

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: COVENANT HOUSE NEW ORLEANS
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address): 611 NORTH RAMPART STREET
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: NEW ORLEANS, LA 70112

D Employer identification number: 58-1669937
E Telephone number: (504) 584-1108
G Gross receipts \$ 6,257,466

F Name and address of principal officer: JAMES R KELLY, 611 NORTH RAMPART STREET, NEW ORLEANS, LA 70112

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: WWW COVENANTHOUSE.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 1984
M State of legal domicile: LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O COVENANT HOUSE NEW ORLEANS (THE ORGANIZATION) IS A NOT-FOR-PROFIT ORGANIZATION AFFILIATED WITH SIMILAR ORGANIZATIONS IN OTHER LOCATIONS, ALL OF WHICH ARE AFFILIATES OF COVENANT HOUSE INTERNATIONAL (PARENT AFFILIATE) THE ORGANIZATION'S MISSION OF SERVING RUNAWAY, HOMELESS, AND AT-RISK YOUTH WITH ABSOLUTE RESPECT AND UNCONDITIONAL LOVE IS FULFILLED BY OFFERING SHELTER, FOOD, CLOTHING, COUNSELING, MEDICAL ATTENTION, CRISIS INTERVENTION, AND AN ARRAY OF OTHER SUPPORTIVE SERVICES IN THE SPIRIT OF OPEN INTAKE, SERVICES ARE OFFERED TO ALL YOUTH WHO SEEK HELP, WITH A PRIORITY OF CONCERN AND COMMITMENT TO THOSE FOR WHOM NO OTHER SERVICE IS AVAILABLE DURING THE PAST YEAR THE ORGANIZATION'S AVERAGE CENSUS WAS 161 KIDS SERVED PER DAY/NIGHT

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	117
6 Total number of volunteers (estimate if necessary)	260
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,303,000	5,458,180
9 Program service revenue (Part VIII, line 2g)	505,303	199,475
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,011	23,231
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,225	508,693
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,846,539	6,189,579
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	840,623	834,554
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,332,604	3,373,404
16a Professional fundraising fees (Part IX, column (A), line 11e)	48,738	158,160
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 420,009		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,379,655	1,460,884
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,601,620	5,827,002
19 Revenue less expenses Subtract line 18 from line 12	244,919	362,577

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	6,950,836	7,492,706
21 Total liabilities (Part X, line 26)	564,483	607,050
22 Net assets or fund balances Subtract line 21 from line 20	6,386,353	6,885,656

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here
 Signature of officer: _____ Date: 2019-05-15
 JAMES R KELLY SECRETARY AND EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: GARRETT M HIGGINS
 Preparer's signature: GARRETT M HIGGINS
 Date: 2019-05-15
 Check if self-employed
 PTIN: P00543209
 Firm's name: PKF O'CONNOR DAVIES LLP
 Firm's EIN: 27-1728945
 Firm's address: 500 MAMARONECK AVENUE
 Phone no: (914) 381-8900
 HARRISON, NY 105281633

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

WE WHO RECOGNIZE GOD'S PROVIDENCE AND FIDELITY TO HIS PEOPLE ARE DEDICATED TO LIVING OUT HIS COVENANT AMONG OURSELVES AND THOSE CHILDREN WE SERVE, WITH ABSOLUTE RESPECT AND UNCONDITIONAL LOVE [SEE CONTINUATION ON SCHEDULE O] THAT COMMITMENT CALLS US TO SERVE SUFFERING CHILDREN OF THE STREET, AND TO PROTECT AND SAFEGUARD ALL CHILDREN JUST AS CHRIST IN HIS HUMANITY IS THE VISIBLE SIGN OF GOD'S PRESENCE AMONG HIS PEOPLE, SO OUR EFFORTS TOGETHER IN THE COVENANT COMMUNITY ARE A VISIBLE SIGN THAT EFFECTS THE PRESENCE OF GOD WORKING THROUGH THE HOLY SPIRIT AMONG OURSELVES AND OUR KIDS

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 2,453,275 including grants of \$ 264,226) (Revenue \$ 97,098)

See Additional Data

4b (Code) (Expenses \$ 1,229,255 including grants of \$ 267,393) (Revenue \$ 70,012)

See Additional Data

4c (Code) (Expenses \$ 621,357 including grants of \$ 213,976) (Revenue \$ 32,365)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 419,776 including grants of \$ 88,959) (Revenue \$)

4e Total program service expenses ▶ 4,723,663

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
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>		No
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>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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>		No
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>		No
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>		No
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>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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>	Yes	
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>	Yes	
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>		No
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>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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>	Yes	
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>		No
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>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>		No
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>		No
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>		No
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)	Yes	
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>	Yes	
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>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
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>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 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? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 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? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (AL, AR, LA, MS); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (CLINTON E CHARLOT JR 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112 (504) 584-1143)

