			PUBLIC DISCLOSURE COPY Return of Organization Exempt Fro		ncome Tax	OMB No. 1545-0047
F ar	_ Q	90				0000
For		JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod Do not enter social security numbers on this form as it m			
		of the Treasury	Go to www.irs.gov/Form990 for instructions and the la	-		Open to Public Inspection
		enue Service e 2022 calend	lar year, or tax year beginning JUL 1, 2022 and endi		UN 30, 2023	mopeetion
_	Check if		f organization		D Employer identifie	
	pplicab	le:	rorganization			
	Addre	ess COVE	NANT HOUSE NEW JERSEY INC.			
	Name		usiness as		13-35377	10
	Initial	Number	r and street (or P.O. box if mail is not delivered to street address) Roor	m/suite	E Telephone numbe	r
	Final		WASHINGTON STREET		973-286-	
_	termin ated	City or t	cown, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	16,170,302.
	Amen return Applio	INEWA	RK, NJ 07102		H(a) Is this a group re	
	tion pendi		nd address of principal officer: JULIA EINBOND		for subordinates	
			AS C ABOVE		H(b) Are all subordinates in	
		empt status: [X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or COVENANTHOUSENJ.ORG	527	,	list. See instructions
	Nebsi			I Voor o	H(c) Group exemption	I State of legal domicile: NJ
	art I	Summary				I State of legal dofficile. INO
	1		be the organization's mission or most significant activities: ${f SEE}$ ${f SCE}$	HEDUI	LE O	
ce	·	Briefly desorts	\underline{r}			
nar	2	Check this bo	x if the organization discontinued its operations or disposed o	of more t	than 25% of its net ass	ets.
Governance	3	Number of vo	ting members of the governing body (Part VI, line 1a)			18
	4	Number of ind	dependent voting members of the governing body (Part VI, line 1b)			18
es 8	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	183
Activities &	6		of volunteers (estimate if necessary)			334
Acti			d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
		o			Prior Year 15,755,404.	Current Year
an	8		and grants (Part VIII, line 1h)		1,965.	30,973.
Revenue	9 10	•	ice revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		551,337.	59,513.
Re			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-292,357.	-301,956.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,016,349.	14,566,819.
			milar amounts paid (Part IX, column (A), lines 1-3)		1,106,468.	1,542,932.
	14		to or for members (Part IX, column (A), line 4)		0.	0.
s	15	-	r compensation, employee benefits (Part IX, column (A), lines 5-10)		9,692,562.	10,442,057.
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 1,555,702.	•		
ш	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		3,084,239.	3,346,416.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,883,269.	15,331,405.
	19	Revenue less	expenses. Subtract line 18 from line 12		2,133,080.	-764,586.
t Assets or d Balances				-	jinning of Current Year	End of Year
sset Rala	20	Total assets (I			22,510,096. 5,192,895.	<u>21,686,486.</u> 4,938,842.
Net A			s (Part X, line 26)		17,317,201.	16,747,644.
	art II	Signatur	fund balances. Subtract line 21 from line 20		±/,J±/,ZU±•	10,/4/,044.
		-	I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the best of my	knowledge and helief it is
			. Declaration of preparer (other than officer) is based on all information of which p			

1100,001100		or / to bacoa on an internitation of which propa	of hac any hite the age.
Sign Here	Signature of officer JULIA EINBOND, EXECUTIVE Type or print name and title	DIRECTOR	Date
Paid	Print/Type preparer's name MELISSA MODELSON	Preparer's signature MELISSA MODELSON	Date Check PTIN if self-employed P01603524
Preparer	Firm's name PKF O'CONNOR DAVI	ES ADVISORY, LLC	Firm's EIN 87-3231666
Use Only	Firm's address 500 MAMARONECK AV		
	HARRISON, NY 1052	8-1633	Phone no. 914 - 381 - 8900
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.	Form 990 (2022)

1	Check if Schedule O contains a response or note to any line in this Part III
	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? Yes X No.
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$3,755,665. including grants of \$187,327.) (Revenue \$973.
та	SHORT-TERM HOUSING AND CRISIS CARE (FORMERLY EMERGENCY SHELTER AND
	CRISIS CARE):
	COVENANT HOUSE NEW JERSEY WELCOMES ALL YOUNG PEOPLE FACING HOMELESSNESS WITH UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS SUPPORT, AS
	OUR SHELTER DOORS ARE ALWAYS OPEN, 24/7. CHNJ PROVIDES HIGH-QUALITY
	SERVICES AND PROGRAMS TO MEET THOSE NEEDS, STABILIZING A YOUNG PERSON'S
	SITUATION, AND HELPING THEM BEGIN TO CONSIDER THEIR LONGER-TERM GOALS
	FOR EDUCATION, EMPLOYMENT, AND CAREER PLANNING. WE ARE EXPERTLY
	EQUIPPED TO RESPOND TO THE UNIQUE NEEDS OF YOUNG SURVIVORS OF HUMAN
	TRAFFICKING, THOSE WHO IDENTIFY AS LGBTQ, AND THOSE WHO ARE PREGNANT OR
	PARENTING. IN FY 2023, WE PROVIDE EMERGENCY SHELTER FOR 402 YOUTH IN
4b	(Code:) (Expenses \$3, 115, 850. including grants of \$982, 319.) (Revenue \$0.
	RIGHTS OF PASSAGE (ROP):
	COVENANT HOUSE NEW JERSEY'S TRANSITIONAL LIVING PROGRAMS, OFTEN
	REFERRED TO AS "RIGHTS" OR ROP, ARE WHERE YOUNG MEN AND WOMEN TAKE
	THEIR BOLDEST STEPS TOWARD INDEPENDENCE. YOUTH PLAN TO LIVE IN ROP FOR
	18-24 MONTHS, WHERE THEY TAP THEIR POTENTIAL AND PLAN FOR THE FUTURE.
	HERE THEY BUILD BASIC LIFE SKILLS AND FINANCIAL LITERACY, PARTICIPATE
	IN EDUCATIONAL AND VOCATIONAL PROGRAMS, SEEK EMPLOYMENT WITH LONG-TERM ADVANCEMENT AND CAREER PROSPECTS, WHILE WORKING TOWARD MOVING INTO
	THEIR OWN SAFE AND STABLE HOUSING. OUR STAFF SUPPORT EACH YOUNG PERSON
	ON THEIR JOURNEY TOWARD SUSTAINABLE INDEPENDENCE AND A HOPE-FILLED
	FUTURE. IN FISCAL YEAR 2023, 92 YOUNG PEOPLE WERE ASSISTED THROUGH OUR
4c	(Code:) (Expenses \$1, 877, 550 • including grants of \$92, 281 •) (Revenue \$0 •
	DROP-IN SERVICES (FORMERLY THE COMMUNITY SERVICE CENTER):
	THE NEWARK AND ATLANTIC CITY YOUTH ENGAGEMENT CENTERS (YEC) ARE THE
	CORE OF OUR SERVICE PROVISION IN NORTH AND SOUTH JERSEY. THERE, WE
	PROVIDE AN ARRAY OF IMPORTANT SUPPORTIVE SERVICES TO RESIDENTS AND
	NON-RESIDENTIAL CLIENTS 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 ALL WITH
	A FOCUS ON RESILIENCY.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 4,198,014. including grants of \$ 281,005.) (Revenue \$ 30,000.)
10	Total program service expenses 12,947,079.
TC	Form 990 (202

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rm	990	(2022)	

Form 990 (2022) COVENANT HOUSE NEW JERSEY INC.
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? See instructions	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? 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		Х
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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			77
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	х	
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	~~	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14d		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	עדי		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
10	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,	10		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
232003	12-13-22	Form	990	(2022)

232003 12-13-22

Form	990	(2022)
	330	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
I -	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
U		24c		
h	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.14		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			- v
L.	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV 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	25		
00	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 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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	07		- v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa		00	- 23	L
	Check if Schedule O contains a response or note to any line in this Part V			\square
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 43			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	\$ 12-13-22	Form	990	(2022)

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Form	990 (2022) COVENANT HOUSE NEW JERSEY INC.		13-3537	710	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	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	2a	183			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns? .		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			<u></u>
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ICCOUI	nt)?	4a		X
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 A	ccour	nts (FBAR).			37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter tax she			5b		X X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		├──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			0		x
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
a	If "Yes," did the organization include with every solicitation an express statement that such contributi		-	Ch.		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			6b		
7			arovidad to the pavor?	7a	х	
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b	X	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	70		<u> </u>
C	to file Form 8282?			7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	7d	1	10		<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		•	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri-			7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
		-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	1			
~	organization is licensed to issue qualified health plans	13D				
	Enter the amount of reserves on hand		•	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14a 14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			עדי		<u> </u>
10	excess parachute payment(s) during the year?			15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		x
	If "Yes," complete Form 4720, Schedule O.		···-·			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		1
_	If "Yes," complete Form 6069.					
232005	12-13-22			Form	990	(2022)
	F					

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21580514 756359 1176300.507 2022.05090 COVENANT HOUSE NEW JERSEY 11763001

Form	990	(2022)

COVENANT HOUSE NEW JERSEY INC.

