

Return of Organization Exempt From Income Tax

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: C Name of organization: COVENANT HOUSE NEW JERSEY INC. D Employer identification number: 13-3537710
E Telephone number: 973-286-3406
G Gross receipts \$: 16,170,302.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.COVENANTHOUSENJ.ORG
K Form of organization:
L Year of formation: 1989
M State of legal domicile: NJ

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission... SEE SCHEDULE O; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: JULIA EINBOND, EXECUTIVE DIRECTOR
Date:
Print/Type preparer's name: MELISSA MODELSON
Preparer's signature: MELISSA MODELSON
Date: 05/14/24
Check if self-employed:
PTIN: P01603524
Firm's name: PKF O'CONNOR DAVIES ADVISORY, LLC
Firm's EIN: 87-3231666
Firm's address: 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633
Phone no.: 914-381-8900

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,755,665. including grants of \$ 187,327.) (Revenue \$ 973.)

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.)

4e Total program service expenses 12,947,079.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

| | 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 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? <i>If "Yes," complete Schedule J</i> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part I</i> | | 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? <i>If "Yes," complete Schedule L, Part II</i> | | 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? <i>If "Yes," complete Schedule L, Part III</i> | | 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): | | |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | 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? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | Yes | No |
|---|-----|----|
| 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 18 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 18 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NJ
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
MANJURUL HUDA, DIRECTOR OF FINANCE - 973-286-3406
330 WASHINGTON STREET, NEWARK, NJ 07102

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) JAMES WHITE EXECUTIVE DIRECTOR | 35.00 0.00 | | | X | | | | 309,180. | 0. | 50,447. |
| (2) WILLIAM BEDROSSIAN PRESIDENT & CEO AS OF FEB 2023 | 1.00 34.00 | | | X | | | | 0. | 297,629. | 37,308. |
| (3) MARY M. MACDONALD ASSOC EXEC DIR/TREASURER | 35.00 0.00 | | | X | | | | 201,754. | 0. | 33,985. |
| (4) DAVID HALL DIR. OF NORTH JERSEY PROGRAM | 35.00 0.00 | | | | | X | | 166,882. | 0. | 19,557. |
| (5) JULIA EINBOND ASSOCIATE DIRECTOR, CHART | 35.00 0.00 | | | | | X | | 144,955. | 0. | 34,392. |
| (6) JANETTE SCROZZO SR. DEVELOPMENT DIRECTOR | 35.00 0.00 | | | | | X | | 133,080. | 0. | 24,858. |
| (7) TEQUILA BROOKS HUMAN RESOURCE DIRECTOR | 35.00 0.00 | | | | | X | | 109,924. | 0. | 31,290. |
| (8) JENNIFER WILLIAMS SENIOR DEVELOP. DIRECTOR | 35.00 0.00 | | | | | X | | 112,067. | 0. | 21,962. |
| (9) ANNE RANDOLPH, SECRETARY STEWARDSHIP MANAGER | 35.00 0.00 | | | X | | | | 75,872. | 0. | 29,483. |
| (10) JOHN R. BERGER BOARD CHAIRMAN | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (11) ERIC J. ANDERSEN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (12) GLENWYN P. BAPTIST DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (13) KEAN DRISCOLL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (14) NANCY KING DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (15) ELIZABETH LAWRENCE DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (16) MARTIN J. MALLOY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (17) MICHAEL X. MCBRIDE, ESQ DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) PAUL F. MCKEON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) MARK J. NUGENT DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) OMOTAYO T. OKUSANYA DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) JAN PERCIVAL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) GEORGE RACHMIEL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) JOHN D. SORIANO DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) FATHER ROBERT B. STAGG DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) THOMAS J. SYKES DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) FRANK WALSH DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 1,253,714. | 297,629. | 283,282. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,253,714. | 297,629. | 283,282. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 11