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	225,974	226,144	120,074

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 ► 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		No

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
CHANGING OUR WORLD 220 EAST 42ND STREET 5TH FLOOR NEW YORK, NY 10017	CAPITAL CAMPAIGN CONSULTING	125,915
JOHNSON CONTROLS PO BOX 730068 DALLAS, TX 75373	HVAC SERVICE	108,903

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 ► 2

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	211,812				
	d Related organizations	1d	1,843,781				
	e Government grants (contributions)	1e	1,310,762				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,091,825				
	g Noncash contributions included in lines 1a-1f \$ _____		57,599				
	h Total. Add lines 1a-1f		5,458,180				
Program Service Revenue		Business Code					
	2a WHITE DOVE LANDSCAPE -	611430	161,829	161,829			
	b TRANSITIONAL/PERMANENT	532000	37,646	37,646			
	c _____						
	d _____						
	e _____						
	f All other program service revenue		199,475				
g Total. Add lines 2a-2f		199,475					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		28,677			28,677	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		18,000					
		b Less rental expenses	0				
		c Rental income or (loss)	18,000				
	d Net rental income or (loss)			18,000		18,000	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		27,539	10,360				
		b Less cost or other basis and sales expenses	17,745	25,600			
		c Gain or (loss)	9,794	-15,240			
	d Net gain or (loss)			-5,446		-5,446	
	8a Gross income from fundraising events (not including \$ 211,812 of contributions reported on line 1c) See Part IV, line 18	a	0				
		b Less direct expenses	b	24,542			
c Net income or (loss) from fundraising events				-24,542		-24,542	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a DEEP WATER HORIZON SET	900099	515,235			515,235		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		515,235					
12 Total revenue. See Instructions		6,189,579	199,475	0	531,924		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	834,554	834,554		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	294,028	123,816	143,680	26,532
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.	2,385,231	2,031,782	225,723	127,726
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	93,723	77,806	11,085	4,832
9 Other employee benefits.	361,923	307,484	41,448	12,991
10 Payroll taxes.	238,499	196,836	28,418	13,245
11 Fees for services (non-employees)				
a Management.				
b Legal.	117,022	85,672	15,675	15,675
c Accounting.	40,000		40,000	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	158,160			158,160
f Investment management fees.	2,985		2,985	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	273,945	257,547	13,434	2,964
12 Advertising and promotion.	16,152	3,938	126	12,088
13 Office expenses.	172,752	131,004	24,836	16,912
14 Information technology.	94,966	42,858	45,896	6,212
15 Royalties.				
16 Occupancy.	315,925	286,275	25,381	4,269
17 Travel.	61,211	54,390	2,987	3,834
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	19,108	16,842	1,189	1,077
20 Interest.	131		131	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	130,192	88,589	39,411	2,192
23 Insurance.	44,675	43,272		1,403
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a WHITE DOVE PROGRAM EXPE	78,911	78,911		
b EQUIPMENT	66,906	46,857	16,189	3,860
c OTHER DIRECT OPERATING	23,822	13,049	4,736	6,037
d BAD DEBT EXPENSE	2,181	2,181		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	5,827,002	4,723,663	683,330	420,009
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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	518,835	1	882,233
	2 Savings and temporary cash investments	137,237	2	109,272
	3 Pledges and grants receivable, net	586,842	3	457,581
	4 Accounts receivable, net	346,086	4	130,358
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,218	8	5,750
	9 Prepaid expenses and deferred charges	52,864	9	47,298
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	5,010,173		
	b Less accumulated depreciation	2,251,202		
		2,746,555	10c	2,758,971
	11 Investments—publicly traded securities	2,142,955	11	2,688,422
	12 Investments—other securities See Part IV, line 11	352,013	12	382,175
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	63,231	15	30,646	
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,950,836	16	7,492,706	
Liabilities	17 Accounts payable and accrued expenses	452,505	17	396,755
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	111,978	25	210,295
	26 Total liabilities. Add lines 17 through 25	564,483	26	607,050
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,940,792	27	6,549,608
	28 Temporarily restricted net assets	445,561	28	336,048
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,386,353	33	6,885,656	
34 Total liabilities and net assets/fund balances	6,950,836	34	7,492,706	

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	6,189,579
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,827,002
3	Revenue less expenses Subtract line 2 from line 1	3	362,577
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,386,353
5	Net unrealized gains (losses) on investments	5	136,726
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,885,656

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 58-1669937

Name: COVENANT HOUSE NEW ORLEANS

Form 990 (2017)

