PUBLIC DISCLOSURE COPY

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 for instructions and the latest information.

Inspection

OMB No. 1545-0047

| ΑI | For the | \pm 2017 calendar year, or tax year beginning $$ JUL $1,$ 2017 and | ending J | <u>UN 30, 2018</u> | | | |
|--------------|---------------------------------------|--|---------------------------|-------------------------------------|-------------------------------|--|--|
| | Check if applicable | C Name of organization | | D Employer identific | cation number | | |
| | Addres | COVENANT HOUSE NEW JERSEY | | | | | |
| | Name change | Doing business as | | 13-3 | 537710 | | |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) 330 WASHINGTON STREET | Room/suite | E Telephone numbe 973- | r 286-3406 | | |
| | termin ated | | | G Gross receipts \$ | 14,032,799. | | |
| | Ameno | | | H(a) Is this a group re | eturn | | |
| | Applic tion | F Name and address of principal officer: JAMES WHITE | | for subordinates | ? Yes X No | | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No | | |
| | | empt status: \boxed{X} 501(c)(3) $\boxed{}$ 501(c) () \blacktriangleleft (insert no.) $\boxed{}$ 4947(a)(1) | or 527 | If "No," attach a | list. (see instructions) | | |
| | | e: NWW.COVENANTHOUSENJ.ORG | | H(c) Group exemptio | | | |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1989 N | M State of legal domicile: NJ | | |
| P | _ | Summary | | | | | |
| Φ | 1 | Briefly describe the organization's mission or most significant activities: ${\color{red} {\tt SEE}}$ | <u>SCHEDU</u> | LE O | | | |
| anc | | | | | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or dispos | | | | | |
| Š | 3 | | | 3 | 13 13 | | |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 191 | | |
| ies | 5 | Total number of individuals employed in calendar year 2017 (Part V, line 2a) | | | 888 | | |
| Activities & | 6 | Total number of volunteers (estimate if necessary) | | | 0. | | |
| Ä | / a | Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 | | | 1,912. | | |
| _ | 0 | Net unrelated business taxable income from Form 990-1, line 54 | | Prior Year | Current Year | | |
| | 8 | Contributions and grants (Part VIII, line 1h) | | 12,616,062. | 13,777,778. | | |
| це | 9 | (5 1)(11) (1 6) | | 25,270. | 20,604. | | |
| Revenue | 10 | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 20,412. | 22,149. | | |
| Be | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | -210,179. | -181,106. | | |
| | 1 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 12,451,565. | 13,639,425. | | |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 680,228. | 825,048. | | |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | |
| w | 45 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 7,443,168. | 7,805,241. | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | |
| per | . ь | Total fundraising expenses (Part IX, column (D), line 25) 774, 2 | | | | | |
| ũ | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 2,613,598. | 3,040,224. | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 10,736,994. | 11,670,513. | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 1,714,571. | 1,968,912. | | |
| Assets or | 3 | | | ginning of Current Year | End of Year | | |
| sets | 20 | Total assets (Part X, line 16) | | 19,300,467. | 21,345,313. | | |
| t As | 4 | Total liabilities (Part X, line 26) | | 4,884,537. | 4,960,471. | | |
| Net | | Net assets or fund balances. Subtract line 21 from line 20 | | 14,415,930. | 16,384,842. | | |
| | art II | Signature Block | | | | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedule | | | knowledge and belief, it is | | |
| true | , correc | t, and complete. Declaration of preparer (other than officer) is based on all information of w | nich preparer | nas any knowledge. | | | |
| 0: | | Signature of officer | | I Date | | | |
| Sig | | JAMES WHITE, EXECUTIVE DIRECTOR | | Dato | | | |
| Hei | е | Type or print name and title | | | | | |
| | | Print/Type preparer's name Preparer's signature | 1 | Date Check C | PTIN | | |
| Paid | d | GARRETT M. HIGGINS GARRETT M. HIGG | 1 | 5/13/19 if self-employ | | | |
| | parer | Firm's name PKF O'CONNOR DAVIES, LLP | | Firm's EIN | 27-1728945 | | |
| | Only | Firm's address 500 MAMARONECK AVENUE | 111113 EIN 2 / 1 / 200 43 | | | | |
| | 2, | HARRISON, NY 10528-1633 | | Phone no 91 | 4-381-8900 | | |
| Ma | v the IF | RS discuss this return with the preparer shown above? (see instructions) | | 1 Hone Ho. 2 = | X Yes No | | |

| Ра | 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? |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 3 | 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. |
| | (Code:) (Expenses \$2,975,992. including grants of \$117,793.) (Revenue \$\$ |
| | EMERGENCY SHELTER AND CRISIS CARE |
| | COVENANT HOUSE PROVIDES EMERGENCY SHELTER AND CRISIS CARE TO RUNAWAY, |
| | HOMELESS AND TRAFFICKED YOUTH BETWEEN THE AGES OF 18-21. WITH 45 BEDS |
| | IN NEWARK AND 27 IN ATLANTIC CITY, THE FOCUS IS ON STABILIZING THE |
| | YOUNG PERSON'S CRISIS BY WELCOMING THEM TO A SAFE ENVIRONMENT AND A WARM RED. WHICH YEAR OLD EMERGENCY |
| | PROVIDING FOOD, CLOTHING AND A WARM BED. THIS YEAR, OUR EMERGENCY SHELTERS SERVED 562 HOMELESS YOUNG PEOPLE WHO HAD NOWHERE ELSE TO TURN. |
| | DILLIENCE DERVED 302 NOMBERDS 100NG 1 HOURS WITH NOWINERE BEST 10 10141. |
| | |
| | |
| | (Code:) (Expenses \$ 2 , 122 , 750 • _ including grants of \$ 564 , 021 • _) (Revenue \$ |
| 4b | (Code:) (Expenses \$2,122,750. including grants of \$564,021.) (Revenue \$ RIGHTS OF PASSAGE (ROP) |
| | |
| | IN ADDITION TO EMERGENCY SHELTERS, COVENANT HOUSE OPERATES THREE |
| | SPECIALLY-DESIGNED LONGER TERM RESIDENTIAL PROGRAMS, RIGHTS OF PASSAGE |
| | (ROP), IN ATLANTIC CITY, ASBURY PARK AND NEWARK FOR YOUTH WHO ARE READY |
| | TO TAKE THE NEXT STEP TOWARDS INDEPENDENCE. THE GOAL OF THE PROGRAM IS |
| | TO PROVIDE A SAFE AND SUPPORTIVE LIVING ENVIRONMENT FOR HOMELESS YOUTH WHILE EQUIPPING THEM WITH THE INDEPENDENT LIVING SKILLS, SUCH AS |
| | MAINTAINING A HOME, FINANCES AND EMPLOYMENT, THAT THEY NEED TO SURVIVE |
| | ON THEIR OWN. IN FY18, 69 YOUNG PEOPLE FOUND STABILITY IN OUR ROP |
| | PROGRAMS, SPENDING AN AVERAGE OF 229 DAYS LEARNING AND LIVING WITH US. |
| | |
| 4c | (Code:) (Expenses \$1, 487, 797. including grants of \$58, 887.) (Revenue \$ |
| | COMMUNITY SERVICE CENTER - |
| | MILE NEWARK AND AMIANMIC CIMY COMMINITMY CERVICE CENMERC ARE MILE CORE OF |
| | THE NEWARK AND ATLANTIC CITY COMMUNITY SERVICE CENTERS ARE THE CORE OF OUR SERVICE PROVISION IN NORTH AND SOUTH JERSEY. THERE, WE PROVIDE AN |
| | ARRAY OF IMPORTANT SUPPORTIVE SERVICES TO RESIDENTS AND DAY SERVICE |
| | CLIENTS (NON-RESIDENTS) TO ENCOURAGE, ENGAGE AND EMPOWER YOUTH TO MOVE |
| | TO A POSITIVE LIVING ENVIRONMENT. THESE SERVICES INCLUDE CASE |
| | MANAGEMENT, LEGAL ASSISTANCE, PHYSICAL AND MENTAL HEALTH CARE, AND |
| | THROUGH OUR DOVE LEARNING CENTER: CAREER DEVELOPMENT, EDUCATIONAL |
| | SERVICES, FINANCIAL LITERACY, SOCIAL NAVIGATION AND WELLNESS. [SEE |
| | CONTINUATION ON SCHEDULE O] |
| | Other program services (Describe in Schedule O.) |
| чu | (Expenses \$ 3,322,842 • including grants of \$ 84,347 •) (Revenue \$) |
| 4e | Total program service expenses ▶ 9,909,381. |
| | ^^^ |

Part IV | Checklist of Required Schedules

| | | | Yes | No |
|-----|--|-----|----------------------|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | Х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G. Part III | 19 | | Х |
| | | _ | $\Omega\Omega\Omega$ | /a a . = \ |

Part IV Checklist of Required Schedules (continued)