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| ACE MECHANICAL ASSOCIATES LLC 34 PRAIRIE AVE, SUFFERN, NY 10901 | AIR CONDITIONER SERVICES | 173,069. |
| SAVING GRACE TECHNOLOGIES PO BOX 139, WILLIAMSTOWN, NJ 08094 | IT SUPPORT | 156,433. |
| RANA CONSTRUCTION INC 430 MADISON AVE, ELIZABETH, NJ 07201 | CONSTRUCTION SERVICES | 124,600. |
| | | |
| | | |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|--|---|---------------|----------------|------------------------------------|----------------------------|--|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | 236,837. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 2,408,617. | | | | |
| | d Related organizations | 1d | 4,560,359. | | | | |
| | e Government grants (contributions) | 1e | 4,404,080. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 3,168,396. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 24,866. | | | | |
| | h Total. Add lines 1a-1f | | | 14,778,289. | | | |
| Program Service Revenue | 2 a TRAINING INCOME | Business Code | | | | | |
| | | 900099 | 30,000. | 30,000. | | | |
| | b RENTAL INCOME | 532000 | 973. | 973. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 30,973. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 137,683. | | | 137,683. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 1,104,114. | | | |
| | | | (ii) Other | | | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 1,182,284. | | | | |
| | c Gain or (loss) | 7c | -78,170. | | | | |
| | d Net gain or (loss) | | | -78,170. | | -78,170. | |
| 8 a Gross income from fundraising events (not including \$ 2,408,617. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 112,086. | | | | |
| | | | 421,199. | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | -309,113. | | -309,113. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | 11 a SOLAR PANEL REBATES | Business Code | | | | | |
| | | 900099 | 4,235. | | | 4,235. | |
| | b OTHER INCOME | 900099 | 2,922. | | | 2,922. | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 7,157. | | | | |
| 12 Total revenue. See instructions | | | 14,566,819. | 30,973. | 0. | -242,443. | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ... | | | | |
| 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. | 44,497. |
| 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): | | | | |
| a Management | | | | |
| b Legal | 3,274. | 1,143. | 2,131. | |
| c Accounting | 109,527. | 105,880. | 3,647. | |
| d Lobbying | | | | |
| e 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 O.) | 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 | | | | |
| 16 Occupancy | 455,067. | 447,653. | 7,414. | |
| 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 ... | | | | |
| 19 Conferences, conventions, and meetings | 14,313. | 5,681. | 1,696. | 6,936. |
| 20 Interest | 8,092. | 7,707. | 385. | |
| 21 Payments to affiliates | | | | |
| 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), amount, list line 24e expenses on Schedule O.) | | | | |
| a REPAIRS AND MAINTENANCE | 224,964. | 224,964. | | |
| b EQUIPMENT | 113,273. | 111,262. | 2,011. | |
| c STAFF RECRUITMENT/TRAIN | 31,481. | 23,692. | 7,564. | 225. |
| d STAFF DEVELOPMENT | 31,210. | 27,681. | 2,829. | 700. |
| e All other expenses | 28,866. | | | 28,866. |
| 25 Total functional expenses. Add lines 1 through 24e | 15,331,405. | 12,947,079. | 828,624. | 1,555,702. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 1,810,588. | 1 | 1,150,756. |
| | 2 Savings and temporary cash investments | 453,741. | 2 | 6,030. |
| | 3 Pledges and grants receivable, net | 1,117,212. | 3 | 1,757,237. |
| | 4 Accounts receivable, net | 48,093. | 4 | 0. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 28,705. | 9 | 63,635. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 26,681,032. | | |
| | b Less: accumulated depreciation | 10b 15,024,625. | 11,936,834. | 10c 11,656,407. |
| | 11 Investments - publicly traded securities | 5,401,264. | 11 | 5,021,180. |
| | 12 Investments - other securities. See Part IV, line 11 | 1,166,374. | 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) | 22,510,096. | 16 | 21,686,486. | |
| Liabilities | 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 | 4,938,842. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 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 <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 17,317,201. | 32 | 16,747,644. |
| | 33 Total liabilities and net assets/fund balances | 22,510,096. | 33 | 21,686,486. |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|--|----|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 14,566,819. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,331,405. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -764,586. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 17,317,201. |
| 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 | 113,649. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 16,747,644. |

Part XII Financial Statements and Reporting

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

| | Yes | No |
|--|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| b Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis | | |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | X | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | X | |