Form 990, Part III, Line 4a:

SHELTER AND CRISIS CARE AND MOTHER/CHILD AVG DAILY CENSUS - 62 THE SHELTER AND CRISIS CARE PROGRAM PROVIDES CRISIS CARE, SHELTER, FOOD, CLOTHING, CASE MANAGEMENT, CHILDCARE, COUNSELING, LEGAL ADVICE, LIFE SKILLS, JOB COACHING, TRAINING AND PLACEMENT TO ABANDONED, AT RISK AND RUNAWAY YOUTHS NET FMV OF CONTRIBUTED SERVICES TOTALED \$0 FOR FY18 TOTAL UNACCOMPANIED YOUTH SERVED DURING FY18 - 404, AVG DAILY CENSUS - 49 OR 17,885 NIGHTS OF CARE TOTAL MOTHER AND CHILDREN SERVED DURING FY18 - 79, AVG DAILY CENSUS - 14 OR 5,110 NIGHTS OF CARE TOTAL CRISIS CENTER YOUTH AND FAMILIES SERVED DURING FY18 - 483, AVG DAILY CENSUS - 62 OR 22,630 NIGHTS OF CARE

Form 990, Part III, Line 4b:

RIGHTS OF PASSAGE/ IN-SCHOOL AVG DAILY CENSUS - 71 RIGHTS OF PASSAGE (ROP) PROVIDES TRANSITIONAL LIVING AND SUPPORTIVE HOUSING SERVICES TO YOUTHS, INCLUDING INDIVIDUAL COUNSEL HEALTH SERVICES, ASSISTANCE WITH COMPLETING THEIR EDUCATION, FINDING JOBS AND PERMANENT SUPPORTIVE HOUSING (PSH) NET FMV OF CONTRIBUTED SERVICES TOTALED \$72,593 DURING FY18 TOTAL UNACCOMPANIED ROP YOUTH SERVED DURING FY18 - 76, AVG DAILY CENSUS - 25 OR 9,125 NIGHTS OF CARE TOTAL ROP MOTHER AND CHILDREN SERVED DURING FY18 - 22, AVG DAILY CENSUS - 9 OR 3,285 NIGHTS OF CARE TOTAL UNACCOMPANIED PSH YOUTH SERVED DURING FY18 - 14, AVG DAILY CENSUS - 13 OR 4,745 NIGHTS OF CARE [SEE CONTINUATION ON SCHEDULE O] TOTAL PSH MOTHER AND CHILDREN SERVED DURING FY18 - 32, AVG DAILY CENSUS - 24 OR 8,760 NIGHTS OF CARE GRAND TOTAL ROP/PSH YOUTH AND FAMILIES SERVED 124, AVG DAILY CENSUS - 71 OR 25,915 NIGHTS OF CARE

Form 990, Part III, Line 4c:

COMMUNITY SERVICE CENTER AVG DAILY CENSUS - 28 THE COMMUNITY SERVICE CENTER PROVIDES COMPREHENSIVE SERVICES TO FORMER COVENANT HOUSE YOUTH, AND OTHER YOUTHS IN THE COMMUNITY WHO NEEDED SUPPORT TO MAINTAIN THEMSELVES IN STABLE LIVING SITUATIONS WITHIN THIS PROGRAM, THE ORGANIZATION ALSO PROVIDED RAPID RE-HOUSING (RRH) ASSISTANCE TO 78 YOUTH AND FAMILIES (WITH AN AVG DAILY CENSUS OF 28 OR 10,220 NIGHTS OF CARE), COUNSELING AND INTERVENTION SERVICES, AND WORK-RELATED INSTRUCTION AND EXPERIENCE THROUGH THE WHITE DOVE LANDSCAPE PROGRAM [SEE CONTINUATION ON SCHEDULE O] THE ORGANIZATION'S PARTNERS IN SERVICE INCLUDE TULANE MEDICAL CENTER ADOLESCENT DROP-IN CLINIC, CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS HEAD START PROGRAM, AND DEPARTMENT OF JUSTICE, OFFICE FOR VICTIMS OF CRIME COMBATING HUMAN TRAFFICKING SUB-RECIPIENTS LOYOLA UNIVERSITY, EDEN HOUSE, NEW ORLEANS FAMILY JUSTICE CENTER AND CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS NET FMV OF CONTRIBUTED SERVICES TOTALED \$521,972 DURING FY18 THE ORGANIZATION SERVED 1,617 AT RISK INDIVIDUALS AND CHILDREN OF THE COMMUNITY, INCLUDING 2,034 HEALTH VISITS DURING FY18

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 237,183 including grants of \$ 59,183) (Revenue \$)