| 20a DV the organization operate one or more hospital facilities? If "Yes," complete Schedule II 20b II "Yes" to 10e 28a, dit the organization artistan copy of its autified framcial statements to this return? 21 DV the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic powerment on Part IX. Column (A), Irine 27 II "Yes," complete Schedule I, Parts I and III DV IX. Column (A), Irine 27 II "Yes," complete Schedule I, Parts I and III DV IX. Column (A), Irine 27 II "Yes," complete Schedule I, Parts I and III DV IX. Column (A), Irine 27 II "Yes," complete Schedule I, Parts I and III DV IX. Column (A), Irine 27 II "Yes," complete Schedule I, Parts I and III DV IX. Column (A), Irine 27 II "Yes," complete Schedule I, Parts I and III DV IX. Column (A), Irine 27 II "Yes," complete Schedule I, Parts I and III DV IX. Column (A), Irine 27 II "Yes," complete Schedule I, Parts I and III DV IX. Column (A), Irine 27 II "Yes," complete Schedule III TV IX. Column (A), Irine 27 II "Yes," complete Schedule III TV IX. Column (A), Irine 27 II "Yes," complete Schedule III TV IX. Column (A), Irine 27 III "Yes," complete Schedule III TV IX. Column (A), Irine 27 III "Yes," complete Schedule III TV IX. Column (A), Irine 27 III "Yes," complete Schedule III TV IX. Column (A), Irine 27 III "Yes," complete Schedule III TV IX. Column (A), Irine 27 III "Yes," complete Schedule III TV IX. Column (A), Irine 27 III "Yes," complete Schedule III TV IX. Column (A), Irine 27 III "Yes," complete Schedule III TV IX. Column (A), Irine 28 III "Yes, Complete Schedule III TV IX. Column (A) III "Yes, Complete Schedule III TV IX. Column (A) IX. Column | | | | Yes | No |
|---|-----|--|-----|-----|-----------|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic powerment on Part XL, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 IN Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part XL, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part XL, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 24 Did the organization nave a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24th trough 24th and complete Schedule K. If "No", pot for line 25a 25a Section 90 (E/S), 30 (E/E), and 501 (E/S) organizations. Did the organization engage in an excess benefit transaction with a disqualified person ouring the year? If Yes, complete Schedule K. Part I 25b Uffer organization aware that I engaged in an excess benefit transaction with a disqualified person ouring the year? If Yes, complete Schedule K. Part I 25c Did the organization aware that I engaged in an excess benefit transaction with a disqualified person ouring the year? 25c Schedule I, Part I 25d Did the organization aware that I engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spiror forms 90 or 990 E27 if Yes, complete Schedule I, Part II 25c Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of all or of these persons? If Yes, complete Schedule I, Part IV 26c Did the organization receive more than \$5,000 in non-cash contributions of a family member thereofly was an off | 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | _X_ |
| adomestic government on Part IX, column (A), line 17 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule I, Parts I and if Part IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 27 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, column (A), line 28 if Yes,* complete Schedule IX, line 28 if Yes,* complete Schedule I | b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 22 Note the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Part I and III Part I Part I Part I III Part I Part I Part I III Part I Part I Part I Part I III Part I | 21 | | | | |
| Part IX, column IA), line 27 if "Yes," complete Schedule I, Parts I and III 20 Of the organization on server "Yes" to Part IVI, Section A, line 3, 4, cf 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part III and 10 of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I'No", go to line 25e 24a | | | 21 | | <u>X</u> |
| Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II they year, that vas issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No"; go to line 25e Schedule L. If "No"; go to line 25e Sched | 22 | | | | |
| and former officers, directors, trustees, key employees, and highest compensated employees? # "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? # "Yes," answer lines 248 through 24d and complete Schedule K if "No", go to line 25s b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c Section 501(28), 501(24), and 501(c)(28) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 4 b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? #*1"ves," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, pridest compensated employees, or disqualified persons? #*Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employees, prides Schedule L, Part IV b A family member of a current or former officer, director, trustee, | | | 22 | X | |
| Schedule J. 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No", go to line 25a 24b Did the organization maintain an escrow account other than a refunding secrow at any time during the year to defease any tax exempt bonds are san 'on behalf off' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Is the organization aware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction ware that It engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with the other reported on any of the organization's prior Forms 990 or 990-E27 (If "Yes," complete Schedule L, Part I 25b Did the organization revolved a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 39% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27c Is a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d Vas the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 28d Vas the organization or class of the comment of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d V | 23 | | | | |
| Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," anawer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization angein in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Did the organization has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 27b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27b Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28b Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Did the organization feulated, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization have a controlled entity within the meaning of s | | | | 77 | |
| stad day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete \$24b\$ b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any ourser or former offerers, directors, trustees, key employees, highest compensated employees, or disqualfied persons"? If "yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any oursert or former offerer, director, trustee, expended employees, or disqualfied persons"? If "yes," complete Schedule L, Part IV Instruction or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any or these persons? If "Yes," complete Schedule L, Part IV Instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Instructions or the selection of the director, trustee, or key employee? If "Yes," complete Schedul | • | | 23 | Λ | |
| Schedule K. If 1/10*, go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year 7 42dd 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of the organization and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I 25a X 25b Id the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV 28 Was the organization and part you be business transaction with one of the following parties (see Schedule L, Part IV 28 Was the organization or contributions of any trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Was the organization enter of former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive contributions of an't, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule | 24a | | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 'I "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year? 'I "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 'If "Yes," complete Schedule L, Part II 27d Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d A family member of a current or former officer, director, trustee, or key employee? (or a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 30 Did the organization inquidate, terminate, or dissolve and cease operations? 11 "Yes," complete Schedule M, Part I 32 Did the organization of part in the meaning of section \$ | | | 040 | | v |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Ses Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? #"'ves," complete Schedule L, Part I Ses Schedule L, Part | h | , • | | | |
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| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I I I I I I I I I I I I I I I I I I I | C | , , , | 240 | | |
| Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | А | | | | |
| transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZP If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 32 Did the organization nealed to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line I 33 Did the organization have a controlled entity within the meaning of section \$12(b)(137) If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity withi | | | 270 | | |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "yes," complete Schedule L, Part II 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): 28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A amily member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, III, III, III, III, III, III | 200 | | 25a | | х |
| that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 ff "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? ff "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? ff "Yes," complete Schedule L, Part III 28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? ff "Yes," complete Schedule L, Part IV 28 | h | | 200 | | |
| Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV a A can entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes' to line 35a, did the organization receive any payment from or engage in any trans | - | | | | |
| Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? "If "Yes," and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? "If "Yes," complete Schedule L, Part III at the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? "If "Yes," complete Schedule L, Part IV 28b X and entity of which a current or former officer, director, trustee, or key employee? "If "Yes," complete Schedule L, Part IV 28b X and entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? "If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? "If "Yes," complete Schedule M 29 X 29 Did the organization receive more than \$25,000 in non-cash contributions? "If "Yes," complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? "If "Yes," complete Schedule M 30 X 29 Did the organization enceive contributions of art, historical treasures, or other similar assets, or qualified conservation 20 X 29 Did the organization enceive contributions of art, historical treasures, or other similar assets? "If "Yes," complete Schedule M 29 X 30 Did the organization onel, exchange, dispose of, or transfer more than 25% of its net assets? "If "Yes," complete Schedule R, Part II, III, or IV, and 20 X 20 | | , , , | 25b | | Х |
| former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization osell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization oven 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 35 Did the organization | 26 | , | | | |
| Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Id the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization one non-cash contributions? 32 Schedule N, Part II 33 Did the organization and 100% of an entity disregarded as separate from the organization under Regulations sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 37 Jid th | | | | | |
| Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or ordirect or indirect owner? If "Yes," complete Schedule L, Part IV 28b | | complete Schedule L. Part II | 26 | | Х |
| of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I I. 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule | 27 | | | | |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 28b X 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sull, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II. 32 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Pid the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O | | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes," complete Schedule R, Part V, line 2 35 Did the organization ocnduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Note. All Form 990 filers are required to complete Schedule O and provide explanations in Schedul | | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | _X_ |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer. 28b Jid the organization receive contriblet ensures, or other similar assets, or qualified conservation 29c Jack Jack Jack Jack Jack Jack Jack Jac | 28 | | | | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 34 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to | | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 A 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required | | | 28a | | - |
| director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. 28 | b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | <u> X</u> |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Section 501c()(3) organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501c()(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Section 501c()(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | С | | | | |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 | | | | | <u>X</u> |
| contributions? If "Yes," complete Schedule M 30 | | • | 29 | X | |
| Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Dif "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? F"Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 30 | | | | 37 |
| If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | | | 30 | | |
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| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 | 33 | | 32 | | |
| Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35b | 33 | | 33 | | x |
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| Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Judy 10 | ٠. | | 34 | Х | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 35a | | | | Х |
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| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | | | 35b | | |
| If "Yes," complete Schedule R, Part V, line 2 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 36 | | | | |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Note. All Form 990 filers are required to complete Schedule O 38 X | | | 36 | | X |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 37 | | | | |
| Note. All Form 990 filers are required to complete Schedule O | | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| | 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | | |
| | | Note. All Form 990 filers are required to complete Schedule O | 38 | | |

Form 990 (2017) COVENANT HOUSE NEW JERSEY Part V Statements Regarding Other IRS Filings and Tax Compliance

| a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a | | Check if Schedule O contains a response or note to any line in this Part V | | | |
|---|------------|--|-----|-----|--------|
| be Enter the number of Forms W2G included in line 1a. Enter C-I find applicable | | | | Yes | No |
| Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaming) without provided to prize winners. 2. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 1. 191 1. 2 | 1a | | _ | | |
| gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 5 If at least one is reported on line 2a, did the organization file all required feedral employment tax returns? 5 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 5 If a view of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 5 If Yes, 1 and 1 file a form 990 71 for this year? If "Two," to file 3b, your your dar a verylamation in Schedule 0 5 If Yes, 2 enter the name of the foreign country (such as a bark account, a country, or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts (FBAR). 5 If Yes, 2 enter the name of the foreign country See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization aparty to a prohibited tax shelter transaction? 5 If Yes, 1 to lie 5 acr 5b, did the organization that it was or is a purity to a prohibited tax shelter transaction? 5 If Yes, 1 did the organization include with every solicitation at any time during the tax year? 5 If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charlable contributions? 6 If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and sherilable contributions and partly for goods and services provided to the payor? 5 If Yes, 1 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles and sherilable contributions and partly for goods and services provided to the payor? 6 If Yes, 1 and the organization received a contribution or | | Enter the flumber of Fermi W Zer molecular limb fat. Enter of it flot applicable | 4 | | |
| 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, | С | | | | |
| field for the calendar year ending with or within the year covered by this return If all east one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required tomip (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account for the year? "If "Mo," to fine 8b, your provide an explanation in Schedule 0 3b X 4b If "Yes," enter the name of the foreign country, lew has a bank account, securities account, or other financial account? Year, and a bank account, securities account, or other financial account? 4a X bif "Yes," enter the name of the foreign country, lew has a bank account, securities account, or other financial account? 5b If "Yes," enter the name of the foreign country, lew has a bank account, securities account, or other financial account? 5c Was the organization a party to a prohibited tax shelter transaction? 5c Was the organization aparty to a prohibited tax shelter transaction? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of a shertable contributions? 6c Was if "Yes," did the organization include with every solicitation an express statement that such contributions or gilts were not tax deductibles as charitable contributions and the foreign countributions or gilts were not tax deductibles as charitable contributions. 6c Was if "Yes," indicates the number of Forms 82827 fined during the year 6c Did the organization receive a pariment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 7c X 7d If "Yes," indicates the number of Forms 8282 filed during the year 9c Did the organization receive any purities, | | | 1c | | |
| b If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1s and 2a is greater than 250, you may be required to a-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b if "Yes," has it filed a Form 990-T for this year? If "No," to fine 5b, provide an explanation in Schedule O 3b X 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See If Yes, "to the organization in Intelligent Int | 2 a | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required toFrile (see instructions) 3 | | , | 1 | 7.7 | |
| 3a DX the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b if "Yes," either the name of the foreign country! ▶ 5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization appropriation in party to a prohibited tax shelter transaction? 5c Was the organization appropriation in the waste of the authority over, a financial Account (FBAR). 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible as charitable contributions? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Was the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Was the organization receive applient in excess of \$75 made party as contribution and party for goods and services provided to the payor? 6c Variety of the organization notify the donor of the value of the goods or services provided? 7c Variety of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7d Variety of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7d Variety of the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required? 7d Variety of the organization sell, exchange, or det | b | | 2b | X | |
| b if Yes,* has it filed a Form 990-T for this year? If *No,* to line 3b, provide an explanation in Schedule O 4. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account or other financial account)? 4. A vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account or the financial account in a foreign country; which is a bank account, securities account, or other financial accounts (FBAR). 5. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5. Was the organization aparty to a prohibited tax shelter transaction? 5. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5. Did not the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles? 6. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that the very the solicitation and express statement that such contributions or gifts were not tax deductibles? 7. Organizations that may receive deductible contributions under section 170(c). 8. Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7. Organizations that may receive deductible contributions under section 170(c). 8. Did the organization receive a payment in excess of \$15 made party as a contribution of organization and party for goods and services provided to the payor? 7. The section of the organization organization on thirty the dorn of the value of the goods or services provided? 7. Did the organization on monthly the dorn of the value of the goods or services provided? 8. Did the organization received an o | _ | | | v | |
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| financial account, in a foreign country (such as a bank account, securities account, or other financial accounts? b f 'Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instruction for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instruction a party to a prohibited tax shelfer transaction at any time during the tax year? 55 | | | 36 | | |
| b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See in Filing Fili | 4a | | 1 | | v |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a | h | | 4a | | |
| Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a | D | • • — | | | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 a or 5b, did the organization file Form 8886-T? 8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 9 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9 Organizations that may receive deductible contributions under section 170(c). 10 Did the organization receive a payment in excess of \$5 made party as a contribution and party for goods and services provided to the payor? 10 If "Yes," indicate the organization notify the donor of the value of the goods or services provided? 11 If "Yes," indicate the number of Forms 82822 filed during the year 12 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 13 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 14 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 15 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 15 Sponsoring organization make any taxable distributions under section 4966? 16 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 16 Did the sponsoring organization make any taxable distributions under section 4966? 17 Decrease of the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 18 Section 501(c)(72) organizations. En | 52 | | 52 | | x |
| till "Yes," to line 5a or 5b, did the organization file Form 886-T? 6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariatable contributions? 6 | | | | | |
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| c Enter the amount of reserves on hand | b | | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O 14b 14b | | | - | | |
| b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O | | | | | v |
| The provide an explanation in Series and Ser | | | | - | |
| | b | If "Yes," nas it filed a Form /20 to report these payments? If "No," provide an explanation in Schedule O | | 990 | (2017) |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | | | | X |
|-----|---|----------|--------------------|--------------|-------|-----|----|
| Sec | tion A. Governing Body and Management | | | | | | |
| | | | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | : | 13 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | : | 13 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | any other | | | | |
| | officer, director, trustee, or key employee? | | | . L | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direc | supervision | | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | L | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 wa | s filed? | [| 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | ets? | | [| 5 | | X |
| 6 | Did the organization have members or stockholders? | | | [| 6 | Х | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | | |
| | more members of the governing body? | | | . L | 7a | Х | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | | |
| | persons other than the governing body? | | | . ; | 7b | Х | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | | | |
| а | The governing body? | | - | . [| 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea- | ched a | t the | | | | |
| | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | | | | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | | |
| | , | | , | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 1 | l0a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such ch | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 1 | 0b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body | y befor | e filing the form? | _1 | 1a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 1 | 2a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to con | licts? | 1 | 2b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? # "} | ∕es," d | escribe | | | | |
| | in Schedule O how this was done | | | . 1 | 2c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | L | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | L | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva | l by in | dependent | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 1 | 5a | Х | |
| b | Other officers or key employees of the organization | | | . <u> 1</u> | 5b | Х | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger | nent w | ith a | | | | |
| | taxable entity during the year? | | | . 1 | 6a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | te its p | articipation | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | izatior | 's | | | | |
| | exempt status with respect to such arrangements? | | | . 1 | 6b | | |
| Sec | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ NJ | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T | (Secti | on 501(c)(3)s only | /) avail | lable | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | |
| | X Own website Another's website X Upon request Other (explain | in Sci | nedule O) | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, con | nflict o | interest policy, a | ınd fin | anci | al | |
| | 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 boo | oks and | d records: 🕨 _ | | | | |
| | JOHN PORCARO, DIRECTOR OF FINANCE - 973-286-3406 | | | | | | |
| | 330 WASHINGTON STREET, NEWARK, NJ 07102 | | | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | | | | ірсі | isatt | (D) | (E) | (F) | |
|--|-------------------|--------------------------------|--------------------------------|---------|--------------|---|--------|-----------------|-------------------------------|------------------------|
| Name and Title | Average | (do | Position (do not check more to | | | | one | Reportable | Reportable | Estimated |
| | hours per | box | , unle | ss per | rson i | s both | n an | compensation | compensation | amount of |
| | week (list any | | <u> </u> | | | | | from the | from related organizations | other compensation |
| | hours for | direc. | | | | - - - - | | organization | (W-2/1099-MISC) | from the |
| | related | tee or | ustee | | | ensate | | (W-2/1099-MISC) | , | organization |
| | organizations | al trus | nal tr | | loyee | comp | | | | and related |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) ROBERT J. WILLIAMS | line) 1.00 | = | Ë | , 0 | -S | <u>= = = = = = = = = = = = = = = = = = = </u> | 요 | | | |
| BOARD CHAIRMAN | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| (2) ERIC J. ANDERSEN | 1.00 | | | | | | | • | • | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (3) JOHN R. BERGER | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (4) JEFFERY P. CARPENTER, MD | 1.00 | | | | | | | | | |
| DIRECTOR THRU JUNE 2018 | | Х | | | | | | 0. | 0. | 0. |
| (5) NANCY KING | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (6) MARTIN J. MALLOY | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (7) MICHAEL MCBRIDE, ESQ | 1.00 | 1 | | | | | | | _ | |
| DIRECTOR | 1 22 | Х | | | | | | 0. | 0. | 0. |
| (8) PAUL MCKEON | 1.00 | ļ | | | | | | | • | • |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (9) MARK NUGENT | 1.00 | 3,7 | | | | | | | 0 | 0 |
| DIRECTOR (10) MERDENGE O'GONYOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (10) TERRENCE O'CONNOR | 1.00 | Х | | | | | | 0. | 0. | 0 |
| OIRECTOR THRU DEC. 2017 (11) GEORGE RACHMIEL | 1.00 | Δ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | Х | | | | | | 0. | 0. | 0. |
| (12) MITCHELL RAIT, ESQ | 1.00 | Λ | | | | | | 0. | 0. | 0. |
| DIRECTOR | 1.00 | х | | | | | | 0. | 0. | 0. |
| (13) FATHER ROBERT B. STAGG | 1.00 | | | | | | | • | • | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (14) THOMAS J. SYKES | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) FRANK WALSH | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | L | | | 0. | 0. | 0. |
| (16) PAUL TSCHIRHART, ESQ | 1.00 | | | | | | | | | |
| SECRETARY | | | | Х | | | | 0. | 0. | 0. |
| (17) KEVIN RYAN | 1.00 | | | | | | | | | |
| PRESIDENT/ CEO | 34.00 | | | Х | | | | 0. | 226,144. | 54,866. |
| 732007 11-28-17 | | | | | | | | | | Form 990 (2017) |