Form 990 (2022)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 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 organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 11585914. | 12214271. | 13224329. | 15755404. | 14778289. | 67558207. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 38,584. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 67519623. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 11585914. | 12214271. | 13224329. | 15755404. | 14778289. | 67558207. |
| 8 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 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. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 95,170. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | | |
|---|-------------------------------------|-------|---|
| 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 14 | 99.10 | % |
| 15 Public support percentage from 2021 Schedule A, Part II, line 14 | 15 | 98.96 | % |
| 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | | |

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

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

Section A. Public Support

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

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2021 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2021 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (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 | |

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

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2022 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-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 (reasonable cause required - <i>explain in Part VI</i>). 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 | | | |
| h Applied to 2022 distributable amount | | | |
| i Carryover from 2017 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2022 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2022 distributable amount | | | |
| c 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, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2023. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2018 | | | |
| b Excess from 2019 | | | |
| c Excess from 2020 | | | |
| d Excess from 2021 | | | |
| e Excess from 2022 | | | |

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

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

CONTACT/INSURANCE SETTLEMENT

2018 AMOUNT: \$ 26,408.

2020 AMOUNT: \$ 62,740.

OTHER INCOME

2018 AMOUNT: \$ 503.

2019 AMOUNT: \$ 5,455.

2022 AMOUNT: \$ 2,922.

REIMBURSEMENTS/REFUND

2018 AMOUNT: \$ 8,539.

2020 AMOUNT: \$ 2,749.

SOLAR PANEL REBATES

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.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

COVENANT HOUSE NEW JERSEY INC.

Employer identification number

13-3537710

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

| | |
|---|---|
| Name of organization COVENANT HOUSE NEW JERSEY INC. | Employer identification number 13-3537710 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>4,560,359.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>792,947.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>866,751.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>646,822.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>5</u> | <hr/> <hr/> <hr/> | \$ <u>574,928.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>6</u> | <hr/> <hr/> <hr/> | \$ <u>484,159.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization COVENANT HOUSE NEW JERSEY INC. | Employer identification number 13-3537710 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ <u>308,277.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|---|---|
| Name of organization COVENANT HOUSE NEW JERSEY INC. | Employer identification number 13-3537710 |
|---|---|

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |
| | _____ | \$ _____ | _____ |

| | |
|---|---|
| Name of organization COVENANT HOUSE NEW JERSEY INC. | Employer identification number 13-3537710 |
|---|---|

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| | | | |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **COVENANT HOUSE NEW JERSEY INC.** Employer identification number **13-3537710**

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register | 2d |

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 2,000,830. | | 2,000,830. |
| b Buildings | | 21,859,495. | 13,006,756. | 8,852,739. |
| c Leasehold improvements | | 22,215. | 22,215. | 0. |
| d Equipment | | 1,794,104. | 1,429,683. | 364,421. |
| e Other | | 1,004,388. | 565,971. | 438,417. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 11,656,407. |

Part VII Investments - Other Securities.

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) BENEFICIAL INTEREST IN | | |
| (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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

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

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

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 14,761,848. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | 81,380. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 113,649. |
| e | 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: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 14,566,819. |

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: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | 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: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 15,331,405. |

Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN PERPETUAL TRUST 113,649.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|------------------------------------|---------------------|---------------------------------|------------|
| | | NIGHT OF BROADWAY (event type) | EXECUTIVE SLEEPOUT (event type) | 6 (total number) | (add col. (a) through col. (c)) | |
| Revenue | 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. |
| Direct Expenses | 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. |
| | 9 | Other direct expenses | 98,551. | | 1,935. | 100,486. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 421,199. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -309,113. | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **COVENANT HOUSE NEW JERSEY INC.** Employer identification number **13-3537710**

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| | | | | | | | |
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| | | | | | | | |

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

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of 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 |
| YOUTH RENT | 62 | 949,934. | 0. | | |
| YOUTH INCENTIVES | 101 | 11,104. | 0. | | |
| YOUTH TRAINING STIPENDS | 71 | 35,680. | 0. | | |

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

PART I, LINE 2:

IN PURSUIT OF ITS TAX-EXEMPT MISSION OF AMELIORATING THE CONDITION OF THE POOR AND NEEDY, COVENANT HOUSE NEW JERSEY MAY MAKE SPECIFIC GRANTS OF ASSISTANCE TO INDIVIDUALS IN THE FORM OF FOOD AND/OR CLOTHING. AS SUCH, THERE IS NO REQUIREMENT TO MONITOR THE USE OF THESE NON-CASH ITEMS. ALL EXPENDITURES FOR THE GRANT HAD TO BE APPROVED BY THE ASSOCIATE EXECUTIVE DIRECTOR AND ASSOCIATE DIRECTORS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COVENANT HOUSE NEW JERSEY INC.

