

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**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) Room/suite  
611 NORTH RAMPART STREET

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 \$ 8,141,058

**F** Name and address of principal officer:  
RHENEISHA ROBERTSON  
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.COVENANTHOUSENO.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 OCOVENANT 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 A COMMITMENT TO THOSE FOR WHOM NO OTHER SERVICE IS AVAILABLE. DURING THE PAST YEAR THE ORGANIZATION'S AVERAGE CENSUS WAS 185 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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	20
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	20
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	108
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	210
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	6,490,695	7,809,897
<b>9</b> Program service revenue (Part VIII, line 2g)	200,927	164,430
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	84,698	85,492
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,115	-21,638
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,777,435	8,038,181

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	909,521	1,153,883
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,724,121	4,284,474
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 290,359		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,442,200	1,353,720
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,075,842	6,792,077
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	701,593	1,246,104

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	8,359,563	10,475,429
<b>21</b> Total liabilities (Part X, line 26)	717,622	1,648,279
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	7,641,941	8,827,150

## 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 2021-05-15  
RHENEISHA ROBERTSON SECRETARY & EXECUTIVE DIRECTOR  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date 2021-05-15 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  
HARRISON, NY 105281633 Phone no. (914) 381-8900

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:

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 2,838,220 including grants of \$ 339,405 ) (Revenue \$ 86,417 )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,303,499 including grants of \$ 281,524 ) (Revenue \$ 49,207 )  
See Additional Data

**4c** (Code: ) (Expenses \$ 915,623 including grants of \$ 468,107 ) (Revenue \$ 28,806 )  
See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 498,861 including grants of \$ 64,847 ) (Revenue \$ )

**4e Total program service expenses** ▶ 5,556,203

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 16 main rows (2a-16) and sub-rows (a-d). Columns include question text, a box for '2a' (value 108), and columns for 'Yes/No' and '2b-2f'.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (20), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
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:

**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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) KEVIN RYAN ..... PRESIDENT & CEO	1.00 ..... 34.00			X			0	184,691	29,147	
(2) JAMES R KELLY SECRETARY ..... EXECUTIVE DIRECTOR THRU JUNE 2020	50.00 .....			X			136,516	0	41,196	
(3) CLINTON E CHARLOT JR ..... TREASURER & FINANCE DIRECTOR	50.00 .....			X			97,444	0	27,599	
(4) CHARLES BEASLEY ..... CHAIRPERSON	2.00 .....	X		X			0	0	0	
(5) JUDGE LANCE AFRICK ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(6) EDGAR CHASE IV ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(7) PHILIP DEV CLAVERIE SR ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(8) HEATHER MILLICAN DOYLE ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(9) TAWANNA EWING ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(10) DR CHRISTIAN FAURIA-ROBINSON ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(11) KATIE HARVILL ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(12) DR DEIDRE HAYES ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(13) DAVID KREBS ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(14) MADELEINE M LANDRIEU ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(15) MARTHA LANDRUM ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(16) DERRICK MARTIN ..... BOARD MEMBER	2.00 .....	X					0	0	0	
(17) KATHLEEN MAYER ..... BOARD MEMBER	2.00 .....	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) KRISTIN GISELSON PALMER BOARD MEMBER	2.00	X						0	0	0
(19) CHRISTIAN RHODES BOARD MEMBER	2.00	X						0	0	0
(20) GENE SIMON BOARD MEMBER	2.00	X						0	0	0
(21) DR JUJILE SLICK MD BOARD MEMBER	2.00	X						0	0	0
(22) TOD SMITH BOARD MEMBER	2.00	X						0	0	0
(23) LUIS ZERVIGON BOARD MEMBER	2.00	X						0	0	0

<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							233,960	184,691		97,942

**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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
JOHNSON CONTROLS PO BOX 730068 DALLAS, TX 75373	HVAC SERVICE	186,688
MILTON J WOMACK INC 8400 JEFFERSON HWY BATON ROUGE, LA 70809	GENERAL CONTRACTING SERVICES	159,306