732007 11-28-17

| | 990 (2017) COVENANT | HOUSE N | 1EM | <i>I</i> J | ER | SE | Υ | | | 13-3 | 5377 | <u>710</u> | Pa | age 8 |
|---|---|---------------------------------------|--------------------------------|-----------------------|--------------|--------------|------------------------------|----------|---------------------------------------|---------------------------------------|--------------|------------|---------|------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | l Hig | ghes | t C | ompensated Employee | s (continued) | | | | |
| | (A) | (B) | | | | <u></u> | | | (D) | (E) | | | (F) | |
| | Name and title | Average | (-1- | | Pos | | | | Reportable | Reportable | | Es | timate | ed |
| | | hours per | box | , unle | ss pei | rson i | than c s both | an | compensation | compensatio | | an | nount | of |
| | | week | offi | cer ar | nd a d | irecto | r/trust | ee) | from | from related | ı | | other | |
| | | (list any | ector | | | | | | the | organization | | com | pensa | tion |
| | | hours for | or dir | a. | | | ted | | organization | (W-2/1099-MIS | SC) | fr | om th | е |
| | | related | stee | ruste | | | bens | | (W-2/1099-MISC) | | | • | anizat | |
| | | organizations below | al tru | onalt | | loye | com | | | | | | d relat | |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | mer | | | | orga | anizati | ons |
| | | , , , , , , , , , , , , , , , , , , , | ıı | Ĕ | ₩ | Ke | e Hig | 요 | | | | | | |
| | JAMES WHITE | 35.00 | - | | ,, | | | | 001 170 | | _ | 4 | 7 4 | c 17 |
| | UTIVE DIRECTOR | 25 00 | | | Х | | | | 281,172. | | 0. | 4 | 7,4 | 0/. |
| | MARY M MACDONALD | 35.00 | - | | | | | | 150 005 | | _ | 2 | | <i>-</i> ^ |
| | C EXEC DIR/TREASURER | 25.00 | | | Х | | | | 172,825. | | 0. | 3 | 6,3 | 60. |
| | DAVID HALL | 35.00 | | | | | | | 1 | | | | | |
| | OF NORTH JERSEY PROGRAMS | | | | | | X | | 127,038. | | 0. | 1: | 5,9 | <u>46.</u> |
| , | MARCIA MANN | 35.00 | | | | | | | | | | | _ | |
| | OR DIRECTOR OF DEVELOPMENT | | | | | | Х | | 115,650. | | 0. | 1 | 6,2 | <u>69.</u> |
| | BRIAN NELSON, DIR. OF SOUTH | 35.00 | | | | | | | | | | | | |
| JERS | EY PROGRAMS THRU JUNE 2017 | | | | | | X | | 107,460. | | 0. | 4: | 3,1 | <u>14.</u> |
| (23) | JULIA EINBOND | 35.00 | | | | | | | | | | | | |
| DIR. | OF STRATEGY & LEARNING | | | | | | X | | 103,680. | | 0. | 2: | 2,0 | <u>87.</u> |
| (24) | JILL VORNDRAN | 0.00 | | | | | | | | | | | | |
| FORM | ER EXECUTIVE DIRECTOR | 35.00 | | | | | | Х | 0. | 282,28 | 34. | 3 | 6,7 | 22. |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 1b | Sub-total | • | | | | | | <u> </u> | 907,825. | 508,42 | 28. | 27 | 2,8 | 31. |
| | Total from continuation sheets to Part VI | | | | | | | | 0. | • | 0. | | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 907,825. | 508,42 | 28. | 27 | 2,8 | |
| | Total number of individuals (including but n | | | | | | | o re | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | | , - | |
| _ | compensation from the organization | or minica to th | 000 | 11000 | u u | ,010 | , **** | 010 | ocived more than \$100, | ooo or reportable | , | | | 6 |
| | compensation from the organization | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director or tru | ıcta | s ko | w on | anla | VAA | orl | highest compensated er | nnlovee on | Γ | | | |
| 3 | , | • | | , | , | • | , , | | • | . , | - 1 | 3 | х | |
| | line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su | | | | | | | | | | ···· | 3 | -25 | |
| 4 | | | | | | | | | | | | | Х | |
| _ | and related organizations greater than \$150 | | | | | | | | | | } | 4 | _ | |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | _ | | v |
| Coo | rendered to the organization? If "Yes," com | <u>iplete Schedule</u> | e J f | or su | ıch <u>i</u> | oers | on . | | | | | 5 | | X |
| | tion B. Independent Contractors | | | | | | | _ | | | | | | |
| 1 | Complete this table for your five highest co | • | • | | | | | | | , , | oensati | ion fro | om | |
| | the organization. Report compensation for | the calendar ye | ear e | endir | ng w | ith c | or wi | :hin | | ear. | | | | |
| | (A) | | | | | | | | (B) | | 0. | (C) | | |
| | Name and business | | . | | | | | 4 | Description of s | ervices | Compensation | | | 1 |
| | NER CONSTRUCTION CO., | | | ĿΙ | N | | | | | | | <u> </u> | | |
| SQUARE DRIVE, SOMERSET, NJ 08873 CONSTRUCTION SERVICE 272 | | | | | | | | 2,3 | <u> </u> | | | | | |
| CHANGING OUR WORLD, 1285 AVENUE OF THE | | | | | | | | | | | | | | |

AMERICAS, NEW YORK, NY 10019 STRATEGIC PLANNING <u>178,213.</u>

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2017) COVENAN
Part VIII Statement of Revenue

| | | Check if Schedule O conta | ains a response | or note to any lin | e in this Part VIII | | | X |
|--|------|--|----------------------------|--------------------|-----------------------------|--|---------------------------------------|--|
| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| ပ္ မ | 1 a | Federated campaigns | 1a | 49,957. | | | | |
| ant | | Membership dues | | · | | | | |
| يَ ق | | Fundraising events | | 1,833,529. | | | | |
| ifts | | Related organizations | | 4,225,227. | | | | |
| nia G | | Government grants (contributi | | 2,325,275. | | | | |
| Sir | | All other contributions, gifts, grant | | , , | | | | |
| e ti | · | similar amounts not included abov | | 5,343,790. | | | | |
| Öğ | a | Noncash contributions included in lines | | 387,000. | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | _ | Total. Add lines 1a-1f | | | 13,777,778. | | | |
| | | | | Business Code | , , | | | |
| ø. | 2 a | RENTAL INCOME | | 532000 | 20,604. | 20,604. | | |
| vic. | b | - | | | , | , | | |
| Ser | c | | | | | | | |
| E S | d | | | | | | | |
| Program Service Revenue | e | | | | | | | |
| Pro | | All other program service reve | nue | | | | | |
| | | Total. Add lines 2a-2f | | | 20,604. | | | |
| | 3 | Investment income (including | | | | | | |
| | | other similar amounts) | | | 22,149. | | | 22,149. |
| | 4 | Income from investment of tax | | | | | | |
| | 5 | Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| | | assets other than inventory | | | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | | | | | |
| | | Gain or (loss) | | | | | | |
| | | Net gain or (loss) | | ····· | | | | |
| enue | 8 a | Gross income from fundraising including \$1,833, | g events (not .529 • of | | | | | |
| Other Revenu | | contributions reported on line | • | | | | | |
| P. | | Part IV, line 18 | | | | | | |
| 듄 | | Less: direct expenses | | 393,374. | | | | |
| | | : Net income or (loss) from fund | | _ | -193,247. | | | -193,247. |
| | 9 a | Gross income from gaming ac | | | | | | |
| | _ | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | ' | | | | |
| | | Net income or (loss) from gam | | P | | | | |
| | 10 a | Gross sales of inventory, less | | | | | | |
| | h | and allowances | | | | | | |
| | | Less: cost of goods soldNet income or (loss) from sales | | 'L | | | | |
| | | Miscellaneous Revenue | | Business Code | | | | |
| | 11 a | | | 900099 | 7,452. | | | 7,452. |
| | u | | | 900099 | 4,228. | | | 4,228. |
| | c | OMILED THROWS | | 900099 | 461. | | | 461. |
| | _ | All other revenue | | | | | | |
| | | Total. Add lines 11a-11d | | | 12,141. | | | |
| | 12 | Total revenue. See instructions. | | | 13,639,425. | 20,604. | 0. | -158,957. |

