PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A r</u>	or th	e 2020 calendar year, or tax year beginning 001 1, 2020 and	enaing U	UN 30, 2021			
B c	heck if oplicab	C Name of organization		D Employer identific	cation number		
X	Addre						
	Name chang	Doing business as COVENANT HOUSE NEW YORK		13-3076376			
	Initial return	Number and street (or P.U. box if mail is not delivered to street address)	E Telephone number				
	Final return	460 WEST 41ST STREET	212-613-				
	termir ated		G Gross receipts \$ 32,304,678.				
	Amen return	NEW TORK, NI 10030		H(a) Is this a group re			
	Applied tion	F Name and address of principal officer: NANCI DOWN ING		for subordinates	? Yes X No		
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions		
		te: ► NY · COVENANTHOUSE · ORG		H(c) Group exemptio	·		
		forganization: X Corporation Trust Association Other	L Year	of formation: $1981 _{ m extbf{N}}$	1 State of legal domicile; \mathbf{NY}		
Pa	rt I	Summary					
an.	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O			
Activities & Governance							
rna	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	21		
5	4	Number of independent voting members of the governing body (Part VI, line 1b)			21		
es 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			362		
Ϋ́È	6	Total number of volunteers (estimate if necessary)			126		
₹	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		28,668,013.	31,823,966.		
eun	9	Program service revenue (Part VIII, line 2g)		437,344.	470,385.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,960.	3,071.		
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,413.	7,256.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		29,120,730.	32,304,678.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,051,134.	2,509,868.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		18,613,238.	20,439,449.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
xbe		Total fundraising expenses (Part IX, column (D), line 25) 659,19					
Ш		, , , , , , , , , , , , , , , , , , , ,		6,931,863.	7,745,086.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,596,235.	30,694,403.		
	19	Revenue less expenses. Subtract line 18 from line 12		1,524,495.	1,610,275.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		10,588,261.	10,929,107.		
t As	21	Total liabilities (Part X, line 26)		4,140,704.	2,743,545.		
	22	Net assets or fund balances. Subtract line 21 from line 20		6,447,557.	8,185,562.		
	rt II	Signature Block					
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is		
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.			
		Signature of officer		Data			
Sigr		1'		Date			
Her	е	NANCY DOWNING, EXECUTIVE DIRECTOR Type or print name and title					
		 		Date Check C	PTIN		
B		Print/Type preparer's name Preparer's signature		- 10 c 10 o l i			
Paid		GARRETT M. HIGGINS GARRETT M. HIGGI	5/06/22 self-employ				
Prep		Firm's name PKF O'CONNOR DAVIES, LLP		Firm's EIN ▶	27-1728945		
Use	UNIY	Firm's address 500 MAMARONECK AVENUE		0.1	A 201 0000		
		HARRISON, NY 10528-1633		Phone no. 91	4-381-8900		
May	the I	RS discuss this return with the preparer shown above? See instructions			X Yes No		

UNDER 21 13-3076376 Page **2** Form 990 (2020)