OUTREACH THE OUTREACH PROGRAM IS AN EFFORT TO REACH YOUTHS WHO WOULD OTHERWISE NOT FIND THEIR WAY TO THE SHELTERS
OUTREACH STAFF WALK THE CITY STREETS, SEARCHING FOR THESE YOUTHS AND PROVIDING THEM WITH FOOD, A TRAINED COUNSELOR AND
A SAFE RIDE TO A SHELTER. FMV OF CONTRIBUTED SERVICES TOTALED \$0 DURING FY18. THE ORGANIZATION SERVED 262 HOMELESS YOUTH
OF WHICH 209 WERE AFFORDED A SAFE HAVEN FROM THE STREETS, INCLUDING BUS TICKETS ACROSS THE COUNTRY TO REUNITE THEM WITH
FAMILY OR RELATIVES DURING FY18.

(Code) (Expenses \$ 141,388 including grants of \$ 29,696) (Revenue \$)

MEDICAL MEDICAL SERVICES OFFERED HOMELESS AND AT RISK YOUTH INCLUDED BASIC MEDICAL SERVICES, REFERRALS, HIV TESTING,
MENTAL HEALTH AND COUNSELING. FMV OF CONTRIBUTED SERVICES TOTALED \$145,186 DURING FY18. THE ORGANIZATION SERVED 483
CRISIS CENTER AND ROP YOUTH THAT INCLUDED 970 HEALTH VISITS DURING FY18.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 41,205 including grants of \$ 80) (Revenue \$)

PUBLIC EDUCATION THE PUBLIC EDUCATION PROGRAM INFORMS AND EDUCATES THE PUBLIC ON HOW TO IDENTIFY POTENTIAL "RUNAWAY AND "THROWAWAY" ADOLESCENTS, THE PUBLIC AND PRIVATE RESOURCES AVAILABLE TO HELP SUCH ADOLESCENTS BEFORE THEY LEAVE HOME AND THE PUBLIC SUPPORT SERVICES AVAILABLE TO THESE FAMILIES TO IMPROVE THE HOME ENVIRONMENT FMV OF CONTRIBUTED SERVICES TOTALED \$2,500 DURING FY18 DURING FY18 THE ORGANIZATION REACHED OUT TO APPROXIMATELY 3,900 YOUTH IN SCHOOLS, CHURCHES AND COMMUNITY CENTERS SHARING INFORMATION ON ITS PROGRAMS AND HOMELESS PREVENTION

(Code) (Expenses \$ including grants of \$) (Revenue \$)

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PHILIP DEV CLAVERIE SR CHAIRPERSON	2 00	X		X				0	0	0
JUDGE LANCE AFRICK BOARD MEMBER	2 00	X						0	0	0
CHARLES BEASLEY BOARD MEMBER	2 00	X						0	0	0
EDGAR CHASE BOARD MEMBER	2 00	X						0	0	0
TAWANNA EWING BOARD MEMBER	2 00	X						0	0	0
VAUGHN RANDOLPH FAURIA BOARD MEMBER	2 00	X						0	0	0
KATIE HARVILL BOARD MEMBER	2 00	X						0	0	0
DR DEIDRE HAYES BOARD MEMBER	2 00	X						0	0	0
DAVID KREBS BOARD MEMBER	2 00	X						0	0	0
PATRICIA KREBS BOARD MEMBER THRU DEC 2017	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDGE MADELEINE LANDRIEU BOARD MEMBER	2 00	X						0	0	0
MARTHA LANDRUM BOARD MEMBER	2 00	X						0	0	0
IRMA LONDON BOARD MEMBER THRU MAR 2018	2 00	X						0	0	0
DERRICK MARTIN BOARD MEMBER	2 00	X						0	0	0
KAT MAYER BOARD MEMBER	2 00	X						0	0	0
KRISTIN PALMER BOARD MEMBER	2 00	X						0	0	0
CHRISTIAN RHODES BOARD MEMBER	2 00	X						0	0	0
GENE SIMON BOARD MEMBER	2 00	X						0	0	0
TOD SMITH BOARD MEMBER	2 00	X						0	0	0
JUILE SLICK MD BOARD MEMBER	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LIZ SLOSS BOARD MEMBER	2 00	X						0	0	0
BRUCE SOLTIS BOARD MEMBER	2 00	X						0	0	0
SALLY SUTHON BOARD MEMBER	2 00	X						0	0	0
ROD TEAMER SR BOARD MEMBER	2 00	X						0	0	0
LUIS ZERVIGON BOARD MEMBER	2 00	X						0	0	0
KEVIN RYAN PRESIDENT & CEO	1 00 34 00			X				0	226,144	54,866
JAMES R KELLY SECRETARY & EXECUTIVE DIRECTOR	50 00			X				137,161	0	39,505
CLINTON E CHARLOT JR TREASURER AND FINANCE DIRECTOR	50 00			X				88,813	0	25,703