Employer identification number

13-3537710

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----------|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 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.

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JAMES WHITE EXECUTIVE DIRECTOR | (i) | 307,203. | 0. | 1,977. | 27,450. | 22,997. | 359,627. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) WILLIAM BEDROSSIAN PRESIDENT & CEO AS OF FEB 2023 | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 297,539. | 0. | 90. | 8,255. | 29,053. | 334,937. | 0. |
| (3) MARY M. MACDONALD ASSOC EXEC DIR/TREASURER | (i) | 200,529. | 0. | 1,225. | 18,560. | 15,425. | 235,739. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DAVID HALL DIR. OF NORTH JERSEY PROGRAM | (i) | 166,274. | 0. | 608. | 15,191. | 4,366. | 186,439. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JULIA EINBOND ASSOCIATE DIRECTOR, CHART | (i) | 144,831. | 0. | 124. | 5,443. | 28,949. | 179,347. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) JANETTE SCROZZO SR. DEVELOPMENT DIRECTOR | (i) | 132,645. | 0. | 435. | 12,145. | 12,713. | 157,938. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 3:

THE PRESIDENT/CEO'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE
OF COVENANT HOUSE INTERNATIONAL (PARENT) WORKING IN CONJUNCTION WITH
COMPARABILITY DATA SUCH AS SALARY SURVEYS WITH SIMILARLY SIZED NON-PROFITS.
PERIODICALLY THE ORGANIZATION HIRES AN INDEPENDENT CONSULTANT TO REVIEW
COMPARABLE SALARIES FOR THE PRESIDENT/CEO, OTHER OFFICERS AND KEY
EMPLOYEES. GENERALLY THE BOARD EVALUATES THE PRESIDENT'S COMPENSATION
ANNUALLY. THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT
FACTORS INTO ACCOUNT EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

COVENANT HOUSE NEW JERSEY INC.

Employer identification number

13-3537710

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
OPTIONS, INCLUDING TRANSITIONAL AND PERMANENT HOUSING OPPORTUNITIES,
FOR YOUTH FACING HOMELESSNESS AND SURVIVORS OF HUMAN TRAFFICKING.

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

IN 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
UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS SUPPORT FOR EACH
YOUNG PERSON WHO WALKS THROUGH OUR DOORS. FOUNDED AS A DROP-IN CENTER
IN NEW YORK CITY IN 1972, COVENANT HOUSE NOW SERVES THOUSANDS OF
CHILDREN AND YOUTH EVERY YEAR IN OUR RESIDENTIAL, OUTREACH, 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
EXPERIENCES, INCLUDING FOSTER CARE, FAMILY TRAUMA, SUBSTANCE USE,

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

Schedule O (Form 990) 2022

232211 10-28-22

| | |
|--|--|
| Name of the organization COVENANT HOUSE NEW JERSEY INC. | Employer identification number 13-3537710 |
|--|--|

MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, CROSS-BORDER
MIGRATION, AND HUMAN TRAFFICKING. YOUTH MAY COME TO US SCARRED BY
ANTI-LGBTQ+ DISCRIMINATION AND VIOLENCE, OR AS PARENTS OF SMALL
CHILDREN, OR PREGNANT. OUR STAFF MEET THEM WHERE THEY ARE, HELP THEM
STABILIZE THEIR SITUATION, AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY
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

Name of the organization

COVENANT HOUSE NEW JERSEY INC.