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SEE SCHEDULE O
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 \$ 12,037,658. including grants of \$ 529,563.) (Revenue \$ 0.)
	CRISIS SHELTER -
	COVENANT HOUSE NEW YORK (CHNY) PROVIDES SERVICES TO YOUTH EXPERIENCING
	HOMELESSNESS WHO HAVE NOWHERE ELSE TO TURN. THE CHNY CRISIS SHELTER IS
	OPEN 24 HOURS A DAY, 7 DAYS A WEEK, 365 DAYS A YEAR TO ANY YOUTH OR
	YOUNG ADULT, AGE 16-21 WHO IS EXPERIENCING HOMELESSNESS. CHNY ALSO
	PROVIDES A 20-BED SHELTER FOR YOUNG FEMALE-IDENTIFIED ADULTS, AGES
	21-24. YOUTH CAN STAY IN OUR CRISIS SHELTERS FOR UP TO 60 DAYS, OR 120 DAYS WITH AN EXTENSION ALLOWED BY OCFS. IN FY2021, COVENANT HOUSE NEW
	YORK PROVIDED SHELTER AND SUPPORTIVE SERVICES TO 1,159 YOUTH. WITH CAPACITY EXCEEDING 120 BEDS PER NIGHT, CHNY'S CRISIS SHELTERS
	SPECIALIZE IN ENSURING THAT AT-RISK YOUNG PEOPLE RECEIVE BASIC NEEDS
	WHILE MOVING TOWARD STABILITY IN A SUPPORTIVE SETTING THAT EMPHASIZES
415	7 010 204 205 000 050 710
4b	(Code:) (Expenses \$/, 212,384.outling grants of \$305,898.outline \$258,712.outline \$
	MANY PEOPLE WHO BENEFIT FROM CHNY'S SHELTER PROGRAM QUALIFY FOR ENTRY
	INTO OUR RIGHTS OF PASSAGE (ROP) PROGRAM. ROP IS A LONGER-TERM,
	24-MONTH PROGRAM FOR YOUTH AND YOUNG ADULTS, AGES 16-21, AND INCLUDES
	THE SAME WRAPAROUND SUPPORTS AS OUR CRISIS SHELTER. ROP ALSO PROVIDES
	PERMANENT HOUSING ASSISTANCE AND PLANNING FOR YOUTH WHILE THEY RESIDE
	IN THE PROGRAM. ROP PROVIDED LONGER-TERM TRANSITIONAL INDEPENDENT
	LIVING TO APPROXIMATELY 140 YOUNG PEOPLE IN FY2021. THE PRIMARY GOAL OF
	ROP IS TO PREPARE AND MOVE YOUNG PEOPLE TOWARD INDEPENDENCE AND
	SELF-SUFFICIENCY. PEOPLE RESIDING IN ROP NOT ONLY BENEFIT FROM
	PROVISION OF BASIC NEEDS IN THE FORM OF HOUSING, FOOD, AND CLOTHING,
	BUT ALSO FROM VIGOROUS, EVIDENCE-BASED SUPPORTS DESIGNED TO ENCOURAGE
4c	(Code:) (Expenses \$4,315,095. including grants of \$10,186.) (Revenue \$10,673.)
	HEALTH CLINIC -
	CHNY OPERATES A FEDERALLY QUALIFIED HEALTH CLINIC (FQHC) THROUGH WHICH
	IT PROVIDES COMPREHENSIVE HEALTH SERVICES. IN FY2021, APPROXIMATELY
	1,461 HOMELESS AND/OR RUNAWAY YOUNG PEOPLE RECEIVED CARE, AND 7,185
	MEDICAL VISITS WERE PROVIDED. THE HEALTH AND WELLNESS CENTER IS STAFFED
	WITH MEDICAL AND ADMINISTRATIVE STAFF THAT INCLUDES DOCTORS, NURSES,
	LAB TECHNICIANS, AND OTHER MEDICAL PROFESSIONALS WHO ENSURE THE
	DELIVERY OF HIGH-QUALITY HEALTH SERVICES IN A COMPASSIONATE ATMOSPHERE.
	THE HEALTH AND WELLNESS CENTER ALSO PROVIDES MENTAL HEALTH SERVICES IN
	ORDER TO ENSURE WE HELP TO MEET THE SIGNIFICANT NEEDS OF OUR YOUNG
	PEOPLE, MANY OF WHOM HAVE EXTENSIVE HISTORIES OF TRAUMA. DURING THE
	LAST QUARTER OF FY2021, CHNY CONTINUED TO UTILIZE ITS SAFETY PROTOCOL
4d	Other program services (Describe on Schedule O.) (Expenses \$ 4,146,495. including grants of \$ 1,664,221.) (Revenue \$ 0.)
4-	(Expenses \$ 4,146,495 · including grants of \$ 1,664,221 ·) (Revenue \$ 0 ·) Total program service expenses ► 27,711,632 ·
40	Total program service expenses \(\sum \) \(\frac{27,711,032.}{} \) Form \(\frac{990}{2020} \)

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Form 990 (2020) UNDER 21 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	Х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	, , , , , , , , , , , , , , , , , , , ,	14b	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	1 1 D		
13		45		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			. v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X
_	·	_	000	

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Form 990 (2020) UNDER 21
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? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			. v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		<u> </u>
·	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	<u> </u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		$\stackrel{\frown}{-}$
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Pai		-55		
	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 in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
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Form 990 (2020) UNDER 21