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COVENANT HOUSE NEW ORLEANS

Employer identification number

58-1669937

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,680,478	4,908,828	4,938,585	5,303,000	5,458,180	25,289,071
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	4,680,478	4,908,828	4,938,585	5,303,000	5,458,180	25,289,071
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						25,289,071

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	4,680,478	4,908,828	4,938,585	5,303,000	5,458,180	25,289,071
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,703	38,507	24,633	40,286	46,677	158,806
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.)				1,289	515,235	516,524
11	Total support. Add lines 7 through 10						25,964,401
12	Gross receipts from related activities, etc. (see instructions)					12	1,988,620

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	97.400 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	99.550 %

16a 33 1/3% support test—2017. 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

b 33 1/3% support test—2016. 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

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. 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

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
	4b		
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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
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))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	OTHER REVENUE - 2016 AMOUNT \$ 1,289 DEEP WATER HORIZON SETTLEMENT - 2017 AMOUNT \$ 515,235

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
COVENANT HOUSE NEW ORLEANS

Employer identification number
58-1669937

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,494,967	2,017,154	1,793,143	1,079,792	535,526
b Contributions	403,561	274,629	300,000	705,846	500,000
c Net investment earnings, gains, and losses	175,054	215,770	-63,939	18,498	55,262
d Grants or scholarships					
e Other expenditures for facilities and programs		9,502	9,441	10,993	10,996
f Administrative expenses	2,985	3,084	2,609		
g End of year balance	3,070,597	2,494,967	2,017,154	1,793,143	1,079,792

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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 | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 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		1,543,752		1,543,752
b Buildings	1,460	1,638,329	592,018	1,047,771
c Leasehold improvements				
d Equipment		1,826,632	1,659,184	167,448
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,758,971

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) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	382,175	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)	382,175	

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. (Column (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
REFUNDABLE ADVANCES	197,123
DUE TO PARENT	13,172
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	210,295

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	6,984,812
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	136,726
b	Donated services and use of facilities	2b	742,251
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	878,977
3	Subtract line 2e from line 1	3	6,105,835
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	
b	Other (Describe in Part XIII)	4b	83,744
c	Add lines 4a and 4b	4c	83,744
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	6,189,579

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	6,485,509
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	742,251
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	742,251
3	Subtract line 2e from line 1	3	5,743,258
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	
b	Other (Describe in Part XIII)	4b	83,744
c	Add lines 4a and 4b	4c	83,744
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	5,827,002

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 58-1669937

Name: COVENANT HOUSE NEW ORLEANS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S PRIMARY INVESTMENT OBJECTIVES ARE TO MAXIMIZE TOTAL RETURN WITHIN REASONABLE AND PRUDENT LEVELS OF RISK WHILE MAINTAINING SUFFICIENT LIQUIDITY TO MEET DISBURSEMENT NEEDS AND ENSURE PRESERVATION OF CAPITAL

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2015

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	RE-CLASS OF EVENT EXPENSE 4,833 RE-CLASS OF WHITE DOVE PROGRAM EXPENSE 78,911

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	RE-CLASS OF EVENT EXPENSE 4,833 RE-CLASS OF WHITE DOVE PROGRAM EXPENSE 78,911

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
COVENANT HOUSE NEW ORLEANS

Employer identification number
58-1669937

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.
- | | |
|---|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 2a** 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 ten 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			
1 CHANGING OUR WORLD INC 220 EAST 42ND STREET NEW YORK, NY 10017	CONSULTING FOR CAPITAL CAMPAIGN		No	582,000	158,160	423,840
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				582,000	158,160	423,840

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, AR, LA, MS

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		CEO SLEEP-OUT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	211,812			211,812
2	Less Contributions	211,812			211,812
3	Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,542			24,542
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				24,542
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-24,542	

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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 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).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	CHANGING OUR WORLD, INC PROVIDES PROFESSIONAL CONSULTING SERVICES TO SUPPORT CAMPAIGN PLANNING AND IMPLEMENTATION CHNO SHALL PAID CHANGING OUR WORLD, INC \$13,500 PER MONTH