Form 990 (2017) COVENANT HOUSE NEW JERSEY Part IX Statement of Functional Expenses

| Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX | | | | | | | | | | | |
|---|--|---|------------------------------------|-------------------------------------|----------------------|--|--|--|--|--|--|
| | · | (A) | | (C) | (D) | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | (C) Management and general expenses | Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | | | | | | | |
| • | · I | | | | | | | | | | |
| 2 | Grants and other assistance to domestic | 825,048. | 825,048. | | | | | | | | |
| _ | individuals. See Part IV, line 22 | 023,040. | 023,040. | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | | |
| _ | individuals. See Part IV, lines 15 and 16 | | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | E3E 400 | 446 020 | 40 450 | 40 000 | | | | | | |
| _ | trustees, and key employees | 535,488. | 446,030. | 49,450. | 40,008. | | | | | | |
| 6 | Compensation not included above, to disqualified | | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | F F70 003 | 4 640 214 | F14 4F4 | 416 225 | | | | | | |
| 7 | Other salaries and wages | 5,570,993. | 4,640,314. | 514,454. | 416,225. | | | | | | |
| 8 | Pension plan accruals and contributions (include | 2/2 165 | 202 542 | 22 455 | 10 160 | | | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 243,165. 831,295. | 202,542. 692,420. | 22,455. 76,766. | 18,168. 62,109. | | | | | | |
| 9 | Other employee benefits | | 592,420. | 70,700. | 62,109. | | | | | | |
| 10 | Payroll taxes | 624,300. | 520,006. | 57,651. | 46,643. | | | | | | |
| 11 | Fees for services (non-employees): | | | | | | | | | | |
| а | Management | 10 761 | 10 761 | | | | | | | | |
| b | Legal | 19,761. | 19,761. | 20 120 | | | | | | | |
| С | Accounting | 65,500. | 36,361. | 29,139. | | | | | | | |
| d | Lobbying | | | | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | |
| g | ` ' | 107 665 | 256 270 | 11 050 | 100 427 | | | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 497,665. | 356,378. | 11,850. | 129,437. | | | | | | |
| 12 | Advertising and promotion | 328,064. | 199,452. | 99,513. | 20 000 | | | | | | |
| 13 | Office expenses | 112,606. | 85,211. | 24,487. | 29,099. 2,908. | | | | | | |
| 14 | Information technology | 112,000. | 05,211. | 24,40/• | 2,300. | | | | | | |
| 15 | Royalties | 437,325. | 420,619. | 16,706. | | | | | | | |
| 16 | Occupancy | 158,253. | 136,166. | 9,428. | 12,659. | | | | | | |
| 17 | Travel | 130,233. | 130,100. | 9,440. | 12,039. | | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 14,094. | 12,485. | | 1,609. | | | | | | |
| 20 | Interest | 37,830. | 30,673. | 5,346. | 1,811. | | | | | | |
| 21 | Payments to affiliates | - | - | | - | | | | | | |
| 22 | Depreciation, depletion, and amortization | 795,416. | 792,415. | 3,001. | | | | | | | |
| 23 | Insurance | 104,326. | 65,362. | 38,964. | | | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | | | | | | | |
| а | REPAIRS AND MAINTENANCE | 201,583. | 201,583. | | | | | | | | |
| b | FAITH COMMUNITY | 136,180. | 136,180. | | | | | | | | |
| c | EQUIPMENT | 51,620. | 51,620. | | | | | | | | |
| d | STAFF RECURITMENT/TRAIN | 28,351. | 634. | 27,635. | 82. | | | | | | |
| | All other expenses | 51,650. | 38,121. | , | 13,529. | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 11,670,513. | 9,909,381. | 986,845. | 774,287. | | | | | | |
| 26 | Joint costs. Complete this line only if the organization | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ,, | , | , | | | | | | |
| _• | reported in column (B) joint costs from a combined | | | | | | | | | | |
| | educational campaign and fundraising solicitation. | | | | | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | | |
| | <u>, </u> | | | | E 000 (2217) | | | | | | |

| Pai | rt X | Balance Sheet | | | | | |
|-----------------------------|------|--|-----------|----------------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response or note | to an | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 140,810. | 1 | 549,219. |
| | 2 | Savings and temporary cash investments | | | 778,573. | 2 | 1,660,709. |
| | 3 | Pledges and grants receivable, net | | | 2,266,409. | 3 | 3,289,660. |
| | 4 | Accounts receivable, net | | | 6,321. | 4 | 353. |
| | 5 | Loans and other receivables from current and for | | | | | |
| | | trustees, key employees, and highest compensa | ted em | ployees. Complete | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disqualif | | | | | |
| | | section 4958(f)(1)), persons described in section | 4958(c | c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of secti | on 501 | (c)(9) voluntary | | | |
| ß | | employees' beneficiary organizations (see instr). | Compl | ete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | 7 | | |
| Ä | 8 | Inventories for sale or use | | | 8 | | |
| | 9 | 5 | | | 61,456. | 9 | 72,238. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 24,576,565. | | | |
| | b | Less: accumulated depreciation | 10b | 10,741,107. | 14,177,159. 924,036. | 10c | 13,835,458. 995,576. |
| | 11 | Investments - publicly traded securities | | | 924,036. | 11 | 995,576. |
| | 12 | Investments - other securities. See Part IV, line 1 | 1 | | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 1 | | | 13 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 945,703. | 15 | 942,100. | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | ıl line 3 | 34) | 19,300,467. | 16 | 21,345,313. |
| | 17 | Accounts payable and accrued expenses | | | 938,463. | 17 | 1,045,872. |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 985,014. | 19 | 940,115. |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| es | 22 | Loans and other payables to current and former | | | | | |
| iliti | | key employees, highest compensated employees | | | | | |
| Liabilities | | | | | 0 015 005 | 22 | 0 000 450 |
| _ | 23 | Secured mortgages and notes payable to unrela | | | 2,915,035. | 23 | 2,928,459. |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | l l | | | |
| | | parties, and other liabilities not included on lines | 17-24) | . Complete Part X of | 46 025 | | 46 005 |
| | | Schedule D | | | 46,025. | 25 | 46,025. 4,960,471. |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 4,884,537. | 26 | 4,960,4/1. |
| | | Organizations that follow SFAS 117 (ASC 958) | | k nere 🕨 🛕 and | | | |
| ses | | complete lines 27 through 29, and lines 33 and | | | 12,558,119. | 07 | 12 221 5/2 |
| anc | 27 | Unrestricted net assets | | | 1,857,811. | 27 | 13,221,543. 3,163,299. |
| Bal | 28 | Temporarily restricted net assets | | | 1,037,011. | 28 | 3,103,299. |
| nd | 29 | | |)) aback have | | 29 | |
| ·Fu | | Organizations that do not follow SFAS 117 (AS | SC 930 | o), check here | | | |
| s or | 20 | and complete lines 30 through 34. | | | | 20 | |
| set | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or eq | | | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated inc | | | 14,415,930. | 32 | 16,384,842. |
| _ | 33 | | | ····· | 19,300,467. | 33 | 21,345,313. |
| | 34 | Total liabilities and net assets/fund balances | | | 17,300,40/• | 34 | 21,343,313. |

| Pai | rt XI Reconciliation of Net Assets | | | | • | |
|-----|--|-----------|---|-------------|-------|------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | | |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | <u>,639</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,670 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,968 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 14 | , 41 | 5,9: | <u>30.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | | |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | | |
| | column (B)) | 10 | <u> 16 </u> | , 384 | 4,84 | <u>42.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | | X |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: | | — I | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | | |
| 2a | , | | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | | |
| | separate basis, consolidated basis, or both: | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | Ψ, | |
| b | , | | | 2b | Х | |
| | 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 X Both consolidated and separate basis | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | _ | 77 | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| _ | If the organization changed either its oversight process or selection process during the tax year, explain in Sche | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | gle Audit | | | v | |
| | Act and OMB Circular A-133? | | ····· | 3a | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | ed audit | | 01 | x | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | 3b | | (2017) |
| | | | | ⊢orm | 33U (| (2017) |

732012 11-28-17

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization COVENANT HOUSE NEW JERSEY 13-3537710 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 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: 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|----------------------|------------------------|----------------------------|---------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 9390957. | 9134418. | 10482004. | 12616062. | 13777778. | 55401219. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 9390957. | 9134418. | 10482004. | 12616062. | 13777778. | 55401219. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 1924945. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 53476274. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 7 | Amounts from line 4 | 9390957. | 9134418. | 10482004. | 12616062. | 13777778. | 55401219. |
| | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 19,750. | 19,578. | 20,274. | 20,412. | 22,149. | 102,163. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 177,634. | 75,577. | 102,390. | 10,810. | 12,141. | 378,552. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 55881934. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 139,025. |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, thir | d, fourth, or fifth ta | ax year as a section | n 501(c)(3) | |
| | organization, check this box and stop | here | | | | | > |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | |
| 14 | Public support percentage for 2017 (I | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 95.70 <u>%</u> |
| 15 | Public support percentage from 2016 | Schedule A, Part | II, line 14 | | | 15 | 94.32 % |
| 16a | 33 1/3% support test - 2017. If the o | organization did no | t check the box or | n line 13, and line | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ X |
| b | 33 1/3% support test - 2016. If the o | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | nis box |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶□ |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fac | ts-and-circumstand | ces" test, check th | is box and stop h | nere. Explain in Pa | rt VI how the orga | nization |
| | meets the "facts-and-circumstances" | test. The organizat | ion qualifies as a p | oublicly supported | organization | | ▶□ |
| b | 10% -facts-and-circumstances test | - 2016. If the org | anization did not d | check a box on line | e 13, 16a, 16b, or 1 | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | ne "facts-and-circur | mstances" test, ch | eck this box and | stop here. Explair | n in Part VI how th | е |
| | organization meets the "facts-and-circ | cumstances" test. | The organization q | ualifies as a public | cly supported orga | nization | ▶□ |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16 | a, 16b, 17a, or 17b | o, check this box a | nd see instruction | s |
| _ | | | | | Sche | edule A (Form 990 | or 990-EZ) 2017 |

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.)

| Se | ction A. Public Support | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
|-----------|--|---|-----------------------|------------------------|---------------------|---------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7 | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| ŀ | 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 | | | | | | |
| (| Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| ı | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is | | | | | | |
| 12 | other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | the organization's | s first, second, thir | d, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) organiz | ation, |
| _ | check this box and stop here | | | | | |) |
| _ | ction C. Computation of Publi | | | | | | |
| 15 | Public support percentage for 2017 (I | | | olumn (f)) | | 15 | % |
| <u>16</u> | Public support percentage from 2016 | | | | | 16 | % |
| _ | ction D. Computation of Inves | | | | | | |
| | Investment income percentage for 20 | | | | | 17 | % |
| | Investment income percentage from | | | | | 18 | % |
| 19 | a 33 1/3% support tests - 2017. If the | | | | | | 7 is not |
| ı | more than 33 1/3%, check this box ar 33 1/3% support tests - 2016. If the | | | | | | |
| | line 18 is not more than 33 1/3%, che | ck this box and st | op here. The orga | nization qualifies | as a publicly suppo | orted organization | |
| 20 | Private foundation If the organization | n did not chock a | hay on line 14 10 | or 10h chock th | nic hay and can inc | structions | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

| | | Yes | No |
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| Pai | Supporting Organizations (continued) | | | |
|----------|--|----------|----------|------|
| | _ | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | 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? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Sec | ction B. Type I Supporting Organizations | I | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? 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. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | _ | | |
| <u> </u> | supervised, or controlled the supporting organization. | 2 | | |
| Sec | ction C. Type II Supporting Organizations | | 1 | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | _ | | |
| 800 | the supported organization(s). | 1 | | |
| Sec | nion b. All Type III Supporting Organizations | | V | NI - |
| | Did the averagination was ide to each of its averaged averaginations by the last day of the fifth wearth of the | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | 4 | | |
| • | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | 2 | | |
| 2 | the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| 3 | | | | |
| | 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? If "Yes," describe in Part VI the role the organization's | 3 | | |
| Sec | supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| · a | | | | |
| b | | | | |
| c | | ctions) | | |
| 2 | Activities Test. Answer (a) and (b) below. | 0110113) | Yes | No |
| а | | | | |
| | the supported organization(s) to which the organization was responsive? 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. | 2a | | |
| b | | | | |
| | of the organization's supported organization(s) would have been engaged in? 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. | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | | | | |
| | trustees of each of the supported organizations? Provide details in Part VI. | За | | |
| b | | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supportin | ng Organi | zations | | | |
|------|--|----------------|----------------------------|--------------------------------|--|--|
| 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. | | | | | |
| | other Type III non-functionally integrated supporting organizations must co | omplete Sec | tions A through E. | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Net short-term capital gain | 1 | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | |
| 4 | Add lines 1 through 3 | 4 | | | | |
| 5 | Depreciation and depletion | 5 | | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | | |
| | collection of gross income or for management, conservation, or | | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | | |
| 7 | Other expenses (see instructions) | 7 | | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | | |
| | instructions for short tax year or assets held for part of year): | | | | | |
| а | Average monthly value of securities | 1a | | | | |
| b | Average monthly cash balances | 1b | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | |
| | Total (add lines 1a, 1b, and 1c) | 1d | | | | |
| е | Discount claimed for blockage or other | | | | | |
| | factors (explain in detail in Part VI): | | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | |
| 3 | Subtract line 2 from line 1d | 3 | | | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | | | |
| | see instructions) | 4 | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | |
| 6 | Multiply line 5 by .035 | 6 | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | |
| Sect | ion C - Distributable Amount | | | Current Year | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | | | |
| 2 | Enter 85% of line 1 | 2 | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | | | |
| 4 | Enter greater of line 2 or line 3 | 4 | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | | |
| | emergency temporary reduction (see instructions) | 6 | | | | |
| 7 | Check here if the current year is the organization's first as a non-functiona | lly integrated | d Type III supporting orga | nization (see | | |
| | instructions). | - | | | | |