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	211,897				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,846,826				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,184,556				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	3,566,618				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	57,173				
	<b>h Total.</b> Add lines 1a-1f . . . . .			7,809,897			
<b>Program Service Revenue</b>	<b>2a</b> WHITE DOVE LANDSCAPE -	Business Code					
		611430	144,028	144,028			
	<b>b</b> TRANSITIONAL/PERMANENT	532000	20,402	20,402			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .		164,430					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		77,362			77,362	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	16,500				
		(ii) Personal					
		<b>b</b> Less: rental expenses	0				
		<b>c</b> Rental income or (loss)	16,500				
	<b>d</b> Net rental income or (loss) . . . . .		16,500			16,500	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	72,813	56			
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	64,739	0			
		<b>c</b> Gain or (loss)	8,074	56			
	<b>d</b> Net gain or (loss) . . . . .		8,130			8,130	
	<b>8a</b> Gross income from fundraising events (not including \$ 211,897 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8a</b>	0				
		<b>b</b> Less: direct expenses . . . . .	38,138				
	<b>c</b> Net income or (loss) from fundraising events . . . . .		-38,138			-38,138	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>						
	<b>b</b> Less: direct expenses . . . . .						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold . . . . .						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions . . . . .			8,038,181	164,430	0	63,854	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	1,153,883	1,153,883		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	306,864	125,059	155,006	26,799
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,858,319	2,356,101	361,783	140,435
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	322,981	281,061	33,146	8,774
<b>9</b> Other employee benefits . . . . .	517,085	395,249	96,297	25,539
<b>10</b> Payroll taxes . . . . .	279,225	221,924	43,192	14,109
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	2,446	2,446		
<b>c</b> Accounting . . . . .	44,950		44,950	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	2,422		2,422	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	279,767	228,611	37,743	13,413
<b>12</b> Advertising and promotion . . . . .	14,336	5,985	212	8,139
<b>13</b> Office expenses . . . . .	188,402	138,249	25,550	24,603
<b>14</b> Information technology . . . . .	110,989	61,487	41,302	8,200
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	265,938	240,283	22,052	3,603
<b>17</b> Travel . . . . .	41,461	37,416	1,759	2,286
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	16,311	12,727	1,396	2,188
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	168,278	121,572	43,858	2,848
<b>23</b> Insurance . . . . .	56,628	46,400	8,466	1,762
<b>24</b> 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.)				
<b>a</b> WHITE DOVE PROGRAM EXPE	83,487	83,487		
<b>b</b> EQUIPMENT	63,236	33,904	23,671	5,661
<b>c</b> OTHER DIRECT OPERATING	15,069	10,359	2,710	2,000
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	6,792,077	5,556,203	945,515	290,359
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,162,753	<b>1</b>	2,735,418
	<b>2</b> Savings and temporary cash investments . . . . .	119,849	<b>2</b>	57,306
	<b>3</b> Pledges and grants receivable, net . . . . .	839,717	<b>3</b>	1,161,762
	<b>4</b> Accounts receivable, net . . . . .	43,680	<b>4</b>	79,146
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	6,698	<b>8</b>	10,115
	<b>9</b> Prepaid expenses and deferred charges . . . . .	48,455	<b>9</b>	40,638
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 5,703,365		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 2,552,408	2,913,784	<b>10c</b> 3,150,957
	<b>11</b> Investments—publicly traded securities . . . . .	2,814,043	<b>11</b>	2,831,149
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	378,606	<b>12</b>	373,531
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	31,978	<b>15</b>	35,407
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	8,359,563	<b>16</b>	10,475,429	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	434,880	<b>17</b>	497,725
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	282,742	<b>25</b>	1,150,554
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	717,622	<b>26</b>	1,648,279
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	6,644,156	<b>27</b>	7,085,116
	<b>28</b> Net assets with donor restrictions . . . . .	997,785	<b>28</b>	1,742,034
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	7,641,941	<b>32</b>	8,827,150	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	8,359,563	<b>33</b>	10,475,429	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	8,038,181
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	6,792,077
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,246,104
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,641,941
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-60,895
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,827,150

**Part XII Financial Statements and Reporting**

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

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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1669937

**Name:** COVENANT HOUSE NEW ORLEANS

Form 990 (2019)

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## Form 990, Part III, Line 4a:

SHELTER AND CRISIS CARE AND MOTHER/CHILD AVG. DAILY CENSUS - 59 SHELTER AND CRISIS CARE - THE ORGANIZATION WELCOMES ALL YOUNG PEOPLE FACING HOMELESSNESS WITH UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS SUPPORT, AND OUR SHELTER DOORS ARE ALWAYS OPEN, 24/7. EVEN DURING THE WORST PUBLIC HEALTH CRISIS IN A CENTURY, WE QUICKLY ADJUSTED OUR PROCEDURES, PROVIDED FOR SOCIAL DISTANCING, AND KEPT OUR PROGRAMS GOING. WE KNOW YOUNG PEOPLE EXPERIENCING HOMELESSNESS CAN'T WAIT FOR A CRISIS LIKE THIS TO BE OVER. THEIR UNMET NEEDS FOR NUTRITIOUS FOOD, CLOTHING, SHELTER, SAFETY, MEDICAL CARE, AND MENTAL HEALTH CARE REQUIRE IMMEDIATE ATTENTION. COVENANT HOUSE PROVIDES HIGH-QUALITY SERVICES AND PROGRAMS TO MEET THOSE NEEDS, STABILIZE A YOUNG PERSON'S SITUATION, AND HELP THEM BEGIN TO CONSIDER THEIR LONGER-TERM GOALS FOR EDUCATION, EMPLOYMENT, AND CAREER PLANNING. WE ARE EXPERTLY EQUIPPED TO RESPOND TO THE UNIQUE NEEDS OF YOUNG SURVIVORS OF HUMAN TRAFFICKING, THOSE WHO IDENTIFY AS LGBTQ, AND THOSE WHO ARE PREGNANT OR PARENTING. OF THE THOUSANDS OF YOUNG PEOPLE WHO FIND SAFETY AND SANCTUARY AT COVENANT HOUSE, OUR RESEARCH INDICATES THAT APPROXIMATELY ONE IN FIVE ARE SURVIVORS OF HUMAN TRAFFICKING. YOUNG PEOPLE EXPERIENCING HOMELESSNESS ARE VULNERABLE TO TRAFFICKERS, WHO PREY ON THEIR NEED FOR LOVE, SUPPORT, A SAFE PLACE TO SLEEP, AND FOOD TO CREATE A TRAUMA BOND WITH THEM. THE ORGANIZATION HAS PIONEERED INTAKE SCREENING TOOLS TO QUICKLY REVEAL A HISTORY OF TRAFFICKING THAT YOUNG PEOPLE, OTHERWISE, MAY FIND DIFFICULT TO NAME. WE MEET TRAFFICKING SURVIVORS' IMMEDIATE NEEDS FOR NUTRITIOUS FOOD, CLOTHING, SHELTER, SAFETY, AND MEDICAL CARE. AND WE RECOGNIZE THEIR UNIQUE NEEDS FOR EXTRA LEVELS OF PROTECTION, INCLUDING SAFE SPACES AT OUR SITE AND/OR TRANSPORTING THEM TO SAFE HOUSES AROUND THE COUNTRY. NET FMV OF CONTRIBUTED SERVICES TOTALED \$1,212 FOR FY20. TOTAL UNACCOMPANIED YOUTH SERVED DURING FY20 - 412; AVG DAILY CENSUS - 39 OR 14,274 NIGHTS OF CARE. TOTAL MOTHER AND CHILDREN SERVED DURING FY20 - 127; AVG DAILY CENSUS - 20 OR 7,320 NIGHTS OF CARE. TOTAL CRISIS CENTER YOUTH AND FAMILIES SERVED DURING FY20 - 539; AVG DAILY CENSUS - 59 OR 21,594 NIGHTS OF CARE.