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
COVENANT HOUSE NEW ORLEANS

Employer identification number
58-1669937

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SHELTER AND CRISIS CARE TO HOMELESS AND AT-RISK YOUTH AND FAMILIES	527	33,943	230,363	COST	FOOD, CLOTHING, BEDDING AND LINEN, BIRTH CERTIFICATES, ID CARDS, HYGIENE SUPPLIES, SCHOOL EXPENSES AND TRANSPORTATION
(2) MEDICAL SERVICES TO HOMELESS AND AT-RISK YOUTH	527	0	29,696	COST	DRUGS AND MEDICAL SUPPLIES, HEALTH EXAMINATIONS, MENTAL HEALTH TREATMENT AND THERAPY
(3) TRANSITIONAL AND PERMANENT HOUSING ASSISTANCE TO AT-RISK AND/OR CHRONICALLY DISABLED YOUTH AND FAMILIES	150	10,330	257,063	COST	APARTMENT RENTAL ASSISTANCE, FOOD, CLOTHING, TRANSPORTATION, DRUG AND MEDICAL SUPPLIES, HEALTH EXAMINATIONS, MENTAL HEALTH TREATMENT AND THERAPY
(4) COMMUNITY SERVICE AND HOMELESS PREVENTION ACTIVITIES TO AT-RISK YOUTH AND FAMILIES	2599	9,198	204,778	COST	FOOD, CLOTHING, RAPID RE-HOUSING AND APARTMENT RENTAL ASSISTANCE, DRUG AND MEDICAL SUPPLIES, HEALTH EXAMINATIONS, MENTAL HEALTH TREATMENT AND THERAPY
(5) STREET OUTREACH TO HOMELESS YOUTH	244	168	59,015	COST	FOOD, CLOTHING, HYGIENE SUPPLIES AND TRANSPORTATION
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	IN PURSUIT OF ITS TAX-EXEMPT MISSION OF AMELIORATING THE CONDITION OF THE POOR AND NEEDY, COVENANT HOUSE NEW ORLEANS MAY MAKE SPECIFIC GRANTS OF ASSISTANCE TO INDIVIDUALS IN THE FORM OF FOOD, SUPPLIES, AND/OR CLOTHING AS SUCH, THERE IS NO REQUIREMENT TO MONITOR THE USE OF THESE NON-CASH ITEMS FOR THE CASH GRANTS, COVENT HOUSE NEW ORLEANS REVIEW ALL GRANT RELATED EXPENDITURES ON A MONTHLY BASIS THE MAJORITY OF THE ORGANIZATION'S GRANTS AND ASSISTANCE TO INDIVIDUALS ARE ON A REIMBURSEMENT BASIS, SO EXPENDITURES ARE REVIEWED TO ENSURE COMPLIANCE WITH GRANT PROVISIONS, INCLUDING PARTICIPANT ELIGIBILITY, COST REASONABLENESS AND SUPPORT DOCUMENTATION

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COVENANT HOUSE NEW ORLEANS

Employer identification number
58-1669937

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
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	4c	No
Only 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?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
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?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
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	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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 are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN RYAN PRESIDENT & CEO	(i)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
	(ii)	225,605	0	539	19,213	35,653	281,010	0
2 JAMES R KELLY SECRETARY & EXECUTIVE DIRECTOR	(i)	136,386 -----	0 -----	775 -----	13,307 -----	26,198 -----	176,666 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	THE PRESIDENT/CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE OF COVENANT HOUSE INTERNATIONAL (PARENT) 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 THE PRESIDENT'S COMPENSATION ANNUALLY. THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT FACTORS INTO ACCOUNT EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COVENANT HOUSE NEW ORLEANS

Employer identification number
58-1669937

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property	X	1	2,795	COST
9 Securities—Publicly traded	X	4	27,528	AVG SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	12	3,975	COST
20 Drugs and medical supplies	X	12	11,301	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OFFICE WORKSTATION CUBICLES)	X	1	12,000	COST
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I, COLUMN (B) OF SCHEDULE M