Schedule A (Form 990 or 990-EZ) 2017

| Par | ^ব | (a)(3) Supporting Orga | nizations _(continued) | |
|-------|--|-------------------------------|--|---|
| Secti | ion D - Distributions | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exe | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2017 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | | |
| Secti | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2017 | (iii) Distributable Amount for 2017 |
| 1 | Distributable amount for 2017 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2017 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2017 | | | |
| а | | | | |
| b | From 2013 | | | |
| С | From 2014 | | | |
| d | From 2015 | | | |
| е | From 2016 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2017 distributable amount | | | |
| i | Carryover from 2012 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2017 from Section D, | | | |
| | line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2017 distributable amount | | | |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2017, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2017. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2018. Add lines 3j | | | |
| - | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2013 | | | |
| | Excess from 2014 | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |

Schedule A (Form 990 or 990-EZ) 2017

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

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

INSURANCE PROCEEDS

2013 AMOUNT: \$ 132.

2017 AMOUNT: \$ 7,452.

REIMBURSED EXPENSES

2013 AMOUNT: \$ 80,000.

HOME TEAM BUYOUTS

2013 AMOUNT: \$ 61,692.

2014 AMOUNT: \$ 60,000.

2015 AMOUNT: \$ 60,987.

OTHER INCOME

2013 AMOUNT: \$ 35,810.

2014 AMOUNT: \$ 6,534.

2015 AMOUNT: \$ 21,403.

2017 AMOUNT: \$ 461.

REIMBURSEMENTS/REFUND

2014 AMOUNT: \$ 9,043.

2015 AMOUNT: \$ 20,000.

SOLAR PANEL REBATES

2016 AMOUNT: \$ 8,403.

2017 AMOUNT: \$ 4,228.

| 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.) |
|---|
| INSURANCE REBATES |
| 2016 AMOUNT: \$ 2,407. |
| |
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2017

Name of the organization Employer identification number

COVENANT HOUSE NEW JERSEY 13-3537710

| Organization type (check one): | | | | | | | |
|--------------------------------|---|---|--|--|--|--|--|
| Filers of | İ | Section: | | | | | |
| Form 990 | 0 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 990 | 0-PF | 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| | | covered by the General Rule or a Special Rule . '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General | Rule | | | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special | Rules | | | | | | |
| X | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. | | | | | | |
| | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year | | | | | | |
| but it m u | ıst answer "No" on F | at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization Employer identification number

COVENANT HOUSE NEW JERSEY

13-3537710

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | |
|------------|--|----------------------------|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 1 | | \$ <u>4,225,227.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 2 | | \$ <u>1,078,638</u> . | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 3 | | \$800,000. | Person X Payroll | | |
| (a) | (b) | (c) | (d) | | |
| No. 4 | Name, address, and ZIP + 4 | \$ 660,527. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 5 | | \$ 600,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 6 | | \$\$ | Person X Payroll Noncash X (Complete Part II for noncash contributions.) | | |

Name of organization Employer identification number

COVENANT HOUSE NEW JERSEY 13-3537710

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. | | | | | |
|------------|--|----------------------------|--|--|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| 7 | | \$\$ 327,425. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for | | | |

COVENANT HOUSE NEW JERSEY

13-3537710

| (a) No. from Part I | (b) Description of noncash property given | (c) | |
|--|--|---|----------------------|
| Part I | Description of noncastratoral to diven | FMV (or estimate) | (d) Date received |
| | 2000 paon o monouen proporty given | (See instructions.) | <u> </u> |
| <u> 6 </u> | DONATED LAND | | |
| | | | |
| - | | \$\$ | 06/30/18 |
| (a) | | (c) | |
| No. | (b) | FMV (or estimate) | (d) |
| from | Description of noncash property given | (See instructions.) | Date received |
| Part I | | | |
| — - . | | \$ | |
| - | | " | · |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - | | | |
| | | | |
| - | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - art i | | | |
| - | | — | |
| - | | _{\$} | |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - | | | |
| <u> </u> | | \$ | |
| | | | |
| (a) | <i>a</i> , | (c) | 4.50 |
| No. from | (b) | FMV (or estimate) | (d) Date received |
| Part I | Description of noncash property given | (See instructions.) | Date received |
| - | | | |
| | | | |

Name of organization Employer identification number COVENANT HOUSE NEW JERSEY 13-3537710 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

COVENANT HOUSE NEW JERSEY

Employer identification number 13-3537710

| Par | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|---|---|---|
| | organization answered "Yes" on Form 990, Part IV, line | e 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 v | _ | |
| | are the organization's property, subject to the organization's e | | |
| 6 | Did the organization inform all grantees, donors, and donor ad | dvisors in writing that grant funds can be | used only |
| | for charitable purposes and not for the benefit of the donor or | r donor advisor, or for any other purpose | · — — |
| Da | | | |
| Par | | | Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organization | | |
| | Preservation of land for public use (e.g., recreation or ed | | torically important land area |
| | Protection of natural habitat | Preservation of a cer | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifi | ied conservation contribution in the form | |
| | day of the tax year. | | Held at the End of the Tax Year |
| a | Total number of conservation easements | | 1 1 |
| b | , | | |
| С | Number of conservation easements on a certified historic stru | | |
| d | Number of conservation easements included in (c) acquired a | | |
| _ | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the | e organization during the tax |
| 4 | year ▶ Number of states where property subject to conservation eas | ament is leasted | |
| 5 | Does the organization have a written policy regarding the peri | · · · · · · · · · · · · · · · · · · · | |
| 3 | violations, and enforcement of the conservation easements it | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, I | | |
| Ū | b | mandaning of violations, and officioning cont | servation deserments during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conserva | tion easements during the year |
| - | ▶ \$ | g or moranorio, and ornoronig concerna | mon casements adming and year |
| 8 | Does each conservation easement reported on line 2(d) above | e satisfy the requirements of section 170 | (h)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | include, if applicable, the text of the footnote to the organizati | | |
| | conservation easements. | | |
| Par | t III Organizations Maintaining Collections of | Art, Historical Treasures, or Ot | ther 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 (AS | C 958), not to report in its revenue staten | nent and balance sheet works of art, |
| | historical treasures, or other similar assets held for public exh | ibition, education, or research in furthera | nce of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describ | oes these items. | |
| b | If the organization elected, as permitted under SFAS 116 (AS | C 958), to report in its revenue statement | and balance sheet works of art, historical |
| | treasures, or other similar assets held for public exhibition, ed | lucation, or research in furtherance of pul | blic service, provide the following amounts |
| | relating to these items: | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| | | | L . |
| 2 | If the organization received or held works of art, historical treat | asures, or other similar assets for financia | ıl gain, provide |
| | the following amounts required to be reported under SFAS 11 | 16 (ASC 958) relating to these items: | |
| а | Revenue included on Form 990, Part VIII, line 1 | | > \$ |
| b | Assets included in Form 990, Part X | | |

Schedule D (Form 990) 2017

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

| | t III Organizations Maintaining Co | ollections of Ar | | | asures, o | r Other | | | ts (continu | | - <u>-</u> |
|-----|---|-----------------------|--|----------------|---------------------|------------|-------------|---|---------------------|---------|------------|
| | Using the organization's acquisition, accession | | | | | | | | | | — |
| • | (check all that apply): | | | | | | | | | | |
| а | Public exhibition | | | | | | | | | | |
| b | Scholarly research | e | | | 90 p. 09. 0 | | | | | | |
| c | Preservation for future generations | J | | | | | | | | | _ |
| 4 | Provide a description of the organization's co | llections and explain | how th | ev further th | ne organizatio | n's exen | nnt nurno | se in Par | + XIII | | |
| 5 | During the year, did the organization solicit or | | | | | | | 50 III I UI | t Am. | | |
| Ū | to be sold to raise funds rather than to be ma | | | | | | | Г | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | | | | | 10 |
| | reported an amount on Form 990, Part | | oto ii tiio | organizatio | ii anowerea | 100 011 | 1 01111 000 | ,, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , 11110 0, 01 | | |
| | Is the organization an agent, trustee, custodia | | iary for o | contributions | s or other ass | sets not i | ncluded | | | | _ |
| | on Form 990, Part X? | | | | | | | Г | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | | | |
| - | in ree, explain the arrangement in rate will e | and complete the for | iowing a | abio. | | | | | Amount | | _ |
| С | Beginning balance | | | | | | 1c | | , unounc | | _ |
| | Additions during the year | | | | | | | | | | _ |
| e | Distributions during the year | | | | | | | | | | _ |
| f | Ending balance | | | | | | | | | | _ |
| | Did the organization include an amount on Fo | | | | | | | | Yes | | No. |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | ·y· | | 100 | Ħ. | •• |
| | t V Endowment Funds. Complete if | | | | | | 0. | | | | |
| | Somplete ii | (a) Current year | | rior year | (c) Two yea | | (d) Three y | ears hack | (e) Four | ears ha | —— |
| 1a | Beginning of year balance | | (2) | nor your | (b) Two you | I Duok | (4) 111100 | ouro buoi | (C) rour | ouro bu | <u> </u> |
| b | Contributions | | | | | | | | | | _ |
| | Net investment earnings, gains, and losses | | | | | | | | | | _ |
| d | Grants or scholarships | | | | | | | | | | _ |
| e | Other expenditures for facilities | | | | | | | | | | _ |
| C | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | _ |
| g | | | | | | | | | | | — |
| 2 | Provide the estimated percentage of the curre | ent vear end halance | line 10 | r column (a) | // pelq sc. | | | | | | — |
| a | Board designated or quasi-endowment | on year end balanet | % //////////////////////////////////// | j, column (a) | n ricia as. | | | | | | |
| b | Permanent endowment | % | _′° | | | | | | | | |
| | Temporarily restricted endowment | | | | | | | | | | |
| · | The percentages on lines 2a, 2b, and 2c shou | | | | | | | | | | |
| 32 | Are there endowment funds not in the posses | • | tion that | t are held ar | nd administer | ed for th | e organiz: | ation | | | |
| ou | by: | olori or the organiza | tion the | t are ricia ar | ia darriiriiotoi | CG 101 111 | o organiza | 20011 | Г | es N | lo |
| | (i) unrelated organizations | | | | | | | | 3a(i) | 100 1 | <u> </u> |
| | feet | | | | | | | | | | _ |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | | | _ |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | [52] | | _ |
| | t VI Land, Buildings, and Equipme | | WITHOUT I | arrao. | | | | | | | |
| | Complete if the organization answered | l "Yes" on Form 990 | . Part IV | '. line 11a. S | See Form 990 | . Part X. | line 10. | | | | |
| | Description of property | (a) Cost or o | | | or other | | ccumulate | ed | (d) Book | value | _ |
| | | basis (investr | | ` ' | (other) | | oreciation | | (, | | |
| 1a | Land | · | | 2,38 | 7,830. | | | | 2,387 | ,830 | <u> </u> |
| | Buildings | | | | 4,817. | 9.1 | L04,9 | 61. | $\frac{11,319}{11}$ | ,856 | <u>.</u> |
| c | Leasehold improvements | | | | 9,415. | , | 6,0 | 53. | | ,362 | |
| d | Equipment | I | | | 1,957. | 1,2 | 276,6 | | | ,268 | |
| | Other | | | | 2,546. | | 353,4 | | | ,142 | |
| | . Add lines 1a through 1e. (Column (d) must ed | | X. colum | | | | | | 13,835 | | |

Schedule D (Form 990) 2017

| Schedule D (Form 990) 2017 COVENANT HO | USE NEW JERSEY | Y 13-3537710 Page |
|--|----------------------------|---|
| Part VII Investments - Other Securities. | | - |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶
Part IX Other Assets.