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1 0111 0 0 0				i ugo
Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b	elow,	and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruct			
	Check if Schedule O contains a response or note to any line in this Part VI			Χ

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

If ther body of c Enter Did a office J Did tr of offf J Did tr 5 Did tr 6 Did tr 7 Did tr 7 Did tr 7 Did tr 7 Did tr 6 Did tr 7 Did tr 8 Did tr 8 Did tr 9 Is the organ Section I 10 Did tr b Each 9 Is the organ Section I 10 Did tr b Uesco 12 Did tr b Uesco 12 Did tr b Uesco 12 Did tr b Uesco 13 Did tr b Uesco 14 Did tr 15 Did tr 14 Did tr	In the number of voting members of the governing body at the end of the tax year Ina		X X X X	
body of b Enter 2 Did a office 3 Did th of offf 4 Did th 5 Did th 6 Did th 7 Did th 6 Did th 7 Did th 6 Did th 7 Did th 8 Did th 9 Is the organ 5 Organ 5 Or	delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 1b 18 inv officer, director, trustee, or key employee have a family relationship or a business relationship with any other inv officer, director, trustee, or key employee? 18 he organization delegate control over management duties customarily performed by or under the direct supervision icers, directors, trustees, or key employees to a management company or other person? 18 he organization make any significant changes to its governing documents since the prior Form 990 was filed? 18 he organization become aware during the year of a significant diversion of the organization's assets? 18 he organization have members, stockholders, or other persons who had the power to elect or appoint one or 19 he organization have members, stockholders, or other persons who had the power to elect or appoint one or 19 inv governing body? 10 10 inv governing body? 10 10 committee with authority to act on behalf of the governing body? 10 10 committee with authority to act on behalf of the governing body? 10 10 committee with authority to act on behalf of the names and addresses on Schedule O 10 10 B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	2 3 4 5 6 7a 7b 8a 8b 9	X X X X	
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 b Are a perso 8 Did th a The g b Each 9 Is the organ 6 Contained 6 Did th b If "Ye and b 11a Has t b Desco 11a Has t b Desco 11a Did th b Were c Did th on Sc 13 Did th 14 Did th 15 Did th perso a The c 	any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or ons other than the governing body?	7b 8a 8b 9	X X X	x
 a perso 8 Did th a The g b Each 9 Is the organ 6 Contained 10a Did th b If "Yea and b 11a Has t b Desco 11a Has t b Desco 12a Did th b Were c c Did th on Sc 13 Did th 14 Did th 15 Did th perso a The c 	bons other than the governing body? the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: governing body? committee with authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing body? the authority to act on behalf of the governing the activities of such chapters, affiliates, authority to act on behalf of the governing the activities of such chapters, affiliates,	8a 8b 9	X X	x
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 b Each 9 Is the organ 6 Ction I 10a Did th b If "Ye and b 11a Has t b Descuite 12a Did th b Were c c Did th on Scatte 13 Did th 14 Did th 15 Did th persona a The c 	committee with authority to act on behalf of the governing body? ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	8b 9	X	x
9 Is the organ Section I b If "Ye and b If "Ye and b If a Has t b Desce 12 Did th b Were c Did th on Sc 13 Did th 14 Did th 15 Did th person a The c	ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the nization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	9		x
orgar Section I IOa Did th b If "Ye and b I1a Has t b Desce 12a Did th b Were c Did th 0 Or Sc 13 Did th 14 Did th 15 Did th person a The c	hization's mailing address? If "Yes," provide the names and addresses on Schedule O B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Vaa	x
Section I 10a Did th b If "Ye and b 11a Has t b Desc 12a Did th b Were c Did th 0 O Sc 13 Did th 14 Did th 15 Did th person a The c	B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) the organization have local chapters, branches, or affiliates? es," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		Vee	_ A
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b If "Ye and b and b and b 11a Hast t b Desca 12a Did th b Were c Did th on Sc 13 14 Did th 15 Did th person a	es," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a	Yes	No
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 Has t Description Did the best of the constraint of the c	pranches to ensure their operations are consistent with the organization's exempt purposes?			
 b Description 12a Did the description b Were description c Did the description a Did the description a The description 		10b		
12aDid thbWerecDid thon Sc13Did th14Did th15Did thpersonaThe c	the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
12aDid thbWerecDid thon Sc13Did th14Did th15Did thpersonaThe c	ribe on Schedule O the process, if any, used by the organization to review this Form 990.			
 b Were c Did th on Sc 13 Did th 14 Did th 15 Did th perso a The c 	he organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
c Did th on Sc 13 Did th 14 Did th 15 Did th persc a The c	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
on Sc 13 Did th 14 Did th 15 Did th perso a The c		120	23	
 13 Did th 14 Did th 15 Did th perso a The c 	he organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
14 Did th 15 Did th perso a The c	chedule O how this was done	12c	X	
15 Did th perso a The c	he organization have a written whistleblower policy?	13	X	—
perso a The c	he organization have a written document retention and destruction policy?	14	X	
a The c	he process for determining compensation of the following persons include a review and approval by independent			
	ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	organization's CEO, Executive Director, or top management official	15a	Х	
	r officers or key employees of the organization	15b	Х	
	es" to line 15a or 15b, describe the process on Schedule O. See instructions.			
	he organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
taxab	ble entity during the year?	16a		X
	es," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
in joir	nt venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	npt status with respect to such arrangements?	16b		
ection (C. Disclosure			
17 List th	he states with which a copy of this Form 990 is required to be filed <u>NJ</u>			
18 Section	on 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
.	ublic inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
	ribe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	rial	
			Jial	
	ments available to the public during the tax year.			
	the name, address, and telephone number of the person who possesses the organization's books and records			
330	NJURUL HUDA, DIRECTOR OF FINANCE - 973-286-3406			
32006 12-13-			9 90	(202

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid. • List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week			uau		i/i us	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	al trus		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	Individual trustee or director	Institutional trustee	ž	Key employee	est co oyee	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			C C
(1) JAMES WHITE	35.00									
EXECUTIVE DIRECTOR	0.00			Х				309,180.	0.	50,447.
(2) WILLIAM BEDROSSIAN	1.00									
PRESIDENT & CEO AS OF FEB 2023	34.00			Х				0.	297,629.	37,308.
(3) MARY M. MACDONALD	35.00									
ASSOC EXEC DIR/TREASURER	0.00			Х				201,754.	0.	33,985.
(4) DAVID HALL	35.00									
DIR. OF NORTH JERSEY PROGRAM	0.00					X		166,882.	0.	19,557.
(5) JULIA EINBOND	35.00									
ASSOCIATE DIRECTOR, CHART	0.00					X		144,955.	0.	34,392.
(6) JANETTE SCROZZO	35.00									
SR. DEVELOPMENT DIRECTOR	0.00					X		133,080.	0.	24,858.
(7) TEQUILA BROOKS	35.00									
HUMAN RESOURCE DIRECTOR	0.00					X		109,924.	0.	31,290.
(8) JENNIFER WILLIAMS	35.00									
SENIOR DEVELOP. DIRECTOR	0.00					X		112,067.	0.	21,962.
(9) ANNE RANDOLPH, SECRETARY	35.00									
STEWARDSHIP MANAGER	0.00			Х				75,872.	0.	29,483.
(10) JOHN R. BERGER	1.00									
BOARD CHAIRMAN	0.00	Х		Х				0.	0.	0.
(11) ERIC J. ANDERSEN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(12) GLENWYN P. BAPTIST	1.00								•	•
DIRECTOR	0.00	Х						0.	0.	0.
(13) KEAN DRISCOLL	1.00							•	0	0
DIRECTOR	0.00	Х						0.	0.	0.
(14) NANCY KING	1.00							0	0	0
	0.00	Х						0.	0.	0.
(15) ELIZABETH LAWRENCE	1.00							•	0	0
DIRECTOR	0.00	х						0.	0.	0.
(16) MARTIN J. MALLOY	1.00								•	0
DIRECTOR	0.00	х						0.	0.	0.
(17) MICHAEL X. MCBRIDE, ESQ	1.00								•	0
DIRECTOR	0.00	Х						0.	0.	0.
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Form 990 (2022) COVENANT	HOUSE N	EW	IJ	ER	SE	Y	IN	NC.	13-353	7710	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			((C) ition			(D)	(E)		(F)	
Name and title	Average hours per		not cł	heck	more	than o		Reportable	Reportable		timate	
	week					s both pr/trus		compensation from	compensation from related		ount other	OT
	(list any	tor						the	organizations		pensa	tion
	hours for	r direc				eq		organization	(W-2/1099-MISC/		om th	
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)		anizat	
	organizations below	al trus	onal ti		loyee	e comp		1099-NEC)			d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	inizati	ons
(18) PAUL F. MCKEON	1.00	E	드	ò	ž	Ξē	Я					
DIRECTOR	0.00	х						0.	0.			0.
(19) MARK J. NUGENT	1.00											
DIRECTOR	0.00	х						0.	0.	,		Ο.
(20) OMOTAYO T. OKUSANYA	1.00											
DIRECTOR	0.00	Х						0.	0.	,		0.
(21) JAN PERCIVAL	1.00											
DIRECTOR	0.00	Х						0.	0.	,		0.
(22) GEORGE RACHMIEL	1.00											•
DIRECTOR	0.00	Х						0.	0.	·		0.
(23) JOHN D. SORIANO DIRECTOR	1.00	х						0.	0.			0.
(24) FATHER ROBERT B. STAGG	1.00	Δ						0.	0.			0.
DIRECTOR	0.00	х						0.	0.			0.
(25) THOMAS J. SYKES	1.00									<u>'</u>		
DIRECTOR	0.00	х						0.	0.			Ο.
(26) FRANK WALSH	1.00											
DIRECTOR	0.00	х						0.	0.			0.
1b Subtotal								1,253,714.	297,629.		3,2	82.
c Total from continuation sheets to Part VI	, Section A							0.	0.			0.
								1,253,714.	297,629.	28:	3,2	82.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			1 1
compensation from the organization											Yes	<u>11</u> No
3 Did the organization list any former officer,	director truct			mol	<u></u>	~ ~r	hio	sheet componented omp			165	
.										3		Х
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a	,											
rendered to the organization? If "Yes." com										5		Х
Section B. Independent Contractors	-											
1 Complete this table for your five highest con	mpensated ind	epe	nder	nt co	ontra	actor	rs th	hat received more than \$	100,000 of compens	ation fro	m	
the organization. Report compensation for t	he calendar ye	ear e	endin	ig w	ith c	or wi	thin	n the organization's tax y	ear.			
(A) Name and business	address							(B) Description of s	ervices	(C) Comper		2
ACE MECHANICAL ASSOCIATES							_	AIR CONDITIO		Compe	ISatio	
34 PRAIRIE AVE, SUFFERN,		1						SERVICES		17	3,0	69.
SAVING GRACE TECHNOLOGIES		<u> </u>					_			<u> </u>	5,0	
PO BOX 139, WILLIAMSTOWN,		94						IT SUPPORT		150	5,4	33.
RANA CONSTRUCTION INC		_					_	CONSTRUCTION				
430 MADISON AVE, ELIZABET	<u>H, NJ </u> 0	72	01					SERVICES		124	4,6	00.
O Tabal sumban of index or death and the first sector is the first	ali alia ci la cit			14-	LI							