Employer identification number

13-3537710

DEVELOPING COGNITIVELY, PHYSICALLY, PSYCHOLOGICALLY, AND EMOTIONALLY, THOSE IMPACTS CAN HAVE DEEP EFFECTS. THIS IS EVEN MORE THE CASE FOR YOUNG PEOPLE OF COLOR AND THOSE WHO IDENTIFY AS LGBTQ, WHO FACE UNIQUE CHALLENGES ASSOCIATED WITH RACISM AND PREJUDICE. COVENANT HOUSE WELCOMES ALL YOUNG PEOPLE FACING HOMELESSNESS WITH UNCONDITIONAL LOVE AND ABSOLUTE RESPECT AND PROVIDES THEM ACCESS TO A RANGE OF HEALTH AND WELL-BEING SERVICES THAT THEY CAN USE TO HEAL AND REDISCOVER THEIR POTENTIAL. OUR TRAUMA-INFORMED, RESILIENCE-FOCUSED PROGRAMS AND SERVICES RANGE FROM MEDICAL CARE AT OUR ON-SITE HEALTH CENTERS TO YOGA CLASSES, MUSIC LESSONS, COUNSELING, SPIRITUAL SERVICES, AS WELL AS SPORTS AND OTHER PHYSICAL ACTIVITIES. THROUGH THESE ACTIVITIES, YOUNG PEOPLE RETAKE CONTROL OVER THEIR LIVES, BUILD ON THEIR STRENGTHS, 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

| | |
|--|--|
| Name of the organization COVENANT HOUSE NEW JERSEY INC. | Employer identification number 13-3537710 |
|--|--|

YOUTH TO APPROPRIATE EDUCATIONAL AND VOCATIONAL OPPORTUNITIES, MATCHING EACH YOUNG PERSON'S STRENGTHS AND ABILITIES WITH THEIR CAREER INTERESTS. WE HELP THEM HONE THE SKILLS THEY NEED TO JOIN THE WORKFORCE, BECOME INDEPENDENT, AND TURN THEIR BACK ON HOMELESSNESS. IN FY23, 255 YOUTH GAINED OR MAINTAINED EMPLOYMENT AND 77% OF YOUTH PARTICIPATED IN RESILIENCE-BUILDING ACTIVITIES IN THE DLC.

COVENANT HOUSE NEW JERSEY HAS ESTABLISHED AN INNOVATIVE LEARNING ENVIRONMENT, CALLED THE DOVE LEARNING CENTER (DLC), TO FURTHER MOTIVATE YOUNG PEOPLE TO MEET THEIR GOALS. THE DLC USES A BLENDED LEARNING CURRICULUM THAT FOSTERS AUTONOMY, COMPETENCE AND RESILIENCE WITH A FOCUS ON FIVE SUBJECT AREAS: EDUCATION, EMPLOYMENT, SOCIAL 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 WERE ASSISTED IN MAINTAINING EMPLOYMENT WHILE ENGAGED IN SERVICES. 108 YOUTH 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 FAMILIES PROGRAM: OUR PROGRAM DEDICATED TO SERVING YOUNG

| | |
|--|--|
| 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 US FOR UP TO 18 MONTHS AND RECEIVE 3 MONTHS OF AFTERCARE SUPPORT ONCE THEY 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 TO 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 PROVIDED 40 YOUNG MOMS AND 54 CHILDREN WITH SAFE AND SUPPORTIVE HOUSING.

- NANCY'S PLACE: THE NANCY'S PLACE PROGRAM PROVIDES SUPPORTIVE HOUSING FOR YOUTH WITH MENTAL HEALTH DISORDERS. IN FY23, WE SERVED 11 YOUTH.

- PERMANENT HOUSING: THE PERMANENT HOUSING PROGRAM PROVIDES 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. WE SERVED APPROXIMATELY 125 PEOPLE ACROSS OUR VARIOUS PERMANENT HOUSING PROGRAMS DURING FY23.

-HUMAN TRAFFICKING VICTIM SERVICES (HTVS): CHNJ IS THE STATEWIDE 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 ALL

| | |
|--|--|
| Name of the organization COVENANT HOUSE NEW JERSEY INC. | Employer identification number 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

| | |
|--|--|
| Name of the organization COVENANT HOUSE NEW JERSEY INC. | Employer identification number 13-3537710 |
|--|--|

OF CHNJ.

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

THE FOLLOWING DECISIONS FOR THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY CHNJ PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL - AMENDMENT OR REPEAL OF THE BY-LAWS, INCREASE OR DECREASE IN THE NUMBER OF BOARD OF DIRECTORS AND APPOINT/REMOVE MEMBERS OF THE BOARD AND THE OFFICERS.