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**Form 990, Part III, Line 4b:**

RIGHTS OF PASSAGE/ IN-SCHOOL AVG. DAILY CENSUS - 67 RIGHTS OF PASSAGE - THE ORGANIZATION'S TRANSITIONAL LIVING PROGRAMS, OFTEN REFERRED TO AS "RIGHTS OF PASSAGE OR ROP, ARE WHERE YOUNG MEN AND WOMEN TAKE THEIR BOLDEST STEPS TOWARD INDEPENDENCE. YOUTH LIVE IN ROP FOR UP TO 18-24 MONTHS, WHERE THEY TAP THEIR POTENTIAL AND PLAN FOR THE FUTURE. HERE THEY BUILD BASIC LIFE SKILLS AND FINANCIAL LITERACY, PARTICIPATE IN EDUCATIONAL AND VOCATIONAL PROGRAMS, SEEK EMPLOYMENT WITH LONG-TERM ADVANCEMENT AND CAREER PROSPECTS, AND WORK TOWARD MOVING INTO THEIR OWN SAFE AND STABLE HOUSING. OUR STAFF SUPPORT EACH YOUNG PERSON ON THEIR JOURNEY TOWARD SUSTAINABLE INDEPENDENCE AND A HOPE-FILLED FUTURE. WE ALSO HELP CHRONICALLY DISABLED YOUTH TO SECURE PERMANENT SUPPORTIVE HOUSING (PSH) BY COVERING A PORTION OF THEIR RENT. NET FMV OF CONTRIBUTED SERVICES TOTALED \$87,886 DURING FY20. TOTAL UNACCOMPANIED ROP YOUTH SERVED DURING FY20 - 68; AVG DAILY CENSUS - 21 OR 7,686 NIGHTS OF CARE. TOTAL ROP MOTHER AND CHILDREN SERVED DURING FY20 - 46; AVG DAILY CENSUS - 11 OR 4,026 NIGHTS OF CARE. TOTAL UNACCOMPANIED PSH YOUTH SERVED DURING FY20 - 9; AVG DAILY CENSUS - 8 OR 2,928 NIGHTS OF CARE. TOTAL PSH MOTHER AND CHILDREN SERVED DURING FY20 - 37; AVG DAILY CENSUS - 27 OR 9,882 NIGHTS OF CARE. GRAND TOTAL ROP/PSH YOUTH AND FAMILIES SERVED 160; AVG DAILY CENSUS - 67 OR 24,522 NIGHTS OF CARE.

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**Form 990, Part III, Line 4c:**

COMMUNITY SERVICE CENTER AVG. DAILY CENSUS - 59 THE COMMUNITY SERVICE CENTER - COVENANT HOUSE SUPPORTS YOUNG PEOPLE ON THEIR JOURNEY FROM CRISIS CARE TO INDEPENDENCE IN AN ONGOING RELATIONSHIP THAT BOLSTERS THEIR CAPACITY FOR INDEPENDENT LIVING AND PREVENTS THEIR RETURN TO HOMELESSNESS. OUR DROP-IN SERVICES FOR PHYSICAL AND MENTAL HEALTH CARE AND EDUCATIONAL, VOCATIONAL, AND LEGAL SUPPORT REMAIN AVAILABLE TO MANY. WE ALSO HELP YOUTH SECURE PERMANENT HOUSING BY COVERING A PORTION OF THEIR RENT, A PORTION THAT DWINDLES AS THEIR CAPACITY FOR INDEPENDENCE INCREASES. COMMUNITY APARTMENTS AND RAPID REHOUSING (RRH) PROGRAMS ARE EMERGING AS AN INCREASINGLY IMPORTANT PART OF OUR CONTINUUM OF CARE. WITHIN THIS PROGRAM, THE ORGANIZATION PROVIDED RRH ASSISTANCE TO 131 YOUTH AND FAMILIES (WITH AN AVG DAILY CENSUS OF 59 OR 21,594 NIGHTS OF CARE), COUNSELING AND INTERVENTION SERVICES, AND WORK-RELATED INSTRUCTION AND EXPERIENCE THROUGH THE WHITE DOVE LANDSCAPE PROGRAM. 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 LAURA MURPHY, EDEN HOUSE, NEW ORLEANS FAMILY JUSTICE CENTER AND JEWISH FAMILY SERVICES. NET FMV OF CONTRIBUTED SERVICES TOTALED \$30,284 DURING FY20.