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 3

\$100,000 of compensation from the organization 3 SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

232008 12-13-22

8

Form 990 COVENANT									13-353	7710
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (, , ,	
(A) Name and title	(B) Average hours	(cł		Pos	C) ition that	app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ROBERT J. WILLIAMS DIRECTOR	1.00	x						0.	0.	0.
(28) KEVIN RYAN	1.00									
PRESIDENT & CEO THRU FEB 2023	34.00			X				0.	0.	0.
		-								
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c					<u></u>		<u></u>			

232201 04-01-22

	n 990 (HOUS	E NEW JEB	RSEY INC.		13-3537	710 Page 9
Pa	rt VII	I Statement of Re	venue						
		Check if Schedule O	contains a re	sponse	or note to any lin				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
is is	1 a	Federated campaigns	-	la	236,837.				
ran.	b			lb					
Åmc Amc	с	Fundraising events		lc	2,408,617.				
Sifts ar /	d	Related organizations	<u>·</u>	Id	4,560,359.				
imil	е	Government grants (contr	ibutions)	le	4,404,080.				
tion er S	f	All other contributions, gifts,							
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included		lf	3,168,396.				
ont nd (g		lines 1a-1f	lg \$	24,866.	14,778,289.			
0 0	<u> </u>	Total. Add lines 1a-1f			Business Code	14,770,209.			
	2 a	TRAINING INCOME			900099	30,000.	30,000.		
vice	z a b	RENTAL INCOME			532000	973.	973.		
Ser	c								
am	d								
Program Service Revenue	е								
Pr	f	All other program service	revenue						
	g	Total. Add lines 2a-2f				30,973.			
	3	Investment income (incluc				127 (02			127 (02
						137,683.			137,683.
	4 5	Income from investment of	-						
	5	Royalties		Real	(ii) Personal				
	6 a	Gross rents	6a		(
	b		6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of		curities	(ii) Other				
		assets other than inventory	7a 1,10	4,114.					
•	b	Less: cost or other basis	1 1 10	2 204					
evenue		and sales expenses		2,284.					
eve		Gain or (loss) Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·			-78,170.			-78,170.
Other R		Gross income from fundraisi				,0,170.			10,110.
Oth	υu	including \$2,							
•		contributions reported on							
		Part IV, line 18		8a	112,086.				
	b	Less: direct expenses		8b	421,199.				
	с					-309,113.			-309,113.
	9 a	Gross income from gamin	-						
	-	Part IV, line 19							
	b			-	L				
		Net income or (loss) from Gross sales of inventory, I							
	iu a	and allowances		10a					
	b	Less: cost of goods sold							
_		Net income or (loss) from		···· —					
10		· · · · · ·			Business Code				
Miscellaneous Revenue	11 a				900099	4,235.			4,235.
scellaneo Revenue	b	OTHER INCOME			900099	2,922.		ļ	2,922.
Seve	с								l
Mis	d	All other revenue							
		Total. Add lines 11a-11d				7,157. 14,566,819.	30,973.	0.	-242,443.
22200	12 9 12-13	Total revenue. See instructio	זוע	<u></u>		1 14,500,019.	50,313.	I ⁵ .	Form 990 (2022)
202UU	J I∠-I3								

232009 12-13-22

2022.05090 COVENANT HOUSE NEW JERSEY 11763001

COVENANT HOUSE NEW JERSEY INC. 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).

0000	Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	1,542,932.	1,542,932.		
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,				
	trustees, and key employees	681,183.	564,074.	37,786.	79,323.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,234,020.	5,990,346.	401,277.	842,397.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	382,114.	316,421.	21,196.	<u>44,497.</u> 161,564.
9	Other employee benefits	1,387,420.	1,148,895.	76,961.	161,564.
10	Payroll taxes	757,320.	627,122.	42,009.	88,189.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,274.	1,143.	2,131.	
С	Accounting	109,527.	105,880.	3,647.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	529,452.	287,553.	4,406.	237,493.
12	Advertising and promotion				
13	Office expenses	424,060.	271,073.	110,690.	42,297.
14	Information technology	142,443.	96,076.	39,880.	6,487.
15	Royalties	455 0.65			
16	Occupancy	455,067.	447,653.	7,414.	16 500
17	Travel	154,191.	104,940.	32,523.	16,728.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	14 010	E (01	1.000	
19	Conferences, conventions, and meetings	14,313.	5,681.	1,696.	6,936.
20	Interest	8,092.	7,707.	385.	
21	Payments to affiliates	010 670	0.01 0.00	10.200	
22	Depreciation, depletion, and amortization	910,678.	891,309.	19,369.	
23	Insurance	165,525.	150,675.	14,850.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), expense list line 24e expenses on Schedule O.				
-	amount, list line 24e expenses on Schedule 0.) REPAIRS AND MAINTENANCE	224,964.	224,964.		
a ⊾	EQUIPMENT	113,273.	111,262.	2,011.	
a	STAFF RECURITMENT/TRAIN	31,481.	23,692.	7,564.	225.
c d	STAFF DEVELOPMENT	31,210.	27,681.	2,829.	700.
	All other expenses	28,866.	27,0010	2,027.	28,866.
	Total functional expenses. Add lines 1 through 24e	15,331,405.	12,947,079.	828,624.	1,555,702.
<u>25</u> 26	Joint costs. Complete this line only if the organization	10,001, 1 00.	-4, , , , , , , , , , , , , , , , , , ,	520,0240	1,555,1020
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
02001	0 12-13-22				Form 990 (2022)

21580514 756359 1176300.507

22,510,096.

33

COVENANT HOUSE NEW JERSEY INC. Part X Balance Sheet

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

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing	1,810,588.	1	1,150,756.
	2	Savings and temporary cash investments		2	6,030.
	3	Pledges and grants receivable, net		3	1,757,237.
	4		40 002	4	0.
	5	Accounts receivable, net Loans and other receivables from any current or former officer, director,			
	5	-			
		trustee, key employee, creator or founder, substantial contributor, or 35%		-	
	~	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	28,705.	9	63,635.
	10a	Land, buildings, and equipment: cost or other	20		
		basis. Complete Part VI of Schedule D 10a 26,681,0			
	b	Less: accumulated depreciation 10b 15,024,6			
	11	Investments - publicly traded securities		11	5,021,180.
	12	Investments - other securities. See Part IV, line 11		12	1,280,023.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	547,285.	15	751,218.
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	21,686,486.
	17	Accounts payable and accrued expenses	1,276,210.	17	1,135,262.
	18	Grants payable		18	
	19	Deferred revenue	825,302.	19	765,069.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,982,136.	23	2,992,486.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	109,247.	25	46,025.
	26	Total liabilities. Add lines 17 through 25	5,192,895.	26	<u>46,025.</u> 4,938,842.
		Organizations that follow FASB ASC 958, check here			
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	15,806,157.	27	15,275,474.
	28	Net assets with donor restrictions	1,511,044.	28	1,472,170.
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31			31	
	32	Total net assets or fund balances		32	16,747,644.
	32	Total lightlition and not assate/fund balances	22 510 096.	22	21 686 486

Net Assets or Fund Balances 33

Total liabilities and net assets/fund balances

Form 990 (2022)

Assets

Liabilities

	1990 (2022) COVENANT HOUSE NEW JERSEY INC.	13-3	<u>353771</u>	.0	_{Page} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			819.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u> </u>		<u>405.</u> 586.		
3							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5		81,	380.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	.13,	649.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
_	column (B))	10	16,7	47,	644.		
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>	<u></u>			
			_	Ye	es No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		- 1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	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			_	_		
b	Were the organization's financial statements audited by an independent accountant?		2	2b Ž	<u> </u>		
	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			_			
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c 2	<u> </u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				_		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		🔄	la Ž	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			_		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3				

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

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
2022
Open to Public Inspection

