IN-CLASS SERVICES AND A SHARED

COMMITMENT TO UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS

SUPPORT FOR EACH YOUNG PERSON WHO WALKS THROUGH OUR DOORS. FOUNDED AS A

DROP-IN CENTER IN NEW YORK CITY IN 1972, COVENANT HOUSE NOW SERVES

THOUSANDS OF CHILDREN AND YOUTH EVERY YEAR IN OUR RESIDENTIAL,

OUTREACH, AND DROP-IN PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED

STATES, GUATEMALA, HONDURAS, MEXICO, NICARAGUA, AND CANADA EMPLOY A

STRENGTHS-BASED, TRAUMA-INFORMED PRACTICE MODEL THAT HELPS YOUNG PEOPLE

DISCOVER AND DEVELOP THEIR POWER TO OVERCOME ADVERSITY NOW AND INTO THE

FUTURE.

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH AN ARRAY OF LIVED

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

MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND HUMAN

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

AND VIOLENCE, OR AS PARENTS OF SMALL CHILDREN, OR PREGNANT. OUR STAFF

MEET THEM WHERE THEY ARE AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY

SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.

DURING FISCAL 2022, THE WORLDWIDE COVID-19 PANDEMIC CONTINUED TO IMPACT

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization COVENANT HOUSE	Employer identification number 13-2725416
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THE NUMBER OF YOUTH COVENANT HOUSE REACHED, AS AFFILIATES PROLONGED MEASURES TO ENSURE SOCIAL DISTANCING, SET ASIDE ISOLATION ROOMS FOR SYMPTOMATIC YOUTH, AND MODIFIED STREET OUTREACH. NEVERTHELESS, IN FISCAL 2022, COVENANT HOUSE PROVIDED A TOTAL OF NEARLY 730,000 NIGHTS OF HOUSING AND SAFETY FOR, ON AVERAGE, 1,991 YOUTH EACH NIGHT.

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

- IMMEDIATE HOUSING

COVENANT HOUSE WELCOMES ALL YOUNG PEOPLE FACING HOMELESSNESS WITH UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS SUPPORT. OUR SHELTER DOORS ARE ALWAYS OPEN, 24/7, INCLUDING IN TIMES OF ENORMOUS UPHEAVAL SUCH AS THAT CAUSED BY THE COVID-19 PANDEMIC. WE HAVE PROVIDED UNINTERRUPTED SERVICE TO CHILDREN AND YOUTH FOR MORE THAN 50 YEARS, ENSURING THEM SHELTER, NUTRITIOUS FOOD, CLOTHING, SAFETY, MEDICAL CARE, AND MENTAL HEALTH CARE ALL NEEDS THAT REQUIRE IMMEDIATE ATTENTION. COVENANT HOUSE PROVIDES HIGH-QUALITY SERVICES AND PROGRAMS TO MEET THOSE NEEDS, STABILIZE A YOUNG PERSON'S SITUATION, AND HELP THEM BEGIN TO CONSIDER THEIR LONGER-TERM GOALS FOR EDUCATION, EMPLOYMENT, AND CAREER PLANNING. WE ARE EXPERTLY EQUIPPED TO RESPOND TO THE UNIQUE NEEDS OF YOUNG SURVIVORS OF HUMAN TRAFFICKING, THOSE WHO IDENTIFY AS LGBTQ+, AND THOSE WHO ARE PREGNANT OR PARENTING SOLO. DURING FISCAL YEAR 2022, WE SERVED 7,700 INDIVIDUAL YOUTH IN OUR RESIDENTIAL PROGRAMS, INCLUDING 313 YOUNG PARENTS AND 387 BABIES AND SMALL CHILDREN. WE SERVED ANOTHER 6,500 YOUTH THROUGH OUR DROP-IN AND NONRESIDENTIAL PROGRAMS.