(3) (4) (5) (6) (7) (8) (9)

| <u> </u> | | | | | |
|------------------------------|----------------|---------------|---------------|--------------|----------------------|
| Complete if the organization | angwered "Veg' | ' on Form 990 | Part IV/ line | 11d See Form | 1 990 Part X line 15 |
| | | | | | |

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. | (a) Description of liability | (b) Book value | |
|--------|--|----------------|--|
| (1) | Federal income taxes | | |
| (2) | OTHER LIABILITIES | 46,025. | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. | (Column (b) must equal Form 990, Part X, col. (B) line 25.)▶ | 46,025. | |

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

Schedule D (Form 990) 2017

| Pa | rt XI Reconciliation of Revenue per Audited Financial State | | evenue per Re | turn. | |
|------------|--|----------------------|----------------|----------|---------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | e 12a. | | | 10 664 405 |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 13,664,425. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | | | |
| а | 3 () | | | | |
| b | | | 25,000. | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | | | | 2e | 25,000. |
| 3 | Subtract line 2e from line 1 | | | 3 | 13,639,425. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1 1 | | | |
| а | , | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| С | | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial States | | | 5 | 13,639,425. |
| Ра | | | Expenses per F | Retur | n. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 11,695,513. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 1 | | | |
| а | Donated services and use of facilities | 2a | 25,000. | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | | | | 2e | 25,000. |
| 3 | Subtract line 2e from line 1 | | | 3 | 11,670,513. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1 1 | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | _ |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 | .) | | 5 | 11,670,513. |
| | rt XIII Supplemental Information. | | | | |
| | ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 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 | y additional informa | ation. | | |
| | | | | | |
| | | | | | |
| PAI | RT X, LINE 2: | | | | |
| | | | | | |
| TH1 | E ORGANIZATION RECOGNIZES THE EFFECT OF | INCOME TA | X POSITION | S O | NLY IF |
| | | | | | |
| THO | OSE POSITIONS ARE MORE LIKELY THAN NOT T | O BE SUST | AINED. MAN | AGE | MENT HAS |
| | | | | | |
| DE' | PERMINED THAT THE ORGANIZATION HAD NO UN | CERTAIN T | AX POSITIO | NS ' | THAT WOULD |
| | | - / | | _ | |
| RE(| QUIRE FINANCIAL STATEMENT RECOGNITION AN | D/OR DISC | LOSURE. TH | E | |
| | | | | | |
| ORG | GANIZATION IS NO LONGER SUBJECT TO EXAMI | NATIONS B | Y THE APPL | ICA. | BLE TAXING |
| | | | | | |
| <u>JUI</u> | RISDICTIONS FOR YEARS PRIOR TO JUNE 30, | 2015. | | | |
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SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

COVENANT HOUSE NEW JERSEY 13-3537710 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. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 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.

732081 09-13-17

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

Schedule G (Form 990 or 990-EZ) 2017

Schedule G (Form 990 or 990-EZ) 2017 COVENANT HOUSE NEW JERSEY 13-3537710 Page 2 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 NIGHT OF SLEEPOUT (add col. (a) through BROADWAY MOTHER EDITI 10 col. (c)) (total number) (event type) (event type) 1,336,270. 178,355. 519,031. 2,033,656. 1 Gross receipts 1,185,868. 178,355. 469,306. 1,833,529. 2 Less: Contributions 150,402. 49,725. Gross income (line 1 minus line 2) 200,127. 4 Cash prizes 2,259. 5 Noncash prizes 283. 2,542. Direct Expenses 108,696. 40,785. 149,481. 6 Rent/facility costs 96,922. 96,922. 7 Food and beverages 29,050. 2,943. 31,993. 8 Entertainment 36,633. 75,803. 112,436. Other direct expenses 393,374. 10 Direct expense summary. Add lines 4 through 9 in column (d) -193,247.11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2017

b If "Yes," explain:

| Sch | edule G (Form 990 or 990-EZ) 2017 COVENANT HOUSE NEW JERSEY 13-3 |) | U Page 3 | | | | | | |
|-----|---|--------------|---------------|--|--|--|--|--|--|
| 11 | Does the organization conduct gaming activities with nonmembers? | Yes | No | | | | | | |
| | 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: | | | | | | | | |
| | The organization's facility | 13a | % | | | | | | |
| | An outside facility | 13b | // | | | | | | |
| | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | 100 | /0 | | | | | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records. | | | | | | | | |
| | u N | | | | | | | | |
| | Name | | | | | | | | |
| | | | | | | | | | |
| | Address > | | | | | | | | |
| | | | | | | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | Yes | No | | | | | | |
| | | | | | | | | | |
| b | o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount | | | | | | | | |
| | of gaming revenue retained by the third party \$ | | | | | | | | |
| _ | : If "Yes," enter name and address of the third party: | | | | | | | | |
| | The state maine and address of the tillid party. | | | | | | | | |
| | u N | | | | | | | | |
| | Name | | | | | | | | |
| | | | | | | | | | |
| | Address > | | | | | | | | |
| | | | | | | | | | |
| 16 | Gaming manager information: | | | | | | | | |
| | | | | | | | | | |
| | Name | | | | | | | | |
| | | | | | | | | | |
| | Gaming manager compensation \$ | | | | | | | | |
| | | | | | | | | | |
| | Description of continuous annual sea | | | | | | | | |
| | Description of services provided | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | Director/officer Employee Independent contractor | | | | | | | | |
| | | | | | | | | | |
| 17 | Mandatory distributions: | | | | | | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | | | | | | |
| | retain the state gaming license? | Yes | ☐ No | | | | | | |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the | | | | | | | | |
| _ | organization's own exempt activities during the tax year > \$ | | | | | | | | |
| Pa | IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line | 200 0 0b 1 | 0h 15h | | | | | | |
| | | 162 9, 9D, 1 | 00, 130, | | | | | | |
| | 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | | | | | | |
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| Schedule G | G (Form 990 or 990-EZ) | COVENANT | HOUSE NEW | JERSEY | 13-3537710 | Page 4 |
|------------|--|------------------|-----------------|--------|------------|--------|
| Part IV | G (Form 990 or 990-EZ) Supplemental Infor | mation (continue | nd() | | | |
| | Cappionionia inion | (continue | (a) | | | |
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

► Attach to Form 990.

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

2017
Open to Public

Inspection

Employer identification number Name of the organization 13-3537710 COVENANT HOUSE NEW JERSEY Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2017)

| Concadic (form coo) (2017) | | | | | Tage / |
|--|---------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed. | . Complete if the | organization answe | ered "Yes" on Form 9 | 990, Part IV, line 22. | |
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | |
| FOOD, CLOTHING, MEDICAL SUPPLIES | 3100 | 0. | 288,145. | COST | FOOD, CLOTHING, MEDS |
| | | | | | |
| YOUTH RENT | 58 | 515,856. | 0. | | |
| | | | | | |
| YOUTH INCENTIVES | 80 | 10,036. | 0. | | |
| | | | | | |
| YOUTH TRAINING STIPENDS | 79 | 11,011. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

IN PURSUIT OF ITS TAX-EXEMPT MISSION OF AMELIORATING THE CONDITION OF THE

POOR AND NEEDY, COVENANT HOUSE MAY MAKE SPECIFIC GRANTS OF ASSISTANCE TO

INDIVIDUALS IN THE FORM OF FOOD AND/OR CLOTHING. AS SUCH, THERE IS NO

REQUIREMENT TO MONITOR THE USE OF THESE NON-CASH ITEMS. ALL EXPENDITURES

FOR THE GRANT HAD TO BE APPROVED BY THE PROGRAM COORDINATOR AND ASSOCIATE

DIRECTOR.

SCHEDULE J (Form 990)

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.

➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

COVENANT HOUSE NEW JERSEY

 $Employer\ identification\ number \\ 13-3537710$

| Г | art I Questions Regarding Compensation | | ., | |
|--------|--|----|-----|------|
| | | | Yes | No |
| la | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as, maid, chauffeur, chef) | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | X Compensation committee Written employment contract | | | |
| | X Independent compensation consultant X Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| • | organization or a related organization: | | | |
| а | | 4a | Х | |
| u b | Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | | Х |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| • | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | 70 | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| , | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| a | The organization? | 5a | | Х |
| h | Any related organization? | 5b | | X |
| , | If "Yes" on line 5a or 5b, describe in Part III. | 36 | | |
| | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| • | contingent on the net earnings of: | | | |
| 9 | The organization? | 6a | | Х |
| | | 6b | | X |
| IJ | Any related organization? | 60 | | - 22 |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| , | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | - | | Х |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | Λ |
| 3 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | v |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | Х |
|) | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | _ | | |
| | Heavietiene control FO 40FO G(a)O | 9 | | |

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

Schedule J (Form 990) 2017

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

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

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

| | | (B) Breakdown of | W-2 and/or 1099-MI | SC compensation | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|---------------------------------|------|--------------------------|-------------------------------------|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Derients | (6)(1)-(0) | reported as deferred on prior Form 990 |
| (1) KEVIN RYAN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| PRESIDENT/ CEO | (ii) | 225,605. | 0. | 539. | 19,213. | 35,653. | 281,010. | 0. |
| (2) JAMES WHITE | (i) | 281,172. | 0. | 0. | 23,131. | 24,336. | 328,639. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) MARY M MACDONALD | (i) | 172,335. | 0. | 490. | 25,261. | 11,099. | 209,185. | 0. |
| ASSOC EXEC DIR/TREASURER | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) BRIAN NELSON, DIR. OF SOUTH | (i) | 52,551. | 0. | 54,909. | 11,038. | 32,076. | 150,574. | 0. |
| JERSEY PROGRAMS THRU JUNE 2017 | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JILL VORNDRAN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| FORMER EXECUTIVE DIRECTOR | (ii) | 281,852. | 0. | 432. | 19,175. | 17,547. | 319,006. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 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.

PART I, LINE 4A:

PURSUANT TO THE TERMS AND CONDITIONS STIPULATED IN MR. BRIAN NELSON'S

SEPARATION AGREEMENT DATED MAY 23, 2017, COVENANT HOUSE NEW JERSEY PAID A

SEVERANCE PAYMENT TO MR. BRIAN NELSON IN THE AMOUNT OF \$54,909 IN 2017.

THE \$54,909 WAS TREATED AS TAXABLE COMPENSATION TO THE RECIPIENT ON HIS

2017 FORM W-2 AND REFLECTED ON SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

COVENANT HOUSE NEW JERSEY

Employer identification number 13-3537710

| Pai | t I Types of Property | | | | | • | | | | |
|-----|--|-------------------------------|--|--|-------------|------------|---|--------------|-----|-----|
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contri amounts report Form 990, Part VII | ted on | | (d lethod of d ash contrib | , etermin | • | s |
| 1 | Art - Works of art | | | , | , <u> </u> | | | | | |
| 2 | Art - Historical treasures | | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | | |
| 4 | Books and publications | | | | | | | | | |
| 5 | Clothing and household goods | | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | | |
| 10 | Securities - Closely held stock | | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | | |
| ••• | trust interests | | | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | | |
| | Historic structures | | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | | | | | | |
| 15 | Real estate - Residential | X | 1 | 387 | ,000. | AVG. | PRICE | PER | SOT | JAR |
| 16 | Real estate - Commercial | | | | , | | | | ~ | |
| 17 | Real estate - Other | | | | | | | | | |
| 18 | Collectibles | | | | | | | | | |
| 19 | Food inventory | | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | |
| 25 | Other () | | | | | | | | | |
| 26 | Other () | | | | | | | | | |
| 27 | Other (| | | | | | | | | |
| 28 | Other () | | | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation durino | the tax year for c | ontributions | | | | | | |
| | for which the organization completed Form 82 | | | | 29 | | | | 0 | |
| | | | | | • | | | | Yes | No |
| 30a | During the year, did the organization receive b | y contributio | n any property rep | orted in Part I, lines | s 1 throug | h 28, that | it | | | |
| | must hold for at least three years from the date | | | | | | | | | |
| | exempt purposes for the entire holding period | | | · · · · · · · · · · · · · · · · · · · | | | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that re | equires the review of | of any nonstandard | contribut | ions? | | 31 | Х | |
| 32a | Does the organization hire or use third parties | or related or | ganizations to soli | cit, process, or sell | noncash | ••• | | | | |
| | contributions? | | _ | | | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | | | |
| 33 | If the organization didn't report an amount in c | column (c) for | r a type of property | for which column | (a) is chec | ked, | | | | |
| | describe in Part II. | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

732142 09-07-17 Schedule M (Form 990) 2017

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

COVENANT HOUSE NEW JERSEY

Employer identification number 13-3537710

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

TO PROVIDE OUTREACH, CRISIS CARE AND REFERRAL SERVICES, RIGHTS OF

PASSAGES AND COMMUNITY SERVICE CENTERS TO YOUTHS IN NEW JERSEY.