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

Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return b if at least one is reported on line 2a, did the organization fille all required federal employment tax returns? Abote if the sum of lines 1a and 2a is greater than 250, you may be required to 6-file (see instructions) 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a Did the organization land and year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Accounts (FBAF). 5a Was the organization a party to a prohibitor Norm 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization a party to a prohibitor Norm 114, Report of Foreign Bank and Financial Accounts (FBAF). 5b Was the organization and the organization file Form 8886-17 5c Did any expandization and annual gross reception Foreign 18 bank and Financial Accounts (FBAF). 5c Did any expanization in the organization file Form 8886-17 5c Did the organization in include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a Did the organization include apyment in excess of \$15 made party size contribution and party for goods and services provided to the payor? 7b If "Yes," did the organization include with every solicitation and express statement that such contributions or grain to grain and the supplication file and party size contributions and party for goods and services provided to the payor? 7c Did the organization receive a payment in excess of \$15 made party size contribution and p	T.,	Γ
billite for the calendary year ending with or within the year covered by this return 2a 362	Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to _p-lig (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a At any time the manner of the foreign country. ** LITECHTENTETIN** See instructions for fling requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aperty to a prohibited tax whether transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shalter transaction? 5c If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shalter transaction? 5c If Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shalter transaction? 6d Does the organization aperty to a prohibited tax shalter transaction? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Organization that may receive deductible contributions under section 170(c). 8d If Yes, and the organization notify the donor of the value of the goods or services provided? 7d Organization that may receive deductible contributions under section 170(c). 8d If Yes, and the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization security and the organization file form 8282? 8d If Yes, and the organization		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 Al at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country ► LIECHTENS/TEIN 5 Did any taxable party notify the organization where an interest in, or a signature or other authority over, a financial account in a foreign country ► LIECHTENS/TEIN 5 See instructions for filing requirements for FinoCRF Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 See 1 H*Yes* or line 5 aor 50, did the organization file Form 888677 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles for more 886677 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles for more 84677 6 Does the organization neture deductible contributions under section 170(c). 6 Did the organization receive a payment in excess of \$75 made partly as contribution and parity for goods and services provided to the payor? 7 The 1*Yes*, indicate the number of Forms 8282 filed during the year 7 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received an contribution of crass, boats, alignates, or other vehicles, did the organization fle Form 10896.7 8 Sponsoring organization members or shareholders 9 Did the sponsoring organization make any funds, directly or indirectly, on a personal benefit contract? 9 Did the sponsoring organizat	Х	
ab Id the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filled a Form 990-T for this year? If "No" to fine 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account(if the foreign country by LIZECHTENSTEIN) See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization neceive a payment in excess of \$75 made party as a contribution of any party for goods and services provided to the payor? 7 The organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282? 9 If "Yes," idicate the number of Forms 8282 filed during the year 10 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 899 as required? 11 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization the payment of the promise or advised funds. 10 D		
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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.

						X
Sec	tion A. Governing Body and Management					
			1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21			
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?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or			
	persons other than the governing body?			7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
				10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $H = Y$,			37	
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		uith a			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable extituduring the year?			16-		Х
	taxable entity during the year?			16a		Δ.
O	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in init yent we arrangements under applicable federal tox low, and take stone to define the organization.					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b		
	List the states with which a copy of this Form 990 is required to be filed ▶NY					
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000	LT (Section 501(a)(a)	only)	availa	hlc
10	for public inspection. Indicate how you made these available. Check all that apply.	เน ฮฮโ	- r (Georion 30 r(c)(3)\$	orny)	avalld	nie
		^	-hll			
10	X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	fines	nia!	
19		i iiiiCt (or interest policy, and	midil	vial	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's boo	ke on	d records			
20	MARIA L. MOROTA - 212-613-0300	no dil				
	460 WEST 41ST STREET NEW YORK NY 10036					