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

Name of the organization COVENANT HOUSE	Employer identification number 13-2725416
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- EDUCATION AND EMPLOYMENT SERVICES

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH DREAMS THAT HAVE BEEN DISRUPTED BY HOMELESSNESS. ABOUT 23% ARE ENROLLED IN SCHOOL AT THE TIME OF INTAKE. ADVANCING EDUCATIONALLY AND PREPARING FOR THE WORLD OF WORK ARE KEY TO A YOUNG PERSON'S PROSPECTS FOR LEAVING HOMELESSNESS BEHIND. EITHER DIRECTLY OR THROUGH REFERRAL, WE GUIDE YOUTH TO APPROPRIATE EDUCATIONAL AND VOCATIONAL OPPORTUNITIES, MATCHING EACH YOUNG PERSON'S STRENGTHS AND ABILITIES WITH THEIR CAREER INTERESTS. OUR CAREER PATHWAYS PILOT PROGRAM IN INFORMATION TECHNOLOGY IS HELPING YOUTH PREPARE FOR CAREERS THAT OFFER A LIVABLE WAGE AND ROOM TO GROW PROFESSIONALLY. OUR WORKFORCE DEVELOPMENT PROGRAM HELPS THEM HONE THE SKILLS THEY NEED TO JOIN THE WORKFORCE, BECOME INDEPENDENT, AND SUSTAINABLY EXIT HOMELESSNESS. IN FISCAL YEAR 2022, ABOUT 2,800 OF OUR YOUTH WERE ENROLLED IN SCHOOL, 164 OBTAINED A HIGH SCHOOL DIPLOMA OR EQUIVALENT, AND 2,500 OBTAINED OR MAINTAINED EMPLOYMENT.

- PUBLIC EDUCATION AND PREVENTION

COVENANT HOUSE USES A VARIETY OF PLATFORMS TO INFORM AND EDUCATE THE PUBLIC, GOVERNMENT OFFICIALS, AND YOUNG PEOPLE THEMSELVES ABOUT YOUTH HOMELESSNESS AND HUMAN TRAFFICKING. WE EMPLOY WEBSITES, SOCIAL MEDIA, NEWSLETTERS, SCHOOL-BASED PROGRAMS, TALKS, LECTURES, AND PEER-TO-PEER EVENTS ACROSS OUR FEDERATION TO RAISE AWARENESS OF THE CAUSES AND IMPACTS OF YOUTH HOMELESSNESS AND OF THE SIGNS THAT A YOUNG PERSON MIGHT BE EXPERIENCING HOMELESSNESS OR HUMAN TRAFFICKING. IN FISCAL YEAR 2022, WE REACHED 28,000 YOUNG PEOPLE THROUGH OUR PUBLIC EDUCATION AND PREVENTION PROGRAM.

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

Name of the organization COVENANT HOUSE	Employer identification number 13-2725416
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-TRANSITIONAL LIVING PROGRAM - RIGHTS OF PASSAGE "ROP"

COVENANT HOUSE'S TRANSITIONAL LIVING PROGRAMS, OFTEN REFERRED TO AS "RIGHTS OF PASSAGE" OR ROP, ARE WHERE YOUNG PEOPLE TAKE THEIR BOLDEST STEPS TOWARD INDEPENDENCE. YOUTH LIVE IN ROP FOR UP TO 18-24 MONTHS, WHERE THEY TAP THEIR POTENTIAL AND PLAN FOR THE FUTURE. OUR RESEARCH SHOWS THAT THE LONGER A YOUNG PERSON RESIDES WITH US AND TAKES ADVANTAGE OF OUR PROGRAMS, THE MORE LIKELY THEY ARE TO EXPERIENCE POSITIVE OUTCOMES, INCLUDING STABLE HOUSING, GAINFUL EMPLOYMENT, AND HIGHER EDUCATION. IN OUR TRANSITIONAL LIVING PROGRAM, YOUTH BUILD BASIC LIFE SKILLS AND FINANCIAL LITERACY, PARTICIPATE IN EDUCATIONAL AND VOCATIONAL PROGRAMS, SEEK EMPLOYMENT WITH LONG-TERM ADVANCEMENT AND CAREER PROSPECTS, AND WORK TOWARD MOVING INTO THEIR OWN SAFE AND STABLE HOUSING. COVENANT HOUSE STAFF SUPPORT EACH YOUNG PERSON ON THEIR JOURNEY TOWARD SUSTAINABLE INDEPENDENCE AND A HOPE-FILLED FUTURE. IN FISCAL YEAR 2022, OUR TRANSITIONAL LIVING PROGRAMS SERVED 1,171 YOUNG PEOPLE.