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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 234,532 including grants of \$ 29,140 ) (Revenue \$ )

HEALTH AND WELL-BEINGHEALTH AND WELL-BEING - HOMELESSNESS IMPACTS YOUNG PEOPLE'S PHYSICAL AND MENTAL WELLBEING IN MANY WAYS, AND BECAUSE YOUTH ARE STILL DEVELOPING COGNITIVELY, PHYSICALLY, PSYCHOLOGICALLY, AND EMOTIONALLY, THOSE IMPACTS CAN HAVE DEEP EFFECTS. THIS IS EVEN MORE THE CASE FOR YOUNG PEOPLE OF COLOR AND THOSE WHO IDENTIFY AS LGBTQ, WHO FACE UNIQUE CHALLENGES ASSOCIATED WITH RACISM AND PREJUDICE. COVENANT HOUSE WELCOMES ALL YOUNG PEOPLE FACING HOMELESSNESS WITH UNCONDITIONAL LOVE AND ABSOLUTE RESPECT AND PROVIDES THEM ACCESS TO A RANGE OF HEALTH AND WELL-BEING SERVICES THAT THEY CAN USE TO HEAL AND REDISCOVER THEIR POTENTIAL. OUR TRAUMA-INFORMED, RESILIENCE-FOCUSED PROGRAMS AND SERVICES RANGE FROM MEDICAL CARE AT OUR ON-SITE HEALTH CENTERS TO YOGA CLASSES, MUSIC LESSONS, COUNSELING, RELIGIOUS AND SPIRITUAL SERVICES, AND SPORTS. IN THESE ACTIVITIES, YOUNG PEOPLE RETAKE CONTROL OVER THEIR LIVES, BUILD ON THEIR STRENGTHS, AND NOURISH THEIR SELF-CONFIDENCE. FMV OF CONTRIBUTED SERVICES TOTALED \$174,660 DURING FY20. THE ORGANIZATION SERVED 527 CRISIS CENTER AND ROP YOUTH THAT INCLUDED 693 HEALTH VISITS DURING FY20.

(Code: ) (Expenses \$ 225,352 including grants of \$ 35,707 ) (Revenue \$ )

OUTREACHSTREET OUTREACH - IN VANS AND ON FOOT, OUTREACH WORKERS GO OUT TO THE NEIGHBORHOODS, RIVERFRONTS, PARKS, AND OTHER PLACES WHERE YOUTH FACING HOMELESSNESS OFTEN SEEK REFUGE. THEY OFFER FOOD AND COUNSELING AND INVITE THEM TO COME TO COVENANT HOUSE, WHERE THEIR IMMEDIATE, BASIC NEEDS CAN BE MET. THROUGH SUSTAINED CONTACT, OUR OUTREACH WORKERS BUILD TRUST WITH THE YOUNG PEOPLE, THE FIRST STEP TOWARD ENCOURAGING THEM TO COME INTO OUR SHELTERS AND CONNECT TO OUR SERVICES. FMV OF CONTRIBUTED SERVICES TOTALED \$0 DURING FY20. THE ORGANIZATION SERVED 162 HOMELESS YOUTH OF WHICH 148 WERE AFFORDED A SAFE HAVEN FROM THE STREETS, INCLUDING BUS TICKETS ACROSS THE COUNTRY TO REUNITE THEM WITH FAMILY OR RELATIVES DURING FY20.



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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code: ) (Expenses \$ 38,977 including grants of \$ ) (Revenue \$ )

PUBLIC EDUCATION AND PREVENTION PUBLIC EDUCATION AND PREVENTION - THE ORGANIZATION USES OF A VARIETY OF PLATFORMS TO INFORM AND EDUCATE THE PUBLIC, GOVERNMENT OFFICIALS, AND YOUNG PEOPLE THEMSELVES ABOUT YOUTH HOMELESSNESS AND HUMAN TRAFFICKING. WE EMPLOY WEBSITES, SOCIAL MEDIA, NEWSLETTERS, SCHOOL-BASED PROGRAMS, TALKS, LECTURES, AND PEER-TO-PEER EVENTS ACROSS OUR FEDERATION TO RAISE AWARENESS OF THE CAUSES AND IMPACTS OF YOUTH HOMELESSNESS AND OF THE SIGNS THAT A YOUNG PERSON MIGHT BE EXPERIENCING HOMELESSNESS OR HUMAN TRAFFICKING. FMV OF CONTRIBUTED SERVICES TOTALED \$0 DURING FY20. DURING FY20 THE ORGANIZATION REACHED OUT TO APPROXIMATELY 1,600 YOUTH IN SCHOOLS, CHURCHES AND COMMUNITY CENTERS SHARING INFORMATION ON ITS PROGRAMS AND HOMELESS PREVENTION.