FORM 990, PART III, LINE 1: COVENANT HOUSE NEW JERSEY (CHNJ) PROVIDES SHELTER AND SUPPORTIVE SERVICES TO HOMELESS AND AT-RISK YOUTH BETWEEN THE AGES OF 18-21. OUR GOAL IS TO HELP THEM OBTAIN AND MAINTAIN A POSITIVE LIVING ENVIRONMENT. WE SERVED MORE THAN 2,000 YOUNG PEOPLE; TONIGHT ALONE, WILL GIVE 164 HOMELESS YOUNG ADULTS AND 17 BABIES A SAFE AND CARING PLACE TO SLEEP. ANOTHER DOZEN WILL WALK THROUGH THE DOORS OF OUR NEWARK LOOKING FOR A WAY OFF THE AND ATLANTIC CITY CRISIS CENTERS (CSCS), STREETS. AT THE CSCS, WE PROVIDE FOOD, SHELTER, CLOTHING AND AN ARRAY IMPORTANT SERVICES TO ENCOURAGE, ENGAGE AND EMPOWER HOMELESS YOUTH TO BECOME SELF-SUFFICIENT. THESE SERVICES INCLUDE COUNSELING, CASE CAREER DEVELOPMENT, EDUCATIONAL SERVICES, LEGAL ASSISTANCE MANAGEMENT, PHYSICAL AND MENTAL HEALTH CARE, AND ASSISTANCE LOCATING AFFORDABLE HOUSING. MOST IMPORTANTLY, WE LOVE OUR KIDS UNCONDITIONALLY, PERHAPS FOR THE FIRST TIME IN THEIR LIVES.

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

IN FY18, 485 YOUTH ENROLLED IN ON-SITE JOB EDUCATIONAL PROGRAMS, 401

ENROLLED IN ON-SITE JOB READINESS AND 474 ACCESSED ON-SITE MEDICAL

SUPPORT. GIVEN THE LIFE EXPERIENCES OF THE HOMELESS YOUTH WHO FIND

THEIR WAY TO US, THESE SERVICES ARE ABSOLUTELY CRITICAL IN HELPING THEM

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number Name of the organization COVENANT HOUSE NEW JERSEY 13-3537710 ADDRESS PAST AND PRESENT TRAUMA, BUILD RESILIENCE AND MOVE TOWARD A POSITIVE AND INDEPENDENT FUTURE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: RAPHAEL'S LIFE HOUSE: OUR MOTHER AND BABIES PROGRAM IN ELIZABETH, NJ PROVIDES A SAFE HAVEN FOR TWELVE YOUNG MOTHERS AND THEIR NEWBORNS FOR A PERIOD OF UP TO ONE YEAR, WITH AN ADDITIONAL SIX MONTHS OF COMMUNITY-BASED AFTERCARE. THE PROGRAM ENABLES MOTHERS TO TAKE CARE OF THEMSELVES AND THEIR BABIES WITH DIGNITY, WHILE SHARING RESPONSIBILITIES IN A FAMILY-LIKE SETTING. THROUGH EXTENSIVE CASE PLANNING AND MANAGEMENT, THE STAFF ASSISTS EACH MOM PREPARE FOR THE CHALLENGES OF CHILDCARE AND PARENTHOOD. NANCY'S PLACE: NANCY'S PLACE IS AN 8-BED PROGRAM LOCATED IN MONTCLAIR THAT PROVIDES HOUSING AND SUPPORTIVE SERVICES TO YOUNG PEOPLE WHOSE PRIMARY REASON FOR HOMELESSNESS IS MENTAL HEALTH CHALLENGES. IN RESPONSE TO THE SPECIAL NEEDS OF THIS UNIQUE POPULATION, THE PROGRAM IS STAFFED AROUND THE CLOCK AND OFFERS THE INTENSIVE CARE THAT THESE YOUNG PEOPLE NEED TO BECOME SELF-SUFFICIENT. OUTREACH: COVENANT HOUSE NEW JERSEY (CHNJ) CONDUCTS DIRECT STREET OUTREACH AND OPERATES DROP-IN CENTERS IN ASBURY PARK, JERSEY CITY, AND CAMDEN. OUTREACH TEAMS TRAVERSE SOME OF THE ROUGHEST PARTS OF NEW JERSEY BY VAN AND ON FOOT, MEETING AT-RISK AND HOMELESS YOUTH ON THEIR OWN TURF IN ORDER TO CONNECT THEM TO FOOD, SHELTER, AND SUPPORTIVE SERVICES. THE

DROP-IN CENTERS NOT ONLY ACT AS HUBS FOR STREET OUTREACH OPERATIONS,

Name of the organization **Employer identification number** COVENANT HOUSE NEW JERSEY 13-3537710 BUT ALSO ALLOW OUTREACH STAFF TO OFFER CASE MANAGEMENT AND SERVICES, INCLUDING VOCATIONAL SUPPORT AND EDUCATIONAL TUTORING. IN FY18, OUR OUTREACH TEAMS TOUCHED THE LIVES OF OVER 2,700 HOMELESS, AT-RISK, AND TRAFFICKED YOUTH, LINKING THEM TO SHELTER AND HELPING TO MOVE THEM TO A POSITIVE LIVING ENVIRONMENT. BEHAVIORAL HEALTH SERVICES: THE ORGANIZATION PROVIDES YOUTH WITH ON-SITE COUNSELING BY LICENSED CLINICAL SOCIAL WORKERS TO HELP ADDRESS PAST TRAUMA AND EQUIP THEM WITH COPING MECHANISMS AND TOOLS NECESSARY TO MOVE FORWARD WITH HEALTHY AND PRODUCTIVE LIVES. EXTERNAL REFERRALS ARE PROVIDED FOR YOUNG PEOPLE REQUIRING A HIGHER LEVEL OF CARE OR MORE SPECIALIZED SERVICES THAN AVAILABLE IN-HOUSE. PROGRAM DEVELOPMENT: DEVELOPMENT SERVICES ARE THE COSTS RELATED TO DEVELOPING AND SUSTAINING NEW AND EXISTING PROGRAMS, INCLUDING RELATED FUNDING SOURCES. SUPPORTIVE APARTMENT LIVING: THE SUPPORTIVE APARTMENT PROGRAM PROVIDES HOUSING OPPORTUNITIES TO YOUTH WHO HAVE DEMONSTRATED THE ABILITY TO LIVE INDEPENDENTLY AND REQUIRE MINIMAL SUPPORT. THE ORGANIZATION OWNS THE APARTMENTS, BUT DOES NOT PROVIDE ON-SITE SUPERVISION. PROGRAM YOUTH RECEIVE CASE MANAGEMENT AND OTHER SUPPORTIVE SERVICES THROUGHOUT THEIR TENANCY.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE CORPORATE MEMBER OF COVENANT HOUSE NEW JERSEY IS ITS PARENT

EXPENSES \$ 3,322,842. INCLUDING GRANTS OF \$ 84,347. REVENUE \$ 0.

Name of the organization COVENANT HOUSE NEW JERSEY

Employer identification number 13-3537710

ORGANIZATION, COVENANT HOUSE, D/B/A COVENANT HOUSE INTERNATIONAL.

FORM 990, PART VI, SECTION A, LINE 7A:

COVENANT HOUSE NEW JERSEY (CHNJ) PARENT ORGANIZATION, COVENANT HOUSE

INTERNATIONAL HAS THE RIGHT TO ELECT OR APPOINT BOARD OF DIRECTORS OF CHNJ.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING DECISIONS FOR THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY

CHNJ PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL - AMENDMENT OR

REPEAL OF THE BY-LAWS, INCREASE OR DECREASE IN THE NUMBER OF BOARD OF

DIRECTORS AND APPOINT/REMOVE MEMBERS OF THE BOARD AND THE OFFICERS.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUNCTION
WITH THE ORGANIZATION'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY THE
PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL, AND THE DIRECTOR OF
FINANCE OF THE ORGANIZATION. THE DIRECTOR OF FINANCE REVIEWS THE DRAFT AND
FORWARDS IT TO THE EXECUTIVE DIRECTOR FOR FINAL REVIEW. THE FINAL COPY OF
THE FORM 990 IS ELECTRONICALLY PROVIDED TO EACH MEMBER OF THE GOVERNING
BODY PRIOR TO FILING. THE ORGANIZATION REQUESTS THAT EVERY DIRECTOR REVIEW
THE FORM 990 FOR ACCURACY AND COMPLETENESS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATION OF THE CONFLICT
OF INTEREST POLICY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE
DISCLOSURE STATEMENT REQUIRED EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE TO
DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS, DIRECT OR INDIRECT, THAT THE
PERSON MAY HAVE IN AN ORGANIZATION THAT COMPLETES WITH OR DOES BUSINESS

Name of the organization

Employer identification number

13-3537710 COVENANT HOUSE NEW JERSEY 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

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE COMPENSATION

COMMITTEE WORKING IN CONJUNCTION WITH THE PRESIDENT OF COVENANT HOUSE

INTERNATIONAL (PARENT). A SALARY STRUCTURE AND RANGE WERE DETERMINED USING

A COMPENSATION COMMITTEE AND INDEPENDENT CONSULTANT FOR THE EXECUTIVE

DIRECTOR. FACTORS CONSIDERED WERE THE SIZE OF THE AGENCY BUDGET, PROGRAM

SIZE AND COMPLEXITY, LOCAL MARKET COMPATIBILITY, AND THE COST OF LIVING,

WITH COMPENSATION APPROVED BY THE CHNJ BOARD OF DIRECTORS.

COMPENSATION IS SET FOR KEY EMPLOYEES AND OTHER OFFICERS BASED ON FINANCIAL

TO THEM.

Name of the organization COVENANT HOUSE NEW JERSEY

STABILITY OF THE ORGANIZATION. ANNUAL INCREASES OF 3% ARE GRANTED TO

EMPLOYEES IN GOOD STANDING AS OF JULY 1ST. THESE INCREASES ARE APPROVED BY

THE BOARD AND DOCUMENTED IN THE BOARD MINUTES.

RECORDS OF EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED IN

THE COVENANT HOUSE INTERNATIONAL (PARENT) HUMAN RESOURCES DEPARTMENT

RECORD. THIS PROCESS WAS LAST UNDERTAKEN IN FISCAL YEAR 2018.

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

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ITS WEBSITE, WWW.COVENANTHOUSENJ.ORG. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 330 WASHINGTON STREET, NEWARK, NJ 07102-2630.

FORM 990, PART VIII, LINE 1D:

COVENANT HOUSE INTERNATIONAL (PARENT) PROVIDES FINANCIAL SUPPORT AS

WELL AS MANAGEMENT AND ORGANIZATIONAL SUPPORT FOR ITS AFFILIATED

ORGANIZATIONS. THE PARENT CONDUCTS FUNDRAISING ACTIVITIES FOR ITS OWN

PROGRAMS AND THE PROGRAMS OF THE AFFILIATES INCLUDING THE SLEEP OUT

EVENT. THE PARENT COLLECTS THE FUNDS FROM THE SLEEP OUT EVENT THAT

EACH AFFILIATE HOLDS IN THEIR CITY ONLINE THROUGH SOFTWARE THAT THEY

MANAGE/OPERATE. THE FUNDS ARE THEN DISBURSED TO EACH AFFILIATE THAT

RAISED THE FUNDS THROUGH A GRANT FROM THE PARENT. THE PARENT COMBINES

CONTRIBUTIONS RECEIVED FROM INDIVIDUALS, CORPORATIONS AND FOUNDATIONS,

THE SLEEP OUT EVENT, PLUS A PARENT SUBSIDY AND APPROPRIATES FUNDS

CLASSIFIED AS "BRANDING DOLLARS" TO EACH COVENANT HOUSE AFFILIATE. THE

PARENT REPORTS THE SLEEP OUT EVENT IN SCHEDULE G, PART II OF THEIR FORM

990. THE FILING ORGANIZATION REPORTS THE SLEEP OUT EVENT INCOME ON

Schedule O (Form 990 or 990-EZ) (2017)

| Name of the organization COVENANT HOUSE NEW JERSEY | Employer identification number 13-3537710 |
|--|---|
| PART VIII, LINE 1D AS A CONTRIBUTION FROM A RELATED ORGAN | NIZATION. |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND E | ESTABLISHING A |
| COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE | HE AUDIT HAS |
| NOT CHANGED FROM PRIOR YEARS. | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| COVENANT HOU | SE NEW JERSEY | | | | | 13-35377 | 10 | |
|---|---|-----------------------------------|----------------------|--------------------|-----------|------------------|------------|-----------------------------------|
| Part I Identification of Disregarded Entities. Com | nplete if the organization answered " | Yes" on Form 990, Part IV, line 3 | 3. | | | | | |
| (a) | (b) | (c) | (d) | (e) | | (| (f) | |
| Name, address, and EIN (if applicable) | Primary activity | Legal domicile (state of | or Total inco | me End-of-yea | r assets | Direct c | ontrolling | 9 |
| of disregarded entity | | foreign country) | | | | er | ntity | |
| | | | | | | | | |
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| Part II Identification of Related Tax-Exempt Organ organizations during the tax year. | nizations. Complete if the organization | tion answered "Yes" on Form 990 | 0, Part IV, line 34, | because it had one | or more r | related tax-exer | mpt | |
| (a) | (b) | (c) | (d) | (e) | Τ | (f) | (| a) |
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direc | t controlling | | g) 512(b)(13) rolled |
| of related organization | , | foreign country) | section | status (if section | 1 | entity | | ity? |
| • | | .c.o.g., coaa.y, | | 501(c)(3)) | | • | Yes | No |
| COVENANT HOUSE - 13-2725416 | | | | | | | 1.55 | |
| 5 PENN PLAZA | | | | | | | | |
| NEW YORK, NY 10001 | HUMANITARIAN | NEW YORK | 501(C)3 | LINE 7 | N/A | | | Х |
| COVENANT HOUSE ALASKA - 13-3419755 | | | | | | | | |
| 755 A STREET | | | | | | | | |
| ANCHORAGE, AK 99501 | HUMANITARIAN | ALASKA | 501(C)3 | LINE 7 | COVENAN | T HOUSE | | Х |
| COVENANT HOUSE CALIFORNIA - 13-3391210 | | | | | | | | |
| 1325 NORTH WESTERN AVENUE | | | | | | | | |
| HOLLYWOOD, CA 90027 | HUMANITARIAN | CALIFORNIA | 501(C)3 | LINE 7 | COVENAN | T HOUSE | | Х |
| COVENANT HOUSE FLORIDA - 59-2323607 | | | | | 1 | | | |
| 733 BREAKERS AVENUE | | | | | | | | |