Name of the organization

COVENANT HOUSE NEW JERSEY INC. 13-3537710 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). 7 X An organization operated for the benefit of a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization	Name of	the organization							identification number	
 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).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A community trust 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.) A community trust described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: A norganization 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. 		COVE	NANT HOUSE	NEW JERSEY	INC.				3-3537710	
 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).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) A n agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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. 	Part I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A 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.) A community trust 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.) A n agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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. 	The organ	nization is not a private found	lation because it is: (F	For lines 1 through 12, c	heck only	one box.)				
 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A norganization 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)(v). (Complete Part II.) A community trust 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 university: 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. 	1 🛄	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).			
 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 university: 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. 	2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). A community trust 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 university: 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. 	3 🛄	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A roganization 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.) 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 university: 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. 	4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 university:		city, and state:								
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 A norganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. 	5	An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. 		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
 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 university: 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. 										
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:	7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. 		section 170(b)(1)(A)(vi). (Complete Part II.)								
 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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. 	8 🔛	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)					
 university: 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. 	9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
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.		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or	
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.		university:								
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.	10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, an	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment	
Secondation E00(a)(0) (Complete Dart III)				(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.	
See section sus(a)(2). (Complete Part III.)		See section 509(a)(2). (Complete Part III.)								
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	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 on										
	_	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.								
	a _	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting					majority c	of the direc	tors or truste	es of the su	upporting	
organization. You must complete Part IV, Sections A and B.		¬	-							
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having	b 🗌		-				-		-	
control or management of the supporting organization vested in the same persons that control or manage the supported		-			ame perso	ns that co	ntrol or mana	ge the supp	oorted	
organization(s). You must complete Part IV, Sections A and C.	_		-							
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with,	c							ly integrate	a with,	
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.		¬ ·· •		•			-			
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)	α							-		
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.		•	•	e ,			•	anallenin	/eness	
	• □	¬ · ·	,	•						
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.	e	-					rype i, rype	п, туре п		
	f Ent	, ,	,	, , , , , , , , , , , , , , , , , , , ,	ng organiz	ation.				
g Provide the following information about the supported organization(s).			•							
(i) Name of supported (ii) EIN (iii) Type of organization (i) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other					(iv) Is the orga	inization listed	(v) Amount of	fmonetary	(vi) Amount of other	
organization (described on lines 1-10 above (see instructions)) Yes No support (see instructions) support (see instructions)		organization					support (see ir	nstructions)	support (see instructions)	
				above (see instructions))						
Total										

COVENANT HOUSE NEW JERSEY INC.

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11585914.	12214271.	13224329.	15755404.	14778289.	67558207.
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	11585914.	12214271.	13224329.	15755404.	14778289.	67558207.
	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)						38,584.
6	Public support. Subtract line 5 from line 4.						67519623.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	11585914.	12214271.	13224329.	15755404.	14778289.	67558207.
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	34,741.	76,155.	67,385.	121,699.	137,683.	437,663.
9	Net income from unrelated business						
Ū	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.)	43,252.	10,671.	71,912.	5,364.	7,157.	138,356.
11	Total support. Add lines 7 through 10			,			68134226.
	Gross receipts from related activities,	etc. (see instructio	uns)			12	95,170.
	First 5 years. If the Form 990 is for th						
	organization, check this box and sto	-					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (column (f))		14	99.10 %
	Public support percentage from 2021		-			15	98.96 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						V
b	33 1/3% support test - 2021. If the		•				
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
a	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	viriow the organiz	
h	10% -facts-and-circumstances test	-		• • • •			
	more, and if the organization meets th	-					
	organization meets the facts-and-circle						
18	Private foundation. If the organization		•				
					,		(Form 990) 2022

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Schedule A	Form 990) 2022
	0000	, 2022

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COVENANT HOUSE NEW JERSEY INC. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (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 per- formed, 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 bus-						
	iness 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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disgualified 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.)						
		(-) 0010	(1-) 0010	(-) 0000	(4) 0001	(-) 000	
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
	check this box and stop here						<u></u>
	ction C. Computation of Publ					1	
	Public support percentage for 2022 (15	%
	Public support percentage from 2021 ction D. Computation of Invest					16	%
	Investment income percentage for 20		•	no 13 column (f))		17	%
	Investment income percentage for					18	%
	33 1/3% support tests - 2022. If the					· · · ·	
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
2320	23 12-09-22					Sche	dule A (Form 990) 2022
			16				

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COVENANT HOUSE NEW JERSEY INC.

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2022

COVENANT HOUSE NEW JERSEY INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide

<u>detail in P</u>art VI

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>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 officers, directors, or trustees were allocated among the</i>			
	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,			
	supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 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 1 the supported organization(s)

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

c		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more 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.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

3b

2a

2b

3a

Yes No

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Schedule A (Form 990) 2022

21580514 756359 1176300.507

2022.05090 COVENANT HOUSE NEW JERSEY 11763001

11c

Yes No

Schedule A (Form 990) 2022	
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 Schedule A (Form 990) 2022
 COVENANT HOUSE NEW JERSEY INC.

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

1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N		Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mu ion A - Adjusted Net Income	st complete S	(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		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

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e Excess from 2022

Schedule A (Form 990) 2022

COVENANT HOUSE NEW JERSEY INC.

13-3537710 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpos	3 3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pl	rovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which t	he organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	T	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2022 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
a	Excess from 2021			

Schedule A (Form 990) 2022

Part IV, Section A, line 1; Part IV, Sec	COVENANT HOUSE NEW JERSEY INC.13-3537710Page 8Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;Inses 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, stion 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, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	II, LINE 10, EXPLANATION FOR OTHER INCOME:
CONTACT/INSURANC	CE SETTLEMENT
2018 AMOUNT: \$	26,408.
2020 AMOUNT: \$	62,740.
OTHER INCOME	
2018 AMOUNT: \$	503.
2019 AMOUNT: \$	5,455.
2022 AMOUNT: \$	2,922.
REIMBURSEMENTS/F	REFUND
2018 AMOUNT: \$	8,539.
2020 AMOUNT: \$	2,749.
SOLAR PANEL REBA	ATES
2018 AMOUNT: \$	7,375.
2019 AMOUNT: \$	5,216.
2020 AMOUNT: \$	6,003.
2021 AMOUNT: \$	5,364.
2022 AMOUNT: \$	4,235.
LAUNDRY	
2018 AMOUNT: \$	427.
2020 AMOUNT: \$	420.
232028 12-09-22	Schedule A (Form 990) 202

223451 11-15-22

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 2022

OMB No. 1545-0047

Employer identification number 13-3537710

Drganization type (check one):					
Filers of:	Section:				
Form 990 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-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

COVENANT HOUSE NEW JERSEY INC.

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

21580514 756359 1176300.507

COVENANT HOUSE NEW JERSEY INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (0) (h)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 1</u>		\$ <u>4,560,359.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>792,947.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>866,751.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$646,822.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$574,928.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	-22	\$ <u>484,159.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Employer identification number

13-3537710

Т

Name of organization

COVENANT HOUSE NEW JERSEY INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 308,277. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Employer identification number

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(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
		\$	
(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
		\$	
(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
		\$	

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

COVENANT HOUSE NEW JERSEY INC.

Name of organization

Part II

Employer identification number

13-3537710

21580514 756359 1176300.507

	Pag			
	Employer identification numbe			
	13-3537710			
hrough (e) and the following line entry. aritable, etc., contributions of \$1,000 or less	For organizations s for the year. (Enter this info. once.)			
(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift				
d ZIP + 4	Relationship of transferor to transferee			
(c) Use of gift	(d) Description of how gift is held			
	Relationship of transferor to transferee			
(c) Use of gift	(d) Description of how gift is held			
	_			
(e) Transfer of gift				
d ZIP + 4	Relationship of transferor to transferee			
(c) Use of gift	(d) Description of how gift is held			
(e) Transfer of gift				
d ZIP + 4	Relationship of transferor to transferee			
	Schedule B (Form 990) (20			
	hrough (e) and the following line entry. aritable, etc., contributions of \$1,000 or less bace is needed. (c) Use of gift (e) Transfer of gift (c) Use of gift			

21580514 756359 1176300.507

			pplemental Financial Statements				
•	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				
	tment of the Treasury Il Revenue Service		ttach to Form 990. 0 for instructions and the latest information.			ectio	Public n
Nam	Name of the organization Employe						
_		COVENANT HOUSE NEW			13-353		
Pa		•	d Funds or Other Similar Funds or Ac	coun	ts. Complete	if the	9
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(1) =			
			(a) Donor advised funds	(b) Fund	ds and other ac	coun	ts
1		nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4 5		t end of year	l I writing that the assets held in donor advised fund	40			
5	-		exclusive legal control?		Yes	•	No
6			dvisors in writing that grant funds can be used o			•	
Ŭ	0	0	r donor advisor, or for any other purpose conferr				
	impermissible priv			•	Yes	5	No
Pa			ganization answered "Yes" on Form 990, Part IV			-	
1		servation easements held by the organization					
	Preservation	n of land for public use (for example, recrea	tion or education) Preservation of a histo	orically i	important land	area	
	Protection of	of natural habitat	Preservation of a cert	ified his	toric structure		
	Preservation	n of open space					
2			ied conservation contribution in the form of a co				
	day of the tax yea				Held at the End	of the	Tax Year
а	Total number of co	onservation easements		2a			
b	-			2b			
С			ucture included in (a)	2c			
d		vation easements included in (c) acquired a					
~				2d			
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organi	zation o	during the tax		
4	year	where property subject to conservation eas	noment is leasted				
4 5		tion have a written policy regarding the per					
5	-	forcement of the conservation easements it			Yes	•	No
6	-		handling of violations, and enforcing conservation		······ <u> </u>		
Ŭ					nonto danng ti		
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation ea	sement	s durina the ve	ar	
		5, T 5,	5		5 ,		
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)			
	and section 170(h)(4)(B)(ii)?			Yes	5	No No
9	In Part XIII, descril	be how the organization reports conservation	on easements in its revenue and expense statem	ent and	Ł		
	balance sheet, and	d include, if applicable, the text of the footn	ote to the organization's financial statements the	at desci	ribes the		
_		ounting for conservation easements.			<u> </u>		
Pa		-	Art, Historical Treasures, or Other S	imilar	Assets.		
		f the organization answered "Yes" on Form					
1a	-		8, not to report in its revenue statement and bala				
		· · ·	blic exhibition, education, or research in furtherar	nce of p	UDIIC		
	· •		ncial statements that describes these items.				
b	-		8, to report in its revenue statement and balance				
			exhibition, education, or research in furtherance	e or pub	nic service,		
	-	ing amounts relating to these items:		đ	2		
					⊳ 6		
2			asures, or other similar assets for financial gain,				
-	the following amounts required to be reported under FASB ASC 958 relating to these items:						

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	and following amounts required to be reported under 1765 766 666 relating to these items.	