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

CHILD PROTECTION SERVICES 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.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	4,938,585	5,303,000	5,458,180	6,490,695	7,809,897	30,000,357
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	4,938,585	5,303,000	5,458,180	6,490,695	7,809,897	30,000,357
<b>5</b> 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) . . .						75,436
<b>6 Public support.</b> Subtract line 5 from line 4.						29,924,921

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	4,938,585	5,303,000	5,458,180	6,490,695	7,809,897	30,000,357
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	24,633	40,286	46,677	93,993	93,862	299,451
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .		1,289	515,235	15,918		532,442
<b>11 Total support.</b> Add lines 7 through 10						30,832,250
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,698,054

**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**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.060 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.210 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>	Yes	No
<b>b</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>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			



**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).

<b>Facts And Circumstances Test</b>
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**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. 2018 AMOUNT: \$ 11,542. ENERGY SMART PROGRAM - 2018 AMOUNT: \$ 4,128. SPEAKING HONORARIUM - 2018 AMOUNT: \$ 248.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**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? . . . . .  Yes  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? . . . . .  Yes  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 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  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 |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .	3,192,648	3,070,597	2,494,967	2,017,154	1,793,143
<b>b</b> Contributions . . . . .			403,561	274,629	300,000
<b>c</b> Net investment earnings, gains, and losses	24,320	143,573	175,054	215,770	-63,939
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	9,868	19,095		9,502	9,441
<b>f</b> Administrative expenses . . . . .	2,422	2,427	2,985	3,084	2,609
<b>g</b> End of year balance . . . . .	3,204,678	3,192,648	3,070,597	2,494,967	2,017,154

- 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  |
|--|--------|-----|
| <b>(i)</b> unrelated organizations . . . . .   | 3a(i)  | No  |
| <b>(ii)</b> related organizations . . . . .  | 3a(ii) | Yes |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     | 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
<b>1a</b> Land . . . . .		1,527,418		1,527,418
<b>b</b> Buildings . . . . .	1,460	2,144,781	750,910	1,395,331
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		2,029,706	1,801,498	228,208
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,150,957

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments—Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE ADVANCES	293,647
(3) DUE TO PARENT	39,707
(4) PAYCHECK PROTECTION PROGRAM LOAN	817,200
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,150,554

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	8,187,330
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		-60,895
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		294,042
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	233,147
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	7,954,183
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		83,998
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	83,998
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	8,038,181

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	7,002,121
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		294,042
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	294,042
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	6,708,079
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		83,998
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	83,998
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	6,792,077

**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	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## 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, 2017.



# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RE-CLASS OF EVENT EXPENSE 511. RE-CLASS OF WHITE DOVE PROGRAM EXPENSE 83,487.

# Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RE-CLASS OF EVENT EXPENSE 511. RE-CLASS OF WHITE DOVE PROGRAM EXPENSE 83,487.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization COVENANT HOUSE 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. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (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. Includes a Total row at the bottom.

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>CEO SLEEP-OUT</b> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
<b>Revenue</b>	<b>1</b> Gross receipts . . . . .	211,897			211,897
	<b>2</b> Less: Contributions . . . . .	211,897			211,897
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
<b>Direct Expenses</b>	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	38,138			38,138
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				38,138
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-38,138	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		<b>1</b> Gross revenue . . . . .			
<b>Direct Expenses</b>	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**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
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2019

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (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. Rows 1-12.