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

- STREET OUTREACH

IN VANS AND ON FOOT, COVENANT HOUSE OUTREACH WORKERS GO OUT TO THE NEIGHBORHOODS, RIVERFRONTS, PARKS, AND OTHER PLACES WHERE YOUTH FACING HOMELESSNESS OFTEN SEEK REFUGE, AND OFFER THEM FOOD AND COUNSELING. THROUGH SUSTAINED CONTACT, OUR OUTREACH WORKERS BUILD TRUST WITH YOUNG PEOPLE, ENCOURAGING THEM TO COME INTO OUR SHELTERS AND CONNECT TO OUR PROGRAMS AND SERVICES. IN FISCAL YEAR 2022, WE SERVED 3,700 YOUNG PEOPLE THROUGH OUR OUTREACH PROGRAMS.

- HUMAN TRAFFICKING SURVIVORS

Name of the organization COVENANT HOUSE	Employer identification number 13-2725416
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OF THE THOUSANDS OF YOUNG PEOPLE WHO FIND SAFETY AND SANCTUARY AT COVENANT HOUSE, OUR RESEARCH INDICATES THAT APPROXIMATELY ONE IN FIVE YOUTH AT OUR U.S. AND CANADIAN SITES ARE SURVIVORS OF HUMAN TRAFFICKING. YOUNG PEOPLE EXPERIENCING HOMELESSNESS ARE VULNERABLE TO TRAFFICKERS, WHO PREY ON THEIR NEED FOR LOVE, SUPPORT, A SAFE PLACE TO SLEEP, AND FOOD, TO CREATE A TRAUMA BOND WITH THEM. COVENANT HOUSE HAS PIONEERED INTAKE SCREENING TOOLS TO QUICKLY REVEAL A HISTORY OF TRAFFICKING THAT YOUNG PEOPLE, OTHERWISE, MAY FIND DIFFICULT TO NAME. WE MEET TRAFFICKING SURVIVORS' IMMEDIATE NEEDS FOR NUTRITIOUS FOOD, CLOTHING, SHELTER, SAFETY, AND MEDICAL CARE. AND WE RECOGNIZE THEIR UNIQUE NEEDS FOR EXTRA LEVELS OF PROTECTION, INCLUDING SAFE SPACES AT ALL OUR SITES AND SAFE HOUSES AT OUR SITES IN TORONTO, TEGUCIGALPA, GUATEMALA CITY, AND SAN JUAN DEL OBISPO, GUATEMALA. WE ALSO PROVIDE RIGOROUS MENTAL HEALTH CARE TO HELP THEM SORT THROUGH THEIR EXPERIENCES AND CLAIM THEIR POTENTIAL. COVENANT HOUSE ADVOCATES AT THE LOCAL, STATE, AND NATIONAL LEVELS FOR TRAFFICKING SURVIVORS, PROMOTING LEGISLATION TO PROTECT THEM AND THEIR RIGHTS AND BRINGING CRIMINAL CASES AGAINST THEIR TRAFFICKERS WHENEVER POSSIBLE.

- HEALTH AND WELL-BEING

HOMELESSNESS IMPACTS A YOUNG PERSON'S PHYSICAL AND MENTAL WELL-BEING IN MANY WAYS, AND BECAUSE YOUTH ARE STILL DEVELOPING COGNITIVELY, PHYSICALLY, PSYCHOLOGICALLY, AND EMOTIONALLY, THOSE IMPACTS CAN HAVE DEEP EFFECTS. THIS IS EVEN MORE THE CASE FOR YOUNG PEOPLE OF COLOR AND THOSE WHO IDENTIFY AS LGBTQ+, AS THEY FACE UNIQUE CHALLENGES ASSOCIATED WITH RACISM AND PREJUDICE. COVENANT HOUSE WELCOMES ALL YOUNG PEOPLE FACING HOMELESSNESS WITH UNCONDITIONAL LOVE AND ABSOLUTE RESPECT AND PROVIDES THEM ACCESS TO A RANGE OF HEALTH AND WELL-BEING SERVICES THAT

Name of the organization COVENANT HOUSE	Employer identification number 13-2725416
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THEY CAN USE TO HEAL AND REDISCOVER THEIR POTENTIAL. OUR TRAUMA-INFORMED, STRENGTH-BASED PROGRAMS AND SERVICES RANGE FROM MEDICAL CARE AT OUR ON-SITE HEALTH CENTERS TO YOGA CLASSES, MUSIC LESSONS, COUNSELING, RELIGIOUS AND SPIRITUAL SERVICES, AND SPORTS. IN THESE ACTIVITIES, YOUNG PEOPLE RETAKE CONTROL OVER THEIR LIVES, BUILD ON THEIR STRENGTHS, AND NOURISH THEIR SELF-CONFIDENCE. IN FISCAL YEAR 2022, YOUTH MADE 29,000 VISITS TO OUR ON-SITE MEDICAL SERVICES, AND 4,000 YOUNG PEOPLE ENGAGED IN MENTAL HEALTH SERVICES.