232051 09-01-22

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Sche	Schedule D (Form 990) 2022 COVENANT HOUSE NEW JERSEY INC. 13-3537710 Page 2									
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical 1	Freasures, o	r Other	r Similar	^r Assets	contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	c	Loan or	exchange progra	am					
b	Scholarly research	e	e 🗌 Other_							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they furthe	er the organization	on's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historical tr	reasures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza	ation answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							-		-
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					A		
								Amount		
c	Beginning balance									
	Additions during the year									
e	Distributions during the year									
20	Ending balance Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIII						∟]
Par						0.				<u></u>
		(a) Current year	(b) Prior year			(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance					., .				
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1g, columr	n (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
с	Term endowment	_%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held	d and administe	red for th	е		r		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization			R?				3b		
4	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.							
Fai			Dout IV line 11			line 10				
	Complete if the organization answere							() > >		
	Description of property	(a) Cost or o basis (investr	• • •	ost or other sis (other)		ccumulate preciation	a	(d) Bool	< value	Э
	Land		,	000,830.	ue	preciation		2,000		20
	Land			859,495.	13 (006,75		<u>2,000</u> 8,852		
	Buildings			22,215.	1,0	22,21		0,002	.,/.	0.
	Leasehold improvements		1 '	794,104.	1 /	<u>4</u> 29,68		36/	1,42	
	Equipment			004,388.		565,9			±,41	
	Other			-				1,656		
TULA	- Aud miles ta unough te. (Column (d) MUSE	equal Form 990, Part	\underline{A} , column (B), lin				····· ±	-,050	, , = (•

Schedule D (Form 990) 2022

	USE NEW JERSEY	INC.	13-3537710 Page 3
Part VII Investments - Other Securities.	on Forme 000 Dart IV line 1		line 10
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		, line 12. on: Cost or end-of-year market value
	(b) BOOK value		on. Cost of end-of-year market value
(1) Financial derivatives(2) Classly hold aguity interacts			
(2) Closely held equity interests(3) Other			
(A) BENEFICIAL INTEREST IN			
(B) PERPETUAL TRUST	1,280,023.	END-OF-YEAR	MARKET VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,280,023.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		1c. See Form 990, Part X	, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	on: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1d See Form 990 Part X	line 15
	Description		(b) Book value
(1)			(2) 2001 (200
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e 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)			
<u>(9)</u>			46.005
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under		•	

Schedule D (Form 990) 2022

	dule D (Form 990) 2022 COVENANT HOUSE NEW JERSEY 1				3537710 Page 4			
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With I	Revenue per Re	turn.				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1	14,761,848.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	81,380.					
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)	2d	113,649.					
е	Add lines 2a through 2d			2e	195,029.			
3	Subtract line 2e from line 1			3	14,566,819.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 14,566,819.							
Pa	Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total expenses and losses per audited financial statements			1	15,331,405.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIII.)	2d						
е	Add lines 2a through 2d			2e	0.			
3	Subtract line 2e from line 1			3	15,331,405.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 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	5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 15,331,405							
Pa	t XIII Supplemental Information.							
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b a	and 2b; Part V, line 4	; Part 3	X, line 2; Part XI,			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF

THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS

DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD

REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE

ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING

30

JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST

113,649.

Schedule D	990)	2022

Part XIII Supplemental Information (continued)	
Schedule D (Form 990) 20	022

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivitie	es o	DMB No. 1545-0047
(Form 990)	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.							
Department of the Treasury	Attach to Form 900 or Form 900 FZ							
Internal Revenue Service		o www.irs.gov/Form990 for instrue	ctions	and t	ne latest informatior			Inspection
Name of the organization		T HOUSE NEW JERSEY	TNO	n			nployeride 3-3537	ntification number 710
Part I Fundrais		Complete if the organization answe			n Form 990, Part IV, li			
	complete this part							
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	ŗ	Yes	
						())		
(i) Name and addres or entity (func		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	ts (v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization
			Yes	No	_			
Total				1				
	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exer	mpt from re	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

COVENANT HOUSE NEW JERSEY INC.

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

	(a) Event #1	(b) Event #2	(c) Other events	(d) Total avanta
	NIGHT OF	EXECUTIVE		(d) Total events
	BROADWAY	SLEEPOUT	6	(add col. (a) through
	(event type)	(event type)	(total number)	col. (c))
1 Gross receipts	1,423,420.	689,294.	407,989.	2,520,703
2 Less: Contributions	1,348,978.	689,294.	370,345.	2,408,617
3 Gross income (line 1 minus line 2)	74,442.		37,644.	112,086
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	111,200.		37,218.	148,418
7 Food and beverages	135,095.			135,095
8 Entertainment	37,200.			37,200
	98,551.		1,935.	100,486
		•	,	421,199
				-309,113
t III Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
\$15,000 on Form 990-EZ, line 6a.				
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
	Yes %	── Yes %	Yes %	
6 Volunteer labor	No	No	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)			
Enter the state(s) in which the organization condu	cts gaming activities:			
Is the organization licensed to conduct gaming ac	tivities in each of these	states?		Yes N
If "No," explain:				
Were any of the organization's gaming licenses re If "Yes," explain:			ear?	Yes N
2 <u>3</u> 4 5 6 7 891(<u>1</u> t – <u>1</u> 2 3 4 <u>5</u> 6 7 8 Elsif –	Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Image: Gross revenue Cash prizes Noncash prizes Direct expense summary. Subtract line 6a. Gross revenue Cash prizes Noncash prizes Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct gaming action licensed to con	BROADWAY (event type) 1,423,420. 2 Less: Contributions 1,348,978. 3 Gross income (line 1 minus line 2) 74,442. 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 37,200. 9 98,551. 0 Direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Net income summary. Subtract line 10 from line 3, column (d) 1 Gross revenue 2 Cash prizes 3 Rent/facility costs 4 Rent/facility costs 5 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 No 7 Direct expense summary. Add lines 2 through 5 in column (d) 9 No 9 Volunteer labor 9 <	BROADWAY SLEEPOUT (event type) (event type) (event type) (event type) 1,423,420. 689,294. 2 Less: Contributions 1,348,978. 689,294. 2 Gross income (line 1 minus line 2) 74,442. 689,294. 4 Gross income (line 1 minus line 2) 74,442. 689,294. 4 Cash prizes 111,200. 135,095. 5 Noncash prizes 135,095. 135,095. 6 Rent/facility costs 135,095. 135,095. 9 Bit for the organization answered "Yes" on Form 990, Part IV, line 19, or most stand bingo/progressive bingo 10 1 Net income summary. Add lines 4 through 9 in column (d) 10 1 Net income summary. Subtract line 10 from line 3, column (d) 10 1 Marging. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or most stand bingo/progressive bingo 1 Gross revenue (a) Bingo (b) Pull tabs/instant bingo/progressive bingo 2 Cash prizes	BROADWAY SLEEPOUT 6 (event type) (event type) (total number) 1 Gross receipts 1,423,420. 689,294. 407,989. 2 Less: Contributions 1,348,978. 689,294. 370,345. 2 Gross income (line 1 minus line 2) 74,442. 37,644. 3 Gross income (line 1 minus line 2) 74,442. 37,644. 4 Cash prizes

Schee	dule G (Form 990) 2022	COVENANT	HOUSE NEW JERSEY INC. 13-3	537710	Page 3
11 [Does the organization conduct ga		nonmembers?	Yes	No
			a trust, or a member of a partnership or other entity formed		
t	o administer charitable gaming?			Yes	No No
	ndicate the percentage of gaming				
a	The organization's facility			13a	%
b /	An outside facility			13b	%
1 4 E	Enter the name and address of th	e person who prep	res the organization's gaming/special events books and records:		
1	Name				
/	Address				
	-				
15a l	Joes the organization have a con	tract with a third pa	rty from whom the organization receives gaming revenue?	Yes	└── No
ы	f "Yes," enter the amount of gam	ing rovonuo rocoivo	d by the organization \$ and the amount		
	of gaming revenue retained by the				
	f "Yes," enter name and address				
C I	Tes, entername and address	or the third party.			
1	Name				
	Address				
16 (Gaming manager information:				
1	Name				
(Gaming manager compensation	\$			
[Description of services provided				
	Director/officer	Employee			
			Independent contractor		
17	Mandatory distributions:				
		state law to make	charitable distributions from the gaming proceeds to		
	etain the state gaming license?			Yes	🗌 No
			e law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activit	•			
Par			he explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lines 9,	9b, 10b,
			ovide any additional information. See instructions.		
232083	10-27-22		Schedu	ıle G (Form	990) 2022
			34	•	•

Sche	edule G	i (Forn	1 990)	
	/	•		

Part IV	Supplemental Information (continued)	
		Schedule G (Form 990)
232084 04-01-	-22	