- 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	539	47,440	291,964	COST	FOOD, CLOTHING, BEDDING & LINEN, BIRTH CERTIFICATES, ID CARDS, HYGIENE SUPPLIES, SCHOOL EXPENSES AND TRANSPORTATION.
(2) MEDICAL SERVICES TO HOMELESS AND AT-RISK YOUTH	527		29,140	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	13,150	268,374	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	251	722	467,386	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		35,707	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) Department of the Treasury Internal Revenue Service

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization COVENANT HOUSE NEW ORLEANS

Employer identification number 58-1669937

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation details, travel, housing, and contingencies.



**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)	181,222	0	3,469	0	29,147	213,838	0
2 JAMES R KELLY SECRETARY EXECUTIVE DIRECTOR THRU JUNE 2020	(i)	135,741	0	775	13,308	27,888	177,712	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

**2019**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**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
<b>1</b> Art—Works of art . . . . .				
<b>2</b> Art—Historical treasures . . . . .				
<b>3</b> Art—Fractional interests . . . . .				
<b>4</b> Books and publications . . . . .				
<b>5</b> Clothing and household goods . . . . .				
<b>6</b> Cars and other vehicles . . . . .				
<b>7</b> Boats and planes . . . . .				
<b>8</b> Intellectual property . . . . .				
<b>9</b> Securities—Publicly traded . . . . .	X	4	28,078	AVG. SELLING PRICE
<b>10</b> Securities—Closely held stock . . . . .				
<b>11</b> Securities—Partnership, LLC, or trust interests . . . . .				
<b>12</b> Securities—Miscellaneous . . . . .				
<b>13</b> Qualified conservation contribution—Historic structures . . . . .				
<b>14</b> Qualified conservation contribution—Other . . . . .				
<b>15</b> Real estate—Residential . . . . .				
<b>16</b> Real estate—Commercial . . . . .				
<b>17</b> Real estate—Other . . . . .				
<b>18</b> Collectibles . . . . .				
<b>19</b> Food inventory . . . . .	X	12	3,023	COST
<b>20</b> Drugs and medical supplies . . . . .	X	12	26,072	COST
<b>21</b> Taxidermy . . . . .				
<b>22</b> Historical artifacts . . . . .				
<b>23</b> Scientific specimens . . . . .				
<b>24</b> Archeological artifacts . . . . .				
<b>25</b> Other ▶ ( _____ )				
<b>26</b> Other ▶ ( _____ )				
<b>27</b> Other ▶ ( _____ )				
<b>28</b> 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
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		No
<b>b</b> If "Yes," describe the arrangement in Part II.		
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
<b>b</b> If "Yes," describe in Part II.		
<b>33</b> If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**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**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the Organization

COVENANT HOUSE NEW ORLEANS

Employer identification number

58-1669937

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 1:	<p>IN 31 CITIES ACROSS SIX COUNTRIES, COVENANT HOUSE BUILDS BRIDGES TO HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN TRAFFICKING, MEETING THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING, PROTECTION, AND MEDICAL CARE AND SUPPORTING THEM TO ADVANCE THEIR GOALS OF EDUCATION AND EMPLOYMENT. COVENANT HOUSE ENCOMPASSES A ROBUST NETWORK OF "HOUSES," WITH BEST-IN-CLASS SERVICES AND A SHARED COMMITMENT TO UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS SUPPORT FOR EACH YOUNG PERSON WHO WALKS THROUGH OUR DOORS. FOUNDED AS A DROP-IN CENTER IN NEW YORK CITY IN 1972, COVENANT HOUSE NOW SERVES TENS OF THOUSANDS OF CHILDREN AND YOUTH EVERY YEAR IN OUR RESIDENTIAL, OUTREACH, AND DROP-IN PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED STATES, GUATEMALA, HONDURAS, MEXICO, NICARAGUA, AND CANADA EMPLOY A STRENGTHS-BASED, TRAUMA-INFORMED PRACTICE MODEL THAT HELPS YOUNG PEOPLE DISCOVER AND DEVELOP THEIR RESILIENCE TO OVERCOME ADVERSITY NOW AND INTO THE FUTURE. YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH AN ARRAY OF LIVED EXPERIENCES, INCLUDING FOSTER CARE, SUBSTANCE USE, MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND MORE. OUR STAFF MEET THEM WHERE THEY ARE AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY CONTINUUM OF SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.</p>