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

X

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle: cer ar	Pos heck i ss per	more rson i	than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DR. DAVID J. DAVIS	35.00	-				Ι.,		225 570	0	25 171
MEDICAL DIRECTOR (2) LESLIE ABBEY	35.00					X		225,570.	0.	35,171.
COO & DEPUTY ED	0.00	1			х			163,098.	0.	38,875.
(3) THEODORA CARTER	35.00				^			103,090.	0.	30,073.
SVP HUMAN RESOURCES	0.00	1				x		157,670.	0.	22,999.
(4) MARIA L. MOROTA	35.00							137,070.	•	22,333.
VP_OPERATIONAL CONTROLLERSHIP	0.00					x		130,664.	0.	18,306.
(5) CATHY BATISTA	35.00									
SVP, RESIDENTIAL & SUPPORT	0.00					x		129,930.	0.	15,977.
(6) DR. ALICE K. TSAI	35.00									•
OBSTETRICIAN & GYNECOLOGIST	0.00					Х		127,892.	0.	10,028.
(7) KEVIN RYAN	1.00									
PRESIDENT & CEO	34.00			Х				0.	23,851.	31,523.
(8) LEIGH J. FUGGER-SMITH	35.00									
CHIEF FINANCIAL & ADMIN. OFFICER	0.00			Х				35,151.	0.	0.
(9) SISTER NANCY DOWNING	35.00									
EXECUTIVE DIRECTOR	0.00			Х				0.	0.	12,085.
(10) LOUIS RAUCHENBERGER	2.00									
CHAIRMAN	0.00	X		Х				0.	0.	0.
(11) JAMES KARWEL	2.00	l								
VICE CHAIRMAN	0.00	Х		Х				0.	0.	0.
(12) DOUGLAS BLAGDON	2.00								•	•
TREASURER	0.00	Х		Х				0.	0.	0.
(13) ERIC HUTCHERSON	2.00	-		,,					0	0
SECRETARY, THRU AUG. 2020	0.00	Х		Х				0.	0.	0.
(14) LIBBY CANTRILL	0.50	-						0.	0.	0
(15) DAVID CORNISH	1.00	Х						0.	0.	0.
DIRECTOR	0.00	v						0.	0.	0.
(16) WILLIAM DACUNTO	0.50							0.	0.	<u>_ </u>
DIRECTOR	0.00	x						0.	0.	0.
(17) VIRGINIA EILLIOTT	1.00	<u> </u>							•	<u>·</u>
DIRECTOR		х						0.	0.	0.
-							<u> </u>			Form 990 (2020)

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Form 990 (2020) UNDER	21								13-3076	3/6	Pa	age 8
Part VII Section A. Officers, Directors,	I	oloy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per		not c		more	than o		Reportable	Reportable	l '	timate	
	week					s both r/trus		compensation from	compensation from related	l an	nount o other	OΤ
	(list any	ctor						the	organizations	com	pensa	tion
	hours for	r direc				ted		organization	(W-2/1099-MISC)	fr	om the	е
	related	stee	truste			pensa		(W-2/1099-MISC)		ı -	anizati	
	organizations below	ual tru	ional 1		ploye	t com				l	d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			Uiga	ainzan	פו וכ
(18) JENNIFER ENSLIN	1.00		_	_								
DIRECTOR	0.00	Х						0.	0.			0.
(19) PETER GREATREX	1.00											
DIRECTOR	0.00	Х						0.	0.			0.
(20) BENJAMIN GRIZZLE	1.00								_			
DIRECTOR	0.00	Х						0.	0.			0.
(21) MAUREEN A. HENEGAN	1.00											_
DIRECTOR	0.00	Х						0.	0.			0.
(22) PAM LEWIS	1.00	ا ا										_
DIRECTOR	0.00	Х						0.	0.			0.
(23) MARY MAYLAND	1.00	ا ۔۔ ا							•			•
DIRECTOR	0.00	Х						0.	0.			0.
(24) SANDY LOGAN MULLMAN	1.00								•			_
DIRECTOR	0.00	Х						0.	0.			0.
(25) ANNA OSBORN	1.00								0			^
DIRECTOR POWER	0.00	Х						0.	0.			0.
(26) JOSEPH E. ROYCE	1.00	Х							0.			0
DIRECTOR								969,975.	23,851.	10	4,9	<u>0.</u>
1b Subtotal								0.	23,831.	10	4,5	0.
c Total from continuation sheets to Pa								969,975.	23,851.	1 2	4,9	
d Total (add lines 1b and 1c)							0 rc		•		- ,) (<u>,</u>
compensation from the organization		056	пъте	u al	ove	y wii	o re	ceived more man \$100,	ooo or reportable			16
compensation from the organization	_										Yes	No
3 Did the organization list any former o	fficer director trust	ee k	ev e	mol	ove	e or	hia	hest compensated empl	lovee on			
line 1a? If "Yes " complete Schedule		,	.Jy C	,, i,bi	J y 0	o, oi	9	nost componidated emp	,	3		Х