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COVENANT HOUSE NEW ORLEANS

Employer identification number

58-1669937

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE CORPORATE MEMBER OF COVENANT HOUSE NEW ORLEANS IS ITS PARENT ORGANIZATION, COVENANT HOUSE, D/B/A COVENANT HOUSE INTERNATIONAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	COVENANT HOUSE NEW ORLEANS' (CHNO) PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL HAS T HE RIGHT TO ELECT OR APPOINT OFFICERS OF CHNO'S BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE FOLLOWING DECISIONS FOR THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY CHNO PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL - AMENDMENT OR REPEAL OF THE BY-LAWS, INCREASE OR DECREASE IN THE NUMBER OF BOARD OF DIRECTORS, APPROVED THE COMPENSATION PACKAGE OF THE EXECUTIVE DIRECTOR, AND APPOINT/REMOVE MEMBERS OF THE BOARD AND THE OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT AND THEN REVIEWED BY THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL, AND THE FINANCE COMMITTEE OF THE BOARD THE FINANCE COMMITTEE APPROVES THE FORM 990 ON BEHALF OF THE FULL BOARD UPON ACCEPTANCE AND APPROVAL OF THE RETURN BY THE FINANCE COMMITTEE, IT IS THEN DISTRIBUTED TO THE FULL BOARD AND FILED ACCORDINGLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 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 OR ANY OTHER ORGANIZATION BUSINESS/ AGENCY AFFILIATED WITH COVENANT HOUSE INTERNATIONAL 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 A SUMMARY OF THE ANNUAL CONFLICTS OF INTEREST AND COPIES OF THE CONFLICTS OF INTEREST REPORTS FROM THE DIRECTORS, EXECUTIVE DIRECTOR, AND OFFICERS OF THE ORGANIZATION ARE ALSO SENT TO THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL THE PARENT, COVENANT HOUSE INTERNATIONAL ALSO ENSURES THE ANNUAL CONFLICTS OF INTEREST REPORTS ARE ACCOMPLISHED FOR EACH AFFILIATE AND THAT THE REQUIRED INFORMATION IS SENT TO THEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE WORKING IN CONJUNCTION WITH THE PRESIDENT OF COVENANT HOUSE INTERNATIONAL (PARENT) OUR PARENT COMPANY, COVENANT HOUSE INTERNATIONAL (CHI) HIRED A CONSULTANT TO DO A SALARY COMPARISON, CREATE A FORMULA AND RECOMMENDATIONS FOR IMPLEMENTING SALARY STRUCTURE FOR THE EXECUTIVE DIRECTORS THROUGHOUT THE COVENANT HOUSE NETWORK THE BOARD OF COVENANT HOUSE NEW ORLEANS APPROVED THE PROPOSED SALARY CHANGES FOR OUR EXECUTIVE DIRECTOR ANY INCREASE IN THE OVERALL SALARIES FOR THE ORGANIZATION ARE REVIEWED IN THE BUDGETING PROCESS WITH THE FINANCE COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL RECORDS OF EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED IN THE COVENANT HOUSE (PARENT) HUMAN RESOURCES DEPARTMENT RECORD THIS PROCESS WAS LAST UNDERTAKEN IN FISCAL YEAR 2018

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990'S ARE AVAILABLE ON ITS WEBSITE COVENANTHOUSE.ORG GOVERNANCE POLICIES, INCLUDING CONFLICT OF INTEREST AND DOCUMENT RETENTION, ARE AVAILABLE UPON REQUEST ALL FINANCIAL MANAGEMENT POLICIES ARE MAINTAINED AS PDF DOCUMENTS ON A SECURED FILE TRANSFER PROTOCOL (FTP) SITE FOR REMOTE ACCESS BY AUDITORS, GRANTORS AND/OR DONORS, WHICH ALSO MAY BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VIII, LINE 1D	COVENANT HOUSE INTERNATIONAL (PARENT) PROVIDES FINANCIAL SUPPORT AS WELL AS MANAGEMENT AND ORGANIZATIONAL SUPPORT FOR ITS AFFILIATED ORGANIZATIONS. THE PARENT CONDUCTS FUNDRAISING ACTIVITIES FOR ITS OWN PROGRAMS AND THE PROGRAMS OF THE AFFILIATES INCLUDING THE SLEEP OUT EVENT. THE PARENT COLLECTS THE FUNDS FROM THE SLEEP OUT EVENT THAT EACH AFFILIATE HOLDS IN THEIR CITY ONLINE THROUGH SOFTWARE THAT THEY MANAGE/OPERATE. THE FUNDS ARE THEN DISBURSED TO EACH AFFILIATE THAT RAISED THE FUNDS THROUGH A GRANT FROM THE PARENT. THE PARENT COMBINES CONTRIBUTIONS RECEIVED FROM INDIVIDUALS, CORPORATIONS AND FOUNDATIONS, THE SLEEP OUT EVENT, PLUS A PARENT SUBSIDY AND APPROPRIATES FUNDS CLASSIFIED AS "BRANDING DOLLARS" TO EACH COVENANT HOUSE AFFILIATE. THE PARENT REPORTS THE SLEEP OUT EVENT IN SCHEDULE G, PART II OF THEIR FORM 990. THE FILING ORGANIZATION REPORTS THE SLEEP OUT EVENT INCOME ON PART VII I, LINE 1D AS A CONTRIBUTION FROM A RELATED ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COVENANT HOUSE NEW ORLEANS

Employer identification number

58-1669937

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
(1) COVENANT LANDSCAPING LLC 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	JOB TRAINING PROGRAM FOR AT-RISK YOUTH	LA	161,238	137,718	COVENANT HOUSE NEW ORLEANS