# 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 THE RIGHT TO ELECT OR APPOINT OFFICERS OF CHNO'S BOARD OF DIRECTORS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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). THE ORGANIZATION'S 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 THE ORGANIZATION'S 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 2019.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990'S ARE AVAILABLE ON ITS WEBSITE COVENANTHOUSENO.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:	<p>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 I N THEIR CITY ONLINE THROUGH SOFTWARE THAT THEY MANAGE/OPERATE. THE FUNDS ARE THEN DISBURSE D TO EACH AFFILIATE THAT RAISED THE FUNDS THROUGH A GRANT FROM THE PARENT. THE PARENT COMB INES CONTRIBUTIONS RECEIVED FROM INDIVIDUALS, CORPORATIONS AND FOUNDATIONS, THE SLEEP OUT EVENT, PLUS A PARENT SUBSIDY AND APPROPRIATES FUNDS CLASSIFIED AS "BRANDING DOLLARS" TO EA CH 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.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART X, LINE 25:	<p>ON APRIL 23, 2020, THE ORGANIZATION RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$817,200 UNDER THE PAYCHECK PROTECTION PROGRAM (THE "PPP"). THE PPP, ESTABLISHED AS PART OF THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (THE "CARES ACT"), PROVIDES FOR LOANS TO QUALIFYING ENTITIES FOR AMOUNTS UP TO 2.5 TIMES THE 2019 AVERAGE MONTHLY PAYROLL EXPENSES OF THE QUALIFYING ENTITY. THE PPP LOAN BEARS AN INTEREST RATE OF 1% PER ANNUM. ALL OR A PORTION OF THE PPP LOAN PRINCIPAL AND ACCRUED INTEREST ARE FORGIVABLE AS LONG AS THE BORROWER USES THE LOAN PROCEEDS FOR ELIGIBLE PURPOSES, AS DESCRIBED IN THE CARES ACT, OVER A PERIOD OF EITHER EIGHT OR TWENTY-FOUR WEEKS (THE "COVERED PERIOD"). THE UNFORGIVEN PORTION OF THE PPP LOAN, IF ANY, IS PAYABLE WITHIN TWO YEARS FROM THE DATE OF THE LOAN. LOAN PAYMENTS OF PRINCIPAL OR INTEREST ARE DEFERRED UNTIL THE AMOUNT OF LOAN FORGIVENESS IS DETERMINED BY THE UNITED STATES SMALL BUSINESS ADMINISTRATION ("SBA"). IF THE ORGANIZATION DOES NOT APPLY FOR FORGIVENESS, PAYMENTS BEGIN APPROXIMATELY 16 MONTHS AFTER THE LOAN DATE. THE ORGANIZATION BELIEVES IT HAS USED ALL PROCEEDS RECEIVED IN ACCORDANCE WITH REGULATIONS ESTABLISHED BY THE PPP. MANAGEMENT BELIEVES ITS USE OF THE PROCEEDS, INCLUDING AMOUNTS EXPENDED THROUGH JUNE 30, 2020, WILL BE FORGIVEN. THE ENTIRE AMOUNT RECEIVED UNDER THE PPP IS REPORTED AS A FORGIVABLE LOAN IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION AT JUNE 30, 2020.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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

**2019**

**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.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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
<b>(1)</b> COVENANT LANDSCAPING LLC 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	JOB TRAINING PROGRAM FOR AT-RISK YOUTH	LA	144,028	84,639	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
<b>1</b> 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?			
<b>a</b>	Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b>	Dividends from related organization(s) . . . . .		No
<b>g</b>	Sale of assets to related organization(s) . . . . .		No
<b>h</b>	Purchase of assets from related organization(s) . . . . .		No
<b>i</b>	Exchange of assets with related organization(s) . . . . .		No
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b>	Other transfer of cash or property from related organization(s) . . . . .		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).

<b>Return Reference</b>	<b>Explanation</b>

**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
EDIFFICIO 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
C/O COVENANT HOUSE 5 PENN PLAZA NEW YORK, NY 100011810 83-4124396	PROVIDING TRANSITIONAL HOUSING	NY	501(C)3	LINE 12A, I	COVENANT HOUSE		No