SCHEDULE I Grants and Other Assistance to Organizations,							OMB No. 1545-0047				
(Form 990)		Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								2022	
Department of the Treasury Attach to Form 990.									Open to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.									Inspe	ction	
										on number	
COVENANT HOUSE NEW JERSEY INC. Part I General Information on Grants and Assistance									13-35	37710	
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection											
criteria used to award the grants or assistance?											
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.											
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.											
1 (a) Name and address of organization or government		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		(h) Purpose of grant or assistance		

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

13-3537710

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD, CLOTHING, MEDICAL SUPPLIES	1488	0.	546,214.	COST	FOOD, CLOTHING, MEDS
			,		
OUTH RENT	62	949,934.	0.		
JOIN RENI	62	545,934.	0.		
COUTH INCENTIVES	101	11,104.	0.		
YOUTH TRAINING STIPENDS	71	35,680.	0.		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
IN PURSUIT OF ITS TAX-EXEMPT MISSI	ON OF AME	LIORATING	THE CONDIT	ION OF THE	
OOR AND NEEDY, COVENANT HOUSE NEW	JERSEY M	AY MAKE SP	ECIFIC GRA	NTS OF	
ASSISTANCE TO INDIVIDUALS IN THE F	ORM OF FO	OD AND/OR	CLOTHING.	AS SUCH,	
HERE IS NO REQUIREMENT TO MONITOR	THE USE	OF THESE N	ION-CASH IT	EMS. ALL	

EXPENDITURES FOR THE GRANT HAD TO BE APPROVED BY THE ASSOCIATE EXECUTIVE

DIRECTOR AND ASSOCIATE DIRECTORS.

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2	<u> </u>
•		Compensated Employees		20	LL	
D		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization		Employer	identificatio	on nur	nber
		COVENANT HOUSE NEW JERSEY INC.	13-3	353771	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
				1b		<u> </u>
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>
-						
3		ny, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
	X Independent compensation consultant					
	E Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year dia	any parage listed on Farm 000. Dort VII. Caption A line to with respect to the filing				
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re	-		10		x
a h		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?				X
b	•					X
C	c Participate in or receive payment from an equity-based compensation arrangement?					
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501/c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n			
5	contingent on the r					
а	•			5a		x
		ation?				x
~		r 5b, describe in Part III.				_
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the n					
а	•			6a		x
		ation?				Х
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
		ies 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
						X
9						
		53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2022

232111 10-18-22

Schedule J (Form 990) 2022

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-MIS0 compensation	C and/or 1099-NEC	(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			reported as deferred on prior Form 990
(1) JAMES WHITE	(i)	307,203.	0.	1,977.	27,450.	22,997.	359,627.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WILLIAM BEDROSSIAN	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO AS OF FEB 2023	(ii)	297,539.	0.	90.	8,255.	29,053.	334,937.	0.
(3) MARY M. MACDONALD	(i)	200,529.	0.	1,225.	18,560.	15,425.	235,739.	0.
ASSOC EXEC DIR/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID HALL	(i)	166,274.	0.	608.	15,191.	4,366.	186,439.	0.
DIR. OF NORTH JERSEY PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JULIA EINBOND	(i)	144,831.	0.	124.	5,443.	28,949.	179,347.	0.
ASSOCIATE DIRECTOR, CHART	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JANETTE SCROZZO	(i)	132,645.	0.	435.	12,145.	12,713.	157,938.	0.
SR. DEVELOPMENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

THE PRESIDENT/CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE

OF COVENANT HOUSE INTERNATIONAL (PARENT) WORKING IN CONJUNCTION WITH

COMPARABILITY DATA SUCH AS SALARY SURVEYS WITH SIMILARLY SIZED NON-PROFITS.

PERIODICALLY THE ORGANIZATION HIRES AN INDEPENDENT CONSULTANT TO REVIEW

COMPARABLE SALARIES FOR THE PRESIDENT/CEO, OTHER OFFICERS AND KEY

EMPLOYEES. GENERALLY THE BOARD EVALUATES THE PRESIDENT'S COMPENSATION

ANNUALLY. THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT

FACTORS INTO ACCOUNT EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



13-3537710

COVENANT HOUSE NEW JERSEY INC.

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

TO PROVIDE SHELTER, FOOD, MEDICAL AND MENTAL HEALTH CARE, LEGAL

SERVICES, EDUCATIONAL AND VOCATIONAL SERVICES AND AN ARRAY OF HOUSING

INCLUDING TRANSITIONAL AND PERMANENT HOUSING OPPORTUNITIES, OPTIONS,

FOR YOUTH FACING HOMELESSNESS AND SURVIVORS OF HUMAN TRAFFICKING.

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

TΝ 34 CITIES ACROSS FIVE COUNTRIES, COVENANT HOUSE BUILDS BRIDGES TO

HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN

TRAFFICKING. WE MEET THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING,

PROTECTION, AND MEDICAL CARE; SUPPORT THEM TO ADVANCE THEIR GOALS OF

EDUCATION AND EMPLOYMENT; AND OFFER HOMELESSNESS PREVENTION AND

AFTERCARE SERVICES. COVENANT HOUSE ENCOMPASSES A ROBUST NETWORK OF

"HOUSES," WITH BEST-IN-CLASS SERVICES AND A SHARED COMMITMENT TO

ABSOLUTE RESPECT, AND RELENTLESS SUPPORT FOR EACH UNCONDITIONAL LOVE,

YOUNG PERSON WHO WALKS THROUGH OUR DOORS. FOUNDED AS A DROP-IN CENTER

IN NEW YORK CITY IN 1972, COVENANT HOUSE NOW SERVES THOUSANDS OF

CHILDREN AND YOUTH EVERY YEAR IN OUR RESIDENTIAL, OUTREACH, DROP-IN

PREVENTION, AND AFTERCARE PROGRAMS. OUR DEDICATED STAFF ACROSS THE

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

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

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

FUTURE.

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH AN ARRAY OF LIVED

INCLUDING FOSTER CARE, FAMILY TRAUMA SUBSTANCE USE EXPERIENCES

Schedule O (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

21580514 756359 1176300.507

41

Name of the organization COVENANT HOUSE NEW JERSEY INC.	Employer identification number 13-3537710
	10 0007710
MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, CRO	SS-BORDER
MIGRATION, AND HUMAN TRAFFICKING. YOUTH MAY COME TO US SCA	RRED BY
ANTI-LGBTQ+ DISCRIMINATION AND VIOLENCE, OR AS PARENTS OF	SMALL
CHILDREN, OR PREGNANT. OUR STAFF MEET THEM WHERE THEY ARE,	HELP THEM
STABILIZE THEIR SITUATION, AND ACCOMPANY THEM, THROUGH OUR	HIGH-QUALITY
SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.	
SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.	

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: OUR ATLANTIC CITY AND NEWARK. 59% OF YOUTH EXITED SHELTER TO A POSITIVE LIVING ENVIRONMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: RIGHTS OF PASSAGE TRANSITIONAL LIVING PROGRAMS LOCATED IN ASBURY PARK, ATLANTIC CITY AND NEWARK.

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

- LEGAL SUPPORT AND ADVOCACY: AT COVENANT HOUSE NEW JERSEY OUR YOUTH

ADVOCACY CENTER (YAC) IS STAFFED BY LICENSED ATTORNEYS PROVIDING LEGAL

ASSISTANCE TO OUR YOUTH IN A VARIETY OF LEGAL MATTERS INCLUDING FAMILY

LAW, LANDLORD/TENANT, MUNICIPAL COURT, PUBLIC BENEFITS, IMMIGRATION,

AND ADVOCACY. THE YAC ALSO WORKS ON ADVOCACY PROJECTS AND CONDUCTS

EDUCATIONAL GROUPS FOR YOUTH ON A VARIETY OF LEGAL TOPICS. IN THE

FISCAL YEAR 2023, OUR CHNJ LEGAL TEAM ASSISTED 187 YOUTH WITH LEGAL

SERVICES.

- HEALTH AND WELL-BEING: HOMELESSNESS IMPACTS YOUNG PEOPLE'S PHYSICAL

AND MENTAL WELL-BEING IN MANY WAYS, AND BECAUSE YOUTH ARE STILL 232212 10-28-22 21580514 756359 1176300.507 2022.05090 COVENANT HOUSE NEW JERSEY 11763001

Schedule O (Form 990) 2022	Page 2
Name of the organization COVENANT HOUSE NEW JERSEY INC.	Employer identification number $13 - 3537710$
DEVELOPING COGNITIVELY, PHYSICALLY, PSYCHOLOGICALLY, AND E	MOTIONALLY,
THOSE IMPACTS CAN HAVE DEEP EFFECTS. THIS IS EVEN MORE THE	CASE FOR
YOUNG PEOPLE OF COLOR AND THOSE WHO IDENTIFY AS LGBTQ, WHO	FACE UNIQUE
CHALLENGES ASSOCIATED WITH RACISM AND PREJUDICE. COVENANT	HOUSE
WELCOMES ALL YOUNG PEOPLE FACING HOMELESSNESS WITH UNCONDI	TIONAL LOVE
AND ABSOLUTE RESPECT AND PROVIDES THEM ACCESS TO A RANGE O	F HEALTH AND
WELL-BEING SERVICES THAT THEY CAN USE TO HEAL AND REDISCOV	ER THEIR
POTENTIAL. OUR TRAUMA-INFORMED, RESILIENCE-FOCUSED PROGRAM	S AND
SERVICES RANGE FROM MEDICAL CARE AT OUR ON-SITE HEALTH CEN	TERS TO YOGA
CLASSES, MUSIC LESSONS, COUNSELING, SPIRITUAL SERVICES, AS	WELL AS
SPORTS AND OTHER PHYSICAL ACTIVITIES. THROUGH THESE ACTIVI	TIES, YOUNG
PEOPLE RETAKE CONTROL OVER THEIR LIVES, BUILD ON THEIR STR	ENGTHS, AND
NOURISH THEIR SELF-CONFIDENCE.	