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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 58-1669937
Name: COVENANT HOUSE NEW ORLEANS

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
5 PENN PLAZA NEW YORK, NY 10001 13-2725416	HUMANITARIAN	NY	501(C)3	LINE 7	N/A		No
755 A STREET ANCHORAGE, AK 99501 13-3419755	HUMANITARIAN	AK	501(C)3	LINE 7	COVENANT HOUSE		No
1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027 13-3391210	HUMANITARIAN	CA	501(C)3	LINE 7	COVENANT HOUSE		No
733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304 59-2323607	HUMANITARIAN	FL	501(C)3	LINE 7	COVENANT HOUSE		No
1559 JOHNSON ROAD NW ATLANTA, GA 30318 13-3523561	HUMANITARIAN	GA	501(C)3	LINE 7	COVENANT HOUSE		No
30 WEST CHICAGO AVENUE 5TH FLOOR CHICAGO, IL 60654 81-2061485	HUMANITARIAN	IL	501(C)3	LINE 7	COVENANT HOUSE		No
2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208 38-3351777	HUMANITARIAN	MI	501(C)3	LINE 7	COVENANT HOUSE		No
2727 NORTH KINGSHIGHWAY BLVD ST LOUIS, MO 63113 43-1821599	HUMANITARIAN	MO	501(C)3	LINE 7	COVENANT HOUSE		No
330 WASHINGTON STREET NEWARK, NJ 07102 13-3537710	HUMANITARIAN	NJ	501(C)3	LINE 7	COVENANT HOUSE		No
31 EAST ARMAT STREET PHILADELPHIA, PA 19144 23-3003176	HUMANITARIAN	PA	501(C)3	LINE 7	COVENANT HOUSE		No
1111 LOVETT BLVD HOUSTON, TX 77006 76-0050882	HUMANITARIAN	TX	501(C)3	LINE 7	COVENANT HOUSE		No
2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020 13-3537709	HUMANITARIAN	DC	501(C)3	LINE 7	COVENANT HOUSE		No
1325 N WESTERN AVENUE HOLLYWOOD, CA 90027 95-4395845	HOLDING CO	CA	501(C)3	LINE 12A, I	COVENANT HOUSE		No
5 PENN PLAZA NEW YORK, NY 10001 13-3124706	HOLDING CO	DE	501(C)3	LINE 7	COVENANT HOUSE		No
5 PENN PLAZA NEW YORK, NY 10001 23-7326634	HOLDING CO	NY	501(C)3	LINE 10	COVENANT HOUSE		No
550 10TH AVENUE NEW YORK, NY 10018 13-3076376	HUMANITARIAN	NY	501(C)3	LINE 7	COVENANT HOUSE		No
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 13-3330953	HUMANITARIAN	CT	501(C)3	LINE 7	COVENANT HOUSE		No
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 13-3386635	HUMANITARIAN	IL	501(C)3	PF	COVENANT HOUSE		No
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 13-2874450	HOLDING CO	NY	501(C)2		COVENANT HOUSE		No
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 13-3549405	HUMANITARIAN	DE	501(C)3	LINE 7	COVENANT HOUSE		No

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001 04-2790593	HUMANITARIAN	MA	501(C)3	LINE 12A, I	COVENANT HOUSE		No
20 GERRARD STREET EAST TORONTO, CANADA M5B 2P3 CA	HUMANITARIAN	CA			COVENANT HOUSE		No
575 DRAKE STREET VANCOUVER, CANADA V6B 4K8 CA	HUMANITARIAN	CA			COVENANT HOUSE		No
13 AVENIDA 00-37 ZONA 2 COLONIA LA MIXCO, GUATEMALA GT	HUMANITARIAN	GT			COVENANT HOUSE		No
CORNER OF ARDA CERVANTES Y MORELOS TEGUCIGALPA, HONDURAS HO	HUMANITARIAN	HO			COVENANT HOUSE		No
EDIFICIO CONRAD N HILTON COSTADO E MANAGUA, NICARAGUA NU	HUMANITARIAN	NU			COVENANT HOUSE		No
PLAZA DE LAS FUENTES 116 COL MEXICO DF, MEXICO MX	HUMANITARIAN	MX			COVENANT HOUSE		No
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	CS			COVENANT HOUSE		No
2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208 27-1855040	SCHOOL MGMT	PA	501(C)3	LINE 7	COVENANT HOUSE MICHIGAN		No
31 EAST ARMAT STREET PHILADELPHIA, PA 19144 82-1519205	HOLDING CO	CT	501(C)3	LINE 12A, I	COVENANT HOUSE PENNSYLVANIA		No