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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)	(B)	(C)
Name and business address	Description of services	Compensation
RSM US LLP		
5155 PAYSPHERE CIRCLE, CHICAGO, IL 60674	ACCOUNTING SERVICES	234,592.
CONGREGATION OF NOTRE DAME	EXECUTIVE DIRECTOR	
329 WEST 25 STREET, NEW YORK, NY 10001	SERVICES	200,000.
DRWANTED.COM, LLC, 4170 ASHFORD DUNWOODY		
ROAD, SUITE 485, ATLANTA, GA 30319	STAFFING SERVICES	176,319.
PARTNERS INTERNATIONAL, 1201 CONNECTICUT	HR CONSULTING	
AVENUE NW, OFFICE 519, WASHINGTON , DC	SERVICES	111,041.

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

Form **990** (2020)

2020.05093 UNDER 21

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

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Form 990 UNDER 21									13-307	6376
Part VII Section A. Officers, Directors, Tru	ustees, Key En	nplo	yee	s, a	nd F	ligh	est (Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours	(check all that apply)				app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	7				loyee		the	organizations	compensation
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	9e or c	stee			satec		(44-2/1099-14113C)		and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	idual	ution	e e	old me	estoc	er			3
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) MATTHEW SCHMEELK	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(28) ALAN THOMAS	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(29) RICK VAN BENSCHOTEN	1.00							-	-	
DIRECTOR	0.00	Х						0.	0.	0.
(30) ETHAN WIENER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(31) HALIM WISE	1.00								-	
DIRECTOR	0.00	Х						0.	0.	0.
			_							
			_			_				
			_			_				
_										
		•								
			\vdash							
		-								
		1								
		1								
		1								
	-									
Total to Part VII, Section A, line 1c										

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UNDER 21

Form 990 (2020) UNDER 2
Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a	response	or note to any lin	e in this Part VIII			X
								(A)	(B)	(C)	(D) Revenue excluded
								Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
									Tariotion revenue	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
Y, G		С	Fundraising events			1c					
a ii		d	Related organizations			1d	9,223,324.				
s, (mi		е	Government grants (contri	butio	ons)	1e	19,676,441.				
r Si		f	All other contributions, gifts,	grant	s, and						
the the			similar amounts not included	abov	⁄е	1f	2,924,201.				
들임		g	Noncash contributions included in I	ines 1	a-1f	1g \$	726,758.				
a S		h	Total. Add lines 1a-1f				<u></u>	31,823,966.			
							Business Code				
9	2	а	NEW COVENANT RENT IN	COM	Œ		532000	258,712.	258,712.		
Program Service Revenue		b	MANAGED CARE AND OTH	IER	INCO	ME	621990	177,673.	177,673.		_
Seg		С	INCENTIVE PAYMENTS				900099	34,000.	34,000.		_
am		d									
90 E		е									
₫		f	All other program service	ever	nue						
		g	Total. Add lines 2a-2f					470,385.			
	3		Investment income (includ	ing o	divide	nds, intere	est, and				
			other similar amounts) $_{\dots\dots}$					3,071.			3,071.
	4 Income from investment of tax-exempt bond				pt bond p	roceeds					
	5		Royalties								
					(i) Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) S	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ne			and sales expenses	7b							
ther Revenue		С	Gain or (loss)	7с							
æ		d	Net gain or (loss)			<u></u>					
her	8		Gross income from fundraisir	ig eve	ents (r	ot					
ᅙ			including \$			of					
			contributions reported on								
			Part IV, line 18				1				
			Less: direct expenses								
			Net income or (loss) from t				_				
	9	а	Gross income from gaming								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from				D				
	10	а	Gross sales of inventory, le								
			and allowances								
			Less: cost of goods sold				<u> </u>				
		С	Net income or (loss) from s	sales	ot inv	entory	Pusings Carls				
s		_	OTHER INCOME				900099	7,256.			7,256.
Miscellaneous Revenue	11	_	OTHER INCOME				200033	7,250.			7,250.
lar		b									
sce Be		Ç	All other revenue								
Ξ			All other revenue					7,256.			
	12		Total. Add lines 11a-11d Total revenue. See instructio					32,304,678.	470,385.	0.	10,327.
			TOTAL TOTOLING. OUT HISH HULLIU	110				,,,			, ~ - .