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

HUMANITARIAN

Schedule R (Form 990) 2017

COVENANT HOUSE

FORT LAUDERDALE, FL 33304

FLORIDA

501(C)3

LINE 7

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN | (b) Primary activity | (c) Legal domicile (state or | (d) Exempt Code | (e) Public charity | (f) Direct controlling | contr | g) 512(b)(13) rolled |
|--|----------------------|------------------------------|--------------------|-------------------------------|------------------------|-------|-----------------------------------|
| of related organization | | foreign country) | section | status (if section 501(c)(3)) | entity | | zation? |
| COVENANT HOUSE GEORGIA - 13-3523561 | | | | 33.(3)(3)) | | Yes | No |
| 1559 JOHNSON ROAD NW | _ | | | | | | |
| ATLANTA, GA 30318 | HUMANITARIAN | GEORGIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |
| COVENANT HOUSE ILLINOIS - 81-2061485 | | | | | | | |
| 30 WEST CHICAGO AVENUE, 5TH FLOOR | | | | | | | |
| CHICAGO, IL 60654 | ─ HUMANITARIAN | ILLINOIS | 501(C)3 | LINE 7 | COVENANT HOUSE | | х |
| COVENANT HOUSE MICHIGAN - 38-3351777 | | | | | | | |
| 2959 MARTIN LUTHER KING JR BLVD | | | | | | | |
| DETROIT, MI 48208 | ─ HUMANITARIAN | MICHIGAN | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |
| COVENANT HOUSE MISSOURI - 43-1821599 | | | | | | | |
| 2727 NORTH KINGSHIGHWAY BLVD | | | | | | | |
| ST. LOUIS, MO 63113 | | MISSOURI | 501(C)3 | LINE 7 | COVENANT HOUSE | | х |
| COVENANT HOUSE NEW ORLEANS - 58-1669937 | | | | | | | |
| 611 NORTH RAMPART STREET | | | | | | | |
| NEW ORLEANS, LA 70112 | | LOUISIANA | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |
| COVENANT HOUSE PENNSYLVANIA - 23-3003176 | | | | | | | |
| 31 EAST ARMAT STREET | | | | | | | |
| PHILADELPHIA, PA 19144 | HUMANITARIAN | PENNSYLVANIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |
| COVENANT HOUSE TEXAS - 76-0050882 | | | | | | | |
| 1111 LOVETT BLVD | | | | | | | |
| HOUSTON, TX 77006 | HUMANITARIAN | TEXAS | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |
| COVENANT HOUSE WASHINGTON - 13-3537709 | | | | | | | |
| 2001 MISSISSIPPI AVENUE SE | | | | | | | |
| WASHINGTON, DC 20020 | HUMANITARIAN | DISTRICT OF COLUMBIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |
| COVENANT HOUSE WESTERN AVENUE - 95-4395845 | | | | | | | |
| 1325 N WESTERN AVENUE | | | | | | | |
| HOLLYWOOD, CA 90027 | HOLDING CO | CALIFORNIA | 501(C)3 | LINE 12A, I | COVENANT HOUSE | | Х |
| COVENANT INTERNATIONAL FOUNDATION - | | | | | | | |
| 13-3124706, 5 PENN PLAZA, NEW YORK, NY | | | | | | | |
| 10001 | HOLDING CO | DELAWARE | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |
| TESTAMENTUM - 23-7326634 | | | | | | | |
| 5 PENN PLAZA | | | | | | | |
| NEW YORK, NY 10001 | HOLDING CO | NEW YORK | 501(C)3 | LINE 10 | COVENANT HOUSE | | Х |
| UNDER 21 COVENANT HOUSE NEW YORK - | | | | | | | |
| 13-3076376, 550 10TH AVENUE, NEW YORK, NY | | | | | | | |
| 10018 | HUMANITARIAN | NEW YORK | 501(C)3 | LINE 7 | COVENANT HOUSE | | Х |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) | (b) | (c) | (d) | (e) | (f) | Section (| g) 512(b)(13) |
|--|----------------------|--------------------------|-------------|--------------------|--------------------|-----------|-------------------------|
| Name, address, and EIN | Primary activity | Legal domicile (state or | Exempt Code | Public charity | Direct controlling | contr | rolled |
| of related organization | | foreign country) | section | status (if section | entity | organiz | zation? |
| GOVERNAME MONGE GOVERNMENT 12 2220052 | | | | 501(c)(3)) | | Yes | No |
| COVENANT HOUSE CONNECTICUT - 13-3330953 | 4 | | | | | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | _ | | | | | | |
| NEW YORK, NY 10001 | HUMANITARIAN | CONNECTICUT | 501(C)3 | LINE 7 | COVENANT HOUSE | - | X |
| COVENANT HOUSE CHICAGO - 13-3386635 | 4 | | | | | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | | | | | | | |
| NEW YORK, NY 10001 | HUMANITARIAN | ILLINOIS | 501(C)3 | PF | COVENANT HOUSE | | X |
| 268 WEST 44TH CORPORATION - 13-2874450 | | | | | | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | | | | | | | |
| NEW YORK, NY 10001 | HOLDING CO | NEW YORK | 501(C)2 | | COVENANT HOUSE | | X |
| RIGHTS OF PASSAGE INC - 13-3549405 | | | | | | | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | | | | | | | |
| NEW YORK, NY 10001 | HUMANITARIAN | DELAWARE | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| UNDER 21 BOSTON INC - 04-2790593 | | | | | | T | |
| C/O COVENANT HOUSE, 5 PENN PLAZA | 7 | | | | | | |
| NEW YORK, NY 10001 | HUMANITARIAN | MASSACHUSETTS | 501(C)3 | LINE 12A, I | COVENANT HOUSE | | Х |
| COVENANT HOUSE TORONTO | | | | | | | |
| 20 GERRARD STREET EAST | 1 | | | | | | |
| TORONTO, CANADA, CANADA M5B 2P3 | HUMANITARIAN | CANADA | | | COVENANT HOUSE | | Х |
| COVENANT HOUSE VANCOUVER | | | | | | | |
| 575 DRAKE STREET | 1 | | | | | | |
| VANCOUVER, CANADA, CANADA V6B 4K8 | ⊣ HUMANITARIAN | CANADA | | | COVENANT HOUSE | | Х |
| ASOCIACION LA ALIANZA GUATEMALA | | | | | | | |
| 13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL | 1 | | | | | | |
| MIXCO, GUATEMALA, GUATEMALA | HUMANITARIAN | GUATEMALA | | | COVENANT HOUSE | | х |
| CASA ALIANZA DE HONDURAS | | | | | | | |
| CORNER OF ARDA CERVANTES Y MORELOS | 1 | | | | | | |
| TEGUCIGALPA, HONDURAS, HONDURAS | - HUMANITARIAN | HONDURAS | | | COVENANT HOUSE | | х |
| CASA ALIANZA NICARAGUA | | | | | | 1 | |
| EDIFFICIO CONRAD N HILTON COSTADO ESTE DEL M | 1 | | | | | | |
| MANAGUA, NICARAGUA, NICARAGUA | - HUMANITARIAN | NICARAGUA | | | COVENANT HOUSE | | Х |
| FUNDACION CASA ALIANZA MEXICO IAP | | | | | | + | |
| PLAZA DE LAS FUENTES 116 COL | † | | | | | | |
| MEXICO DF, MEXICO, MEXICO | _ HUMANITARIAN | MEXICO | | | COVENANT HOUSE | | Х |
| CASA ALIANZA INTERNACIONAL | Protest Tructum | III/III | | | COVERNIAL HOOSE | + | - 21 |
| C/O COVENANT HOUSE, 5 PENN PLAZA | - | | | | | | |
| , | LIIMANITTARIAN | COGMA DICA | | | COMENIAND HOUGE | | х |
| NEW YORK, NY 10001 | HUMANITARIAN | COSTA RICA | 1 | | COVENANT HOUSE | | _ A |

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section | (f) Direct controlling entity | cont organi | g) 512(b)(13) trolled ization? |
|--|----------------------|---|-------------------------------|---------------------------------------|-------------------------------|----------------|--|
| | | | | 501(c)(3)) | | Yes | No |
| CH PENNSYLVANIA UNDER-21 HOLDINGS, INC | _ | | | | | | |
| 82-1519205, 31 EAST ARMAT STREET, | _ | | | | COVENANT HOUSE | | l |
| PHILADELPHIA, PA 19144 | HOLDING CO | PENNSYLVANIA | 501(C)3 | LINE 12B, II | PENNSYLVANIA | | X |
| YOUTH VISION SOLUTIONS - 27-1855040 | _ | | | | | | |
| 2959 MARTIN LUTHER KING JR BLVD | | | | | COVENANT HOUSE | | |
| DETROIT, MI 48208 | SCHOOL MGMT | MICHIGAN | 501(C)3 | LINE 7 | MICHIGAN | | Х |
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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) | (b) | (c) | (d) | (e) | (f) | (g) | (I | h) | (i) | (j) | (k) |
|--|------------------|---|---------------------------|--|-----------------------|-----------------------------------|-----|---------------------|---|------------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Share of total income | Share of end-of-year assets | I | ortionate tions? | Code V-UBI amount in box 20 of Schedule | General of managing partner? | Percentage ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes No | |
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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 | | tion b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------|---|--|--|--------------------------------|-----|-----------------------------------|
| | | country | | | | | | Yes | No |
| | | | | | | | | | |
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1a

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

Yes No

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

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

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

| b | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | |
|--------|---|------------------|---------------------------------|--|------------|--------|----------|
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Х | |
| d | Loans or loan guarantees to or for related organization(s) | | | | 1d | | <u>X</u> |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | <u>X</u> |
| | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | _X_ |
| g | Sale of assets to related organization(s) | | | | 1g | | _X_ |
| h | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | _X_ |
| | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | <u>X</u> |
| | Performance of services or membership or fundraising solicitations for related organizations | | | | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organization | tion(s) | | | 1m | X | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | s) | | | 1n | | _X_ |
| 0 | Sharing of paid employees with related organization(s) | | | | 10 | X | |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1 p | Х | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | <u>X</u> |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | <u>X</u> |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | <u>X</u> |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who me | must complete th | is line, including covered rela | ationships and transaction thresholds. | | | |
| | (a) | (b) | (c) | (d) | | | |
| | (a) Name of related organization | Transaction | Amount involved | Method of determining amount inv | olved | | |
| | | type (a-s) | | | | | |
| | | | | | | | |
| (1) | | | | | | | |
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| (2) | | | | | | | |
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| (6) | | | | | | | |
| 732163 | 3 09-11-17 | | | Schedule | R (Forr | n 990) | 2017 |

Page 4

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) | Are all partners sec 501(c)(3) orgs.? | (g) Share of end-of-year assets | Dispretion allocat | opor- late tions? | General manage partne | (k) Percentage ownership |
|--|-------------------------|---|---|---------------------------------------|--|--------------------|-------------------------|-----------------------|--------------------------|
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