- AFTERCARE AND PERMANENT HOUSING

COVENANT HOUSE SUPPORTS YOUNG PEOPLE ON THEIR JOURNEY FROM CRISIS CARE TO INDEPENDENCE IN AN ONGOING RELATIONSHIP THAT BOLSTERS THEIR CAPACITY FOR INDEPENDENT LIVING AND PREVENTS THEIR RETURN TO HOMELESSNESS. OUR DROP-IN SERVICES FOR PHYSICAL AND MENTAL HEALTH CARE AND EDUCATIONAL, VOCATIONAL, AND LEGAL SUPPORT REMAIN AVAILABLE TO MANY. WE ALSO HELP YOUTH SECURE PERMANENT HOUSING BY COVERING A PORTION OF THEIR RENT, A PORTION THAT DWINDLES AS THEIR CAPACITY FOR INDEPENDENCE INCREASES. COMMUNITY APARTMENTS AND RAPID REHOUSING PROGRAMS ARE AN INCREASINGLY IMPORTANT PART OF OUR HOUSING SERVICES. IN FISCAL YEAR 2022, WE SUPPORTED 726 YOUTH IN PERMANENT HOUSING.

EXPENSES \$ 13,995,062. INCLUDING GRANTS OF \$ 10,600,323. 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.

Name of the organization COVENANT HOUSE	Employer identification number 13-2725416
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FORM 990, PART VI, SECTION B, LINE 12C:

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

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

THE PRESIDENT/CEO'S, OTHER OFFICERS', AND KEY EMPLOYEES' COMPENSATION ARE DETERMINED BY THE EXECUTIVE COMMITTEE ACTING AS THE COMPENSATION COMMITTEE WORKING IN CONJUNCTION WITH COMPARABILITY DATA SUCH AS SALARY SURVEYS WITH SIMILARLY SIZED NON-PROFITS. PERIODICALLY THE ORGANIZATION HIRES AN 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

Name of the organization COVENANT HOUSE	Employer identification number 13-2725416
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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 2022.

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, WI, WV

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

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

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

PENSION RELATED ACTIVITIES	7,080,752.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	-208,760.
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUST	-619,683.
WRITE-OFF OF UNCOLLECTIBLE REVENUES	-372,446.
TOTAL TO FORM 990, PART XI, LINE 9	5,879,863.

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

2021

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
460 WEST 41ST, LLC 5 PENN PLAZA, 3RD FLOOR NEW YORK, NY 10001	HOLDING CO.	DELAWARE	81,384,851.	86,612,681.	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) 2021

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COVENANT HOUSE CONNECTICUT - 13-3330953 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 INTERNATIONAL FOUNDATION		X
COVENANT HOUSE VANCOUVER 575 DRAKE STREET VANCOUVER, CANADA, CANADA V6B 4K8	HUMANITARIAN	CANADA			COVENANT INTERNATIONAL FOUNDATION		X
ASOCIACION LA ALIANZA GUATEMALA 13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL MIXCO, GUATEMALA, GUATEMALA	HUMANITARIAN	GUATEMALA			COVENANT INTERNATIONAL FOUNDATION		X
CASA ALIANZA DE HONDURAS CORNER OF ARDA CERVANTES Y MORELOS TEGUCIGALPA, HONDURAS, HONDURAS	HUMANITARIAN	HONDURAS			COVENANT INTERNATIONAL FOUNDATION		X
CASA ALIANZA NICARAGUA EDIFFICIO CONRAD N HILTON COSTADO ESTE DEL M MANAGUA, NICARAGUA, NICARAGUA	HUMANITARIAN	NICARAGUA			COVENANT INTERNATIONAL FOUNDATION		X
FUNDACION CASA ALIANZA MEXICO IAP PLAZA DE LAS FUENTES 116 COL MEXICO DF, MEXICO, MEXICO	HUMANITARIAN	MEXICO			COVENANT INTERNATIONAL FOUNDATION		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
CASA ALIANZA INTERNACIONAL C/O COVENANT HOUSE, 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	COSTA RICA			COVENANT INTERNATIONAL FOUNDATION		X
CH PENNSYLVANIA UNDER-21 HOLDINGS, INC. - 82-1519205, 31 EAST ARMAT STREET, PHILADELPHIA, PA 19144	HOLDING CO	PENNSYLVANIA	501(C)3	LINE 12A, I	COVENANT HOUSE PENNSYLVANIA		X
CH HOUSING DEVELOPMENT FUND CORPORATION - 83-4124396, C/O COVENANT HOUSE, 5 PENN PLAZA, NEW YORK, NY 10001	PROVIDE TRANSITIONAL HOUSING	NEW YORK	501(C)3	LINE 12A, I	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	
COVENANT HOUSE ILLINOIS QALICB LLC - 85-3857238, 2934 W. LAKE STREET, CHICAGO, IL 60612	DEVELOP PROPERTY	IL	COVENANT HOUSE ILLINOIS	RELATED	-7,586.	419,697.		X	N/A		X	5.00%
CHGA CHI LEVERAGE LENDER, LLC - 85-3539993, 1559 JOHNSON ROAD NW, ATLANTA, GA 30318	DEVELOP PROPERTY	GA	COVENANT HOUSE GEORGIA	RELATED	2,911.	295,922.		X	N/A		X	5.00%