COVENANT HOUSE NEW JERSEY TAKES PRIDE IN ITS BEHAVIORAL HEALTH DEPARTMENT WHICH PROVIDES AN ESSENTIAL SERVICE WITHIN A SAFE AND TRUSTING ENVIRONMENT SO OUR YOUTH CAN OVERCOME THE OBSTACLES THEY FACE. THROUGH EARLY INTERVENTION AND PERSONALIZED CARE, YOUTH ARE ABLE TO APPROACH THEIR TREATMENT WITH CONFIDENCE. CHNJ PROVIDES ON-SITE GROUP AND INDIVIDUAL COUNSELING AS WELL AS ACCESS TO A CONSULTING PSYCHIATRIC APN. THIS EXTRA LEVEL OF MENTAL HEALTHCARE, IN ADDITION TO MEDICAL CARE HELPS YOUTH MEET THEIR GOALS AND OVERCOME BARRIERS TO TREATMENT. IN FISCAL YEAR 2023, 41% OF OUR YOUTH IN RESIDENTIAL PROGRAMS ENGAGED IN MENTAL HEALTH SERVICES.

- DOVE LEARNING CENTER (DLC): ADVANCING EDUCATIONALLY AND PREPARING FOR THE WORLD OF WORK ARE KEY TO A YOUNG PERSON'S PROSPECTS FOR LEAVING HOMELESSNESS BEHIND. EITHER DIRECTLY OR THROUGH REFERRAL, WE GUIDE Schedule O (Form 990) 2022 232212 10-28-22 43

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Name of the organization COVENANT HOUSE NEW JERSEY INC.	Employer identification number 13-3537710		
YOUTH TO APPROPRIATE EDUCATIONAL AND VOCATIONAL OPPORTUNI	TIES, MATCHING		
EACH YOUNG PERSON'S STRENGTHS AND ABILITIES WITH THEIR CA	REER		
INTERESTS. WE HELP THEM HONE THE SKILLS THEY NEED TO JOIN	THE		
WORKFORCE, BECOME INDEPENDENT, AND TURN THEIR BACK ON HOM	ELESSNESS. IN		
FY23, 255 YOUTH GAINED OR MAINTAINED EMPLOYMENT AND 77% O	F YOUTH		
PARTICIPATED IN RESILIENCE-BUILDING ACTIVITIES IN THE DLC	•		
COVENANT HOUSE NEW JERSEY HAS ESTABLISHED AN INNOVATIVE L	EARNING		
ENVIRONMENT, CALLED THE DOVE LEARNING CENTER (DLC), TO FU	RTHER MOTIVATE		
YOUNG PEOPLE TO MEET THEIR GOALS. THE DLC USES A BLENDED	LEARNING		
CURRICULUM THAT FOSTERS AUTONOMY, COMPETENCE AND RESILIEN	CE WITH A		
FOCUS ON FIVE SUBJECT AREAS: EDUCATION, EMPLOYMENT, SOCIA	L COMPETENCES,		
FINANCIAL LITERACY, AND PHYSICAL WELLNESS. IN THE FISCAL	YEAR 2023, 224		
YOUTH ENGAGED IN ON-SITE JOB READINESS PROGRAMS WHERE 97	OBTAINED		
EMPLOYMENT WHILE PARTICIPATING IN CHNJ AND ANOTHER 94 WER	E ASSISTED IN		
MAINTAINING EMPLOYMENT WHILE ENGAGED IN SERVICES. 108 YOU	TH ENROLLED IN		
SCHOOL.			

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
- STREET AND COMMUNITY OUTREACH: STREET OUTREACH TEAMS ACTIVELY SEEK
OUT YOUNG PEOPLE EXPERIENCING HOMELESSNESS WHO MAY NEED HELP. THE TEAM
ASSISTS WITH CRITICAL SAFETY NEEDS BY PROVIDING TRANSPORTATION TO A
SAFE SHELTER. YOUNG PEOPLE LIVING ON THE STREETS CAN RECEIVE FOOD,
WATER, HYGIENE KITS, CLOTHING, BLANKETS, AND REFERRALS TO SERVICES SUCH
AS SHELTER, MEDICAL CARE, EMPLOYMENT, AND EDUCATION SERVICES. IN FY23,
WE REACHED 149 YOUTH IN DIRECT STREET OUTREACH.

- YOUNG FA	MILIES PROGRAM:	OUR PROGRAM DED	ICATED TO SERVING	YOUNG
232212 10-28-22				Schedule O (Form 990) 2022
		44		
21580514 7563	59 1176300.507	2022.05	090 COVENANT HOU	SE NEW JERSEY 11763001

Schedule O (Form 990) 2022	Page 2			
Name of the organization COVENANT HOUSE NEW JERSEY INC.	Employer identification number 13-3537710			
FAMILIES IS RAPHAEL'S LIFE HOUSE. IN THIS PROGRAM, OUR EXPECTING OR				
PARENTING YOUNG MOMS BETWEEN THE AGES OF 18-21 LIVE WITH U	IS FOR UP TO			
18 MONTHS AND RECEIVE 3 MONTHS OF AFTERCARE SUPPORT ONCE T	HEY LEAVE.			
THE GOALS OF RLH ARE TO PROVIDE A SAFE, STABLE, LIVING ENVIRONMENT; TO				
HELP YOUNG MOTHERS DEVELOP SKILLS FOR MAINTAINING HOUSING,				
SELF-SUFFICIENCY, AND PRODUCTIVITY IN THE COMMUNITY; AND T	O SUPPORT			
YOUNG WOMEN AND THEIR BABIES WITH AFTERCARE SERVICES ONCE	THEY MOVE ON			
FROM RLH. WE ALSO PROVIDE EMERGENCY SHELTER TO PARENTING	YOUNG MOMS AT			
OUR EMERGENCY SHELTER IN ATLANTIC CITY. IN FY23, WE PROVID	ED 40 YOUNG			
MOMS AND 54 CHILDREN WITH SAFE AND SUPPORTIVE HOUSING.				
- NANCY'S PLACE: THE NANCY'S PLACE PROGRAM PROVIDES SUPPOR	TIVE HOUSING			
FOR YOUTH WITH MENTAL HEALTH DISORDERS. IN FY23, WE SERVE	D 11 YOUTH.			
- PERMANENT HOUSING: THE PERMANENT HOUSING PROGRAM PROVIDE	S HOUSING TO			
YOUTH AND YOUNG FAMILIES THROUGH SCATTERED-SITE APARTMENTS	, WHERE THEY			
RECEIVE ONGOING CASE MANAGEMENT AND LANDLORD RELATIONSHIP	NAVIGATION.			
IN THESE PROGRAMS A PORTION OF YOUTH'S RENT IS COVERED BY	A SPONSORING			
AGENCY THROUGH A VARIETY OF GOVERNMENT FUNDING SOURCES. W	E SERVED			
APPROXIMATELY 125 PEOPLE ACROSS OUR VARIOUS PERMANENT HOUS	ING PROGRAMS			
DURING FY23.				
-HUMAN TRAFFICKING VICTIM SERVICES (HTVS): CHNJ IS THE ST	ATEWIDE			
PROVIDER OF SERVICES FOR VICTIMS AND SURVIVORS OF HUMAN TRAFFICKING.				
THE HTVS TEAM PROVIDES CASE MANAGEMENT AND LINKAGE TO RESOURCES FOR				
SURVIVORS THROUGHOUT ALL 21 COUNTIES IN THE STATE. SERVICES ARE				
AVAILABLE FOR ALL SURVIVORS REGARDLESS OF HOUSING STATUS, AGE, GENDER				
IDENTITY OR EXPRESSION, FOREIGN AND DOMESTIC VICTIMS AND A	LL Schodulo Q (Form 990) 2022			

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Schedule O (Form 990) 2022

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Name of the organization		Employer identification number
COVENANT HOU	SE NEW JERSEY INC.	13-3537710

TRAFFICKING TYPES. IN FY23, THE HTVS PROGRAM SERVED 180 PEOPLE.

- PROGRAM DEVELOPMENT: DEVELOPMENT SERVICES ARE THE COSTS RELATED TO DEVELOPING AND SUSTAINING NEW AND EXISTING PROGRAMS, INCLUDING RELATED FUNDING SOURCES.

- COVENANT HOUSE ACTION AND RESEARCH TANK (CHART): CHART (COVENANT HOUSE ACTION AND RESEARCH TANK) IS AN INITIATIVE OF COVENANT HOUSE NEW JERSEY THAT CONDUCTS RESEARCH, DEVELOPS EVIDENCE-BASED STRATEGIES, AND SEEKS SOLUTIONS FOR COMPLEX PROBLEMS SUCH AS HOMELESSNESS AND HUMAN TRAFFICKING. OUR APPROACH RESTS ON 3 CORE PILLARS- TRAINING & ADVOCACY, RESEARCH, AND SERVICES. WE PROVIDE TRAINING & TECHNICAL ASSISTANCE AND ADVOCATE WITH OUTSIDE ENTITIES TO IMPROVE SERVICES FOR VICTIMS & YOUTH, WE CONDUCT RESEARCH THAT IS GEARED TOWARD DEVELOPING BEST PRACTICES THAT SERVE AS A MODEL FOR SERVICE PROVIDERS, AND WE DEVELOP INNOVATIVE PRACTICES THAT WE INTEGRATE INTO OUR OWN SERVICES. OUR GOAL IS TO IMPROVE AND DISRUPT TRADITIONAL MODELS OF CARE AND CONTRIBUTE EFFECTIVE, EVIDENCE-BASED, AND CLIENT-CENTERED PROGRAM APPROACHES TO LOCAL AND NATIONAL DIALOGUES.