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Form 990 (2020) UNDER 21 Part IX Statement of Functional Expenses

Scoti	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All athe	ar organizations must con	anlete column (A)	
Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			прівсе соіштіті (А).	
	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	not include amounts reported on lines 66, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схреносо	general expenses	схропосо
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	2,509,868.	2,509,868.		
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	378,382.	229,188.	144,451.	4,743.
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	15,158,885.	14,106,385.	596,157.	456,343.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	999,304.	889,729.	81,758.	27,817. 70,143.
9	Other employee benefits	2,499,598.	2,227,380.	202,075.	70,143.
10	Payroll taxes	1,403,280.	1,297,523.	63,967.	41,790.
11	Fees for services (nonemployees):				
а	Management		10.00		
b	•	89,937.		76,052.	
	Accounting	251,524.		176,958.	
d	, 0	33,303.	33,303.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	1 244 010	1 150 000	184,622.	0 205
	column (A) amount, list line 11g expenses on Sch O.)	1,344,819.	1,150,892.	104,022.	9,305.
12	Advertising and promotion	931,786.	846,510.	80,148.	5,128.
13	Office expenses	576,601.	500,178.	71,620.	4,803.
14 15	Information technology	370,001.	300,170.	71,020.	4,005.
16	Royalties Occupancy	3,563,996.	3,242,194.	294,127.	27,675.
17	Travel	21,698.		379.	27,073
18	Payments of travel or entertainment expenses	22,0300	22,0230	3,30	
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,407.	15,399.	3,671.	337.
20	Interest	320.	. ,	320.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	173,220.	137,623.	32,701.	2,896.
23	Insurance	165,345.	125,678.	36,886.	2,781.
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 0.)				
а	EQUIPMENT	164,931.	130,859.	31,930.	2,142.
b	OTHER DIRECT OPERATING	163,104.	20,153.	141,818.	1,133.
С	STAFF DEVELOPMENT	124,016.		23,460.	2,156.
d	STAFF RECRUITMENT	107,121.	40,600.	66,521.	
е	All other expenses	13,958.		13,958.	
25	Total functional expenses. Add lines 1 through 24e	30,694,403.	27,711,632.	2,323,579.	659,192.
26	$\ensuremath{\textbf{Joint costs}}.$ Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				

13-3076376 Page **11** Form 990 (2020)
Part X Balance Sheet UNDER 21

Pa	rt X	Balance Sneet					
	Check if Schedule O contains a response or note to any line in this Part X						
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,387,469.	1	3,321,802.
	2	Savings and temporary cash investments			1,073.	2	186,340.
	3	Pledges and grants receivable, net			4,808,481.	3	3,607,253
	4	Accounts receivable, net			239,641.	4	143,235
	5	Loans and other receivables from any current or form					
		trustee, key employee, creator or founder, substantia					
		controlled entity or family member of any of these pe	ersons			5	
	6	Loans and other receivables from other disqualified p	person				
		under section 4958(f)(1)), and persons described in se	ection	4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	B ::			213,329.	9	142,074
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10a	а	9,276,453.			
	b			8,405,483.	511,759.	10c	870,970
	11	Investments - publicly traded securities			99,419.	11	124,580
	12	Investments - other securities. See Part IV, line 11			2,042,720.	12	2,148,347
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			284,370.	15	384,506
	16	Total assets. Add lines 1 through 15 (must equal line	e 33)		10,588,261.	16	10,929,107
	17	Accounts payable and accrued expenses	2,268,601.	17	2,625,823		
	18	Grants payable			18		
	19	Deferred revenue			15,502.	19	0 .
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part I	IV of S	schedule D		21	
Se	22	Loans and other payables to any current or former of	fficer,	director,			
Ě		trustee, key employee, creator or founder, substantia	al cont	ributor, or 35%			
Liabilities		controlled entity or family member of any of these pe	ersons			22	
_	23	Secured mortgages and notes payable to unrelated t				23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payable					
		parties, and other liabilities not included on lines 17-2	24). Co	omplete Part X	1 056 601		115 500
					1,856,601.	25	117,722.
	26	Total liabilities. Add lines 17 through 25			4,140,704.	26	2,743,545.
S		Organizations that follow FASB ASC 958, check he	ere	► <u>X</u>			
če		and complete lines 27, 28, 32, and 33.			0 700 257		2 551 006
alar	27	Net assets without donor restrictions			2,723,357.	27	3,551,026.
Ä	28	Net assets with donor restrictions			3,724,200.	28	4,634,536
Ĕ		Organizations that do not follow FASB ASC 958, c	check	here			
F		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equipm				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income			6 117 557	31	0 105 560
Š	32	Total net assets or fund balances			6,447,557.	32	8,185,562.
	33	Total liabilities and net assets/fund balances			10,588,261.	33	10,929,107