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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) UNDER 21/COVENANT HOUSE NEW YORK	A	927,000.	COST
(2) COVENANT HOUSE TEXAS	A	11,484.	COST
(3) COVENANT HOUSE TORONTO	A	156,294.	COST
(4) COVENANT HOUSE ALASKA	A	9,000.	COST
(5) COVENANT HOUSE CALIFORNIA	A	15,000.	COST
(6) COVENANT HOUSE FLORIDA	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-s)	(c) Amount involved	(d) Method of determining amount involved
(7)COVENANT HOUSE GEORGIA	A	9,000.	COST
(8)COVENANT HOUSE ILLINOIS	A	3,000.	COST
(9)COVENANT HOUSE MICHIGAN	A	9,000.	COST
(10)COVENANT HOUSE MISSOURI	A	3,000.	COST
(11)COVENANT HOUSE NEW JERSEY	A	12,000.	COST
(12)COVENANT HOUSE NEW ORLEANS	A	15,000.	COST
(13)COVENANT HOUSE PENNSYLVANIA/ UNDER 21	A	9,000.	COST
(14)COVENANT HOUSE TEXAS	A	9,000.	COST
(15)COVENANT HOUSE WASHINGTON	A	9,000.	COST
(16)UNDER 21/ COVENANT HOUSE NEW YORK	A	12,000.	COST
(17)COVENANT HOUSE ALASKA	B	2,254,960.	COST
(18)COVENANT HOUSE CALIFORNIA	B	3,351,455.	COST
(19)COVENANT HOUSE FLORIDA	B	2,432,029.	COST
(20)COVENANT HOUSE GEORGIA	B	1,093,388.	COST
(21)COVENANT HOUSE ILLINOIS	B	1,683,364.	COST
(22)COVENANT HOUSE MICHIGAN	B	919,653.	COST
(23)COVENANT HOUSE MISSOURI	B	1,075,272.	COST
(24)COVENANT HOUSE NEW JERSEY	B	4,064,227.	COST

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) COVENANT HOUSE NEW ORLEANS	B	1,727,904.	COST
(8) COVENANT HOUSE PENNSYLVANIA	B	2,049,386.	COST
(9) COVENANT HOUSE TEXAS	B	2,166,149.	COST
(10) COVENANT HOUSE WASHINGTON	B	1,639,160.	COST
(11) COVENANT INTERNATIONAL FOUNDATION	B	174,889.	COST
(12) UNDER 21 COVENANT HOUSE NEW YORK	B	10,126,290.	COST
(13) ASOCIACION LA ALIANZA GUATEMALA	B	1,565,914.	COST
(14) CASA ALIANZA DE HONDURAS	B	1,227,532.	COST
(15) CASA ALIANZA NICARAGUA	B	152,821.	COST
(16) COVENANT HOUSE VANCOUVER	B	79,181.	COST
(17) COVENANT HOUSE TORONTO	B	72,749.	COST
(18) FUNDACION CASA ALIANZA MEXICO IAP	B	1,254,677.	COST
(19) UNDER 21 COVENANT HOUSE NEW YORK	C	2,000,000.	COST
(20) COVENANT HOUSE ALASKA	D	1,000,000.	COST
(21) COVENANT HOUSE NEW JERSEY	L	130,563.	COST
(22)			
(23)			
(24)			