EXPENSES \$ 4,198,014. INCLUDING GRANTS OF \$ 281,005. REVENUE \$ 30,000.

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

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

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 OFFICERS BOARD OF DIRECTORS 232212 10-28-22 Schedule O (Form 990) 2022 46

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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 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 Schedule O (Form 990) 2022 232212 10-28-22 47

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Schedule O (Form 990) 2022	Page 2
Name of the organization COVENANT HOUSE NEW JERSEY INC.	Employer identification number 13-3537710
MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR	COMMITTEE IS
MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIO	NS OR DECISIONS
REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED D	IRECTOR 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 FINA	L DISCUSSION OR
VOTE AND DID NOT VOTE. A SUMMARY OF THE ANNUAL CONFLICTS O	F INTEREST AND
COPIES OF THE CONFLICTS OF INTEREST REPORTS FROM THE DIREC	TORS, EXECUTIVE
DIRECTOR, AND OFFICERS OF THE ORGANIZATION ARE ALSO SENT T	O THE PARENT
ORGANIZATION, COVENANT HOUSE INTERNATIONAL. THE PARENT, CO	VENANT HOUSE
INTERNATIONAL ALSO ENSURES THE ANNUAL CONFLICTS OF INTERES	T REPORTS ARE
ACCOMPLISHED FOR EACH AFFILIATE AND THAT THE REQUIRED INFO	RMATION IS SENT
TO THEM.	

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 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.

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Name of the organization COVENANT HOUSE NEW JERSEY INC.	Employer identification number $13 - 3537710$			
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 2023.				
FORM 990, PART VI, SECTION C, LINE 19:				
THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 9	90 ARE POSTED ON			
ITS WEBSITE, WWW.COVENANTHOUSENJ.ORG. THE GOVERNING DOCUME	NTS, CONFLICT OF			
INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE	FOR PUBLIC			
INSPECTION UPON REQUEST.				
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:				
CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST	113,649.			
FORM 990, PART XII, LINE 2C:				
THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND ESTABLISHING A				
COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT HAS				
NOT CHANGED FROM PRIOR YEARS.				

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Schedule O (Form 990) 2022

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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 13 - 3537710

Department of the Treasury Internal Revenue Service Name of the organization

COVENANT HOUSE NEW JERSEY INC.

C.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
COVENANT HOUSE - 13-2725416							
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	COVENANT HOUSE		х
COVENANT HOUSE CALIFORNIA - 13-3391210							
1325 NORTH WESTERN AVENUE							
HOLLYWOOD, CA 90027	HUMANITARIAN	CALIFORNIA	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE FLORIDA - 59-2323607							
733 BREAKERS AVENUE							
FORT LAUDERDALE, FL 33304	HUMANITARIAN	FLORIDA	501(C)3	LINE 7	COVENANT HOUSE		х

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contr organiz	
COVENANT HOUSE GEORGIA - 13-3523561						103	
1559 JOHNSON ROAD NW	7						
ATLANTA, GA 30318	HUMANITARIAN	GEORGIA	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE ILLINOIS - 81-2061485							
2934 W. LAKE STREET							
CHICAGO, IL 60612	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	HUMANITARIAN	MISSOURI	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE NEW ORLEANS - 58-1669937							
611 NORTH RAMPART STREET							
NEW ORLEANS, LA 70112	HUMANITARIAN	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	7						
NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)3	LINE 10	COVENANT HOUSE		х
UNDER 21 COVENANT HOUSE NEW YORK -							
13-3076376, 460 WEST 41ST STREET, NEW YORK,	7						
NY 10036	HUMANITARIAN	NEW YORK	501(C)3	LINE 7	COVENANT HOUSE		х

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
COVENANT HOUSE CONNECTICUT - 13-3330953						103	
C/O COVENANT HOUSE, 5 PENN PLAZA	7						
NEW YORK, NY 10001	- HUMANITARIAN	CONNECTICUT	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE CHICAGO - 13-3386635							
C/O COVENANT HOUSE, 5 PENN PLAZA	-						
NEW YORK, NY 10001	HUMANITARIAN	ILLINOIS	501(C)3	PF	COVENANT HOUSE		х
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		х
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		х
UNDER 21 BOSTON INC - 04-2790593							
C/O COVENANT HOUSE, 5 PENN PLAZA	-						
NEW YORK, NY 10001	HUMANITARIAN	MASSACHUSETTS	501(C)3	LINE 12A, I	COVENANT HOUSE		х
COVENANT HOUSE TORONTO					COVENANT		
20 GERRARD STREET EAST	-				INTERNATIONAL		
TORONTO, CANADA, CANADA M5B 2P3	- HUMANITARIAN	CANADA			FOUNDATION		х
COVENANT HOUSE VANCOUVER					COVENANT		
575 DRAKE STREET	7				INTERNATIONAL		
VANCOUVER, CANADA, CANADA V6B 4K8	- HUMANITARIAN	CANADA			FOUNDATION		х
ASOCIACION LA ALIANZA GUATEMALA					COVENANT		
13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL	7				INTERNATIONAL		
MIXCO, GUATEMALA, GUATEMALA	- HUMANITARIAN	GUATEMALA			FOUNDATION		х
CASA ALIANZA DE HONDURAS					COVENANT		
CORNER OF ARDA CERVANTES Y MORELOS	-				INTERNATIONAL		
TEGUCIGALPA, HONDURAS, HONDURAS	HUMANITARIAN	HONDURAS			FOUNDATION		х
CASA ALIANZA NICARAGUA					COVENANT		
EDIFFICIO CONRAD N HILTON COSTADO ESTE DEL M	7				INTERNATIONAL		
MANAGUA, NICARAGUA, NICARAGUA	HUMANITARIAN	NICARAGUA			FOUNDATION		х
FUNDACION CASA ALIANZA MEXICO IAP					COVENANT		
PLAZA DE LAS FUENTES 116 COL					INTERNATIONAL		
MEXICO DF, MEXICO, MEXICO	HUMANITARIAN	MEXICO			FOUNDATION		х
CASA ALIANZA INTERNACIONAL					COVENANT		
C/O COVENANT HOUSE, 5 PENN PLAZA	7				INTERNATIONAL		
NEW YORK, NY 10001	HUMANITARIAN	COSTA RICA			FOUNDATION		х

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	conti organi:	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
CH PENNSYLVANIA UNDER-21 HOLDINGS, INC	_						
82-1519205, 31 EAST ARMAT STREET,			501 (2) 2		COVENANT HOUSE		37
PHILADELPHIA, PA 19144	HOLDING CO	PENNSYLVANIA	501(C)3	LINE 12A, I	PENNSYLVANIA		Х
YOUTH VISION SOLUTIONS - 27-1855040							
2959 MARTIN LUTHER KING JR BLVD			501 (2) 2		COVENANT HOUSE		37
DETROIT, MI 48208	SCHOOL MGMT	MICHIGAN	501(C)3	LINE 7	MICHIGAN	_	Х
CH HOUSING DEVELOPMENT FUND CORPORATION -	<u> </u>						
83-4124396, C/O COVENANT HOUSE, 5 PENN	PROVIDING TRANSITIONAL						
PLAZA, NEW YORK, NY 10001-1810	HOUSING	NEW YORK	501(C)3	LINE 12A, I	COVENANT HOUSE		Х
	—						
	—						

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	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box 20 of Schedule	managii partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
	_										
- 85-3539993, 1559 JOHNSON	DEVELOP		COVENANT HOUSE								
ROAD NW, ATLANTA, GA 60612	PROPERTY	GA	ILLINOIS	RELATED	0.	0.		x	N/A	x	.00%
COVENANT HOUSE ILLINOIS											
QALICB LLC - 85-3857238, 2934	7										
W. LAKE STREET, CHICAGO, IL	DEVELOP		COVENANT HOUSE								
30318	PROPERTY	IL	GEORGIA	RELATED	0.	0.		x	N/A	x	.00%
	_										
	_										
	4										
	4										

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	(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	l contr	i) tion b)(13) rolled ity?
		country)		or addy		400010		Yes	No

Schedule R (Form 990) 2022 COVENANT HOUSE NEW JERSEY INC.

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.								
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Yes					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X				
	Gift, grant, or capital contribution to related organization(s)	1b		Х				
	Gift, grant, or capital contribution from related organization(s)	1c	X	\square				
	Loans or loan guarantees to or for related organization(s)	1d		Х				
	Loans or loan guarantees by related organization(s)	1e		X				
f	Dividends from related organization(s)	1f		Х				
g	Sale of assets to related organization(s)	1g		X				
	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		X				
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		X				
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X					
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X				
	Sharing of paid employees with related organization(s)	10	X					
р	Reimbursement paid to related organization(s) for expenses	1p		X				
q	Reimbursement paid by related organization(s) for expenses	1q	X					
r	Other transfer of cash or property to related organization(s)	1r		X				
S	Other transfer of cash or property from related organization(s)	1s		Х				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.							

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
(5)				
_(6)				

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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)	(b)	(c)	(d)	(6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(i org	all rs sec.	Share of			opor-	Code V-UBI	Genera	al or P	ercentage
of entity	, second s	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(ora	c)(3) s.?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing er? C	ownership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	NO	

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Part VII Supplemental Information

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

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