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

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

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

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

| | |
|--|--|
| 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 DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. A SUMMARY OF THE ANNUAL CONFLICTS OF INTEREST AND COPIES OF THE CONFLICTS OF INTEREST REPORTS FROM THE DIRECTORS, EXECUTIVE DIRECTOR, AND OFFICERS OF THE ORGANIZATION ARE ALSO SENT TO THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL. THE PARENT, COVENANT HOUSE INTERNATIONAL ALSO ENSURES THE ANNUAL CONFLICTS OF INTEREST REPORTS ARE ACCOMPLISHED FOR EACH AFFILIATE AND THAT THE REQUIRED INFORMATION IS SENT TO THEM.

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 |
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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 990 ARE POSTED ON ITS WEBSITE, WWW.COVENANTHOUSENJ.ORG. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization **COVENANT HOUSE NEW JERSEY INC.** Employer identification number **13-3537710**

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| COVENANT HOUSE - 13-2725416 5 PENN PLAZA NEW YORK, NY 10001 | HUMANITARIAN | NEW YORK | 501(C)3 | LINE 7 | N/A | | X |
| COVENANT HOUSE ALASKA - 13-3419755 755 A STREET ANCHORAGE, AK 99501 | HUMANITARIAN | ALASKA | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE CALIFORNIA - 13-3391210 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027 | HUMANITARIAN | CALIFORNIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE FLORIDA - 59-2323607 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304 | HUMANITARIAN | FLORIDA | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |

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 | (g) Section 512(b)(13) controlled organization? | |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| COVENANT HOUSE GEORGIA - 13-3523561 1559 JOHNSON ROAD NW ATLANTA, GA 30318 | HUMANITARIAN | GEORGIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE ILLINOIS - 81-2061485 2934 W. LAKE STREET CHICAGO, IL 60612 | HUMANITARIAN | ILLINOIS | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE MICHIGAN - 38-3351777 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208 | HUMANITARIAN | MICHIGAN | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE MISSOURI - 43-1821599 2727 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63113 | HUMANITARIAN | MISSOURI | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE NEW ORLEANS - 58-1669937 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112 | HUMANITARIAN | LOUISIANA | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE PENNSYLVANIA - 23-3003176 31 EAST ARMAT STREET PHILADELPHIA, PA 19144 | HUMANITARIAN | PENNSYLVANIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE TEXAS - 76-0050882 1111 LOVETT BLVD HOUSTON, TX 77006 | HUMANITARIAN | TEXAS | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE WASHINGTON - 13-3537709 2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020 | HUMANITARIAN | DISTRICT OF COLUMBIA | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| COVENANT HOUSE WESTERN AVENUE - 95-4395845 1325 N WESTERN AVENUE HOLLYWOOD, CA 90027 | HOLDING CO | CALIFORNIA | 501(C)3 | LINE 12A, I | COVENANT HOUSE | | X |
| COVENANT INTERNATIONAL FOUNDATION - 13-3124706, 5 PENN PLAZA, NEW YORK, NY 10001 | HOLDING CO | DELAWARE | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |
| TESTAMENTUM - 23-7326634 5 PENN PLAZA NEW YORK, NY 10001 | HOLDING CO | NEW YORK | 501(C)3 | LINE 10 | COVENANT HOUSE | | X |
| UNDER 21 COVENANT HOUSE NEW YORK - 13-3076376, 460 WEST 41ST STREET, NEW YORK, NY 10036 | HUMANITARIAN | NEW YORK | 501(C)3 | LINE 7 | COVENANT HOUSE | | X |

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| CHGA CHI LEVERAGE LENDER, LLC - 85-3539993, 1559 JOHNSON ROAD NW, ATLANTA, GA 60612 | DEVELOP PROPERTY | GA | COVENANT HOUSE ILLINOIS | RELATED | 0. | 0. | | X | N/A | | X | .00% |
| COVENANT HOUSE ILLINOIS QALICB LLC - 85-3857238, 2934 W. LAKE STREET, CHICAGO, IL 30318 | DEVELOP PROPERTY | IL | COVENANT HOUSE GEORGIA | RELATED | 0. | 0. | | X | N/A | | X | .00% |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

| | Yes | No |
|--|-----|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | | X |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | | X |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | X | |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | X | |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

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

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.