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,30		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,69		
3	Revenue less expenses. Subtract line 2 from line 1	3		.,61		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6	,44		
5	Net unrealized gains (losses) on investments	5		2	2,1	<u>03.</u>
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		<u> 10</u>	5,6	<u>27.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	8	18,18	5,5	<u>62.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	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:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	tit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990	(2020)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization UNDER 21 13-3076376 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21304311.	22763844.	23609485.	28668013.	31823966.	128169619
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	21304311.	22763844.	23609485.	28668013.	31823966.	128169619
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						128169619
	tion B. Total Support			ı	1		
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	21304311.	22763844.	23609485.	28668013.	31823966.	128169619
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,472.	2,970.	2,667.	3,060.	3,071.	14,240.
۵	Net income from unrelated business	2,1,2,	273700	270070	370001	370720	11/2100
9	activities, whether or not the						
	,						
10	business is regularly carried on Other income. Do not include gain						
10	•						
	or loss from the sale of capital	21,776.	13,681.	2,773.	10,413.	7,256.	55,899.
44	assets (Explain in Part VI.)	21,770.	13,001.	2,115.	10,413.		128239758
	Total support. Add lines 7 through 10	ata (ann in atmustis					,392,461.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, 372, 401.
13	First 5 years. If the Form 990 is for the						. □
<u>Sac</u>	organization, check this box and storetion C. Computation of Publi						P
	•			I		44	99.95 %
	Public support percentage for 2020 (I					14	0.0 0.4
	Public support percentage from 2019					15	
16a	33 1/3% support test - 2020. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the	•		•		•	
	and stop here. The organization qual						
17a	17a 10% -facts-and-circumstances test - 2020. 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 fact			-	· ·	VI how the organiz	zation
	meets the facts-and-circumstances to	-		*			
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			or 990-E7) 2020

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	ļ					
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	ļ					
	amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	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 th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	▶□
k	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Pa	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
р	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		OI-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organ	izations	
1 Check here if the organization satisfied the Integral Part Test a	as a qualifying trust on	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
All other Type III non-functionally integrated supporting organi	zations 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 instructi	ions) 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)
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	1 A) 3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to)		
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a no	on-functionally integrate	ed Type III supporting oras	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	T V Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	inizations _{(continue}	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	,		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	•	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
<u>a</u>	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f_	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u> b</u>	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8_	Breakdown of line 7:				
<u>a</u>	Excess from 2016				
<u>b</u>	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2020

e Excess from 2020

Part VI Supplemental I	
Part IV, Section A, I line 1; Part IV, Secti	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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, ion 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, 3, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME	
2016 AMOUNT: \$	21,776.
2017 AMOUNT: \$	676.
2018 AMOUNT: \$	2,773.
2019 AMOUNT: \$	10,413.
2020 AMOUNT: \$	7,256.
ENERGY SAVING REE	BATE
2017 AMOUNT: \$	13,005.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

2020

Name of the organization

UNDER 21

13-3076376

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: Or	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							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.							
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year						
but it mu	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).							

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

UNDER 21

13-3076376

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$11,405,258. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$9,223,324.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$2,398,567. 	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$1,853,559. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 5	Name, address, and ZIP + 4	\$1,548,456.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Humo, audi 655, and £if T T	\$1,473,624.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization **Employer identification number**

13-3076376 UNDER 21 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.)

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

023453 11-25-20

Part I

(a) No.

from

Part I

Part I

(a)

(d)

Date received

(b)

Description of noncash property given

FMV (or estimate)

(See instructions.)

Name of organization **Employer identification number** UNDER 21 13-3076376 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Empl	oyer identification number
_	UNDER 2		1. 504/)		13-3076376
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c) (or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities		▶ \$	
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3	3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	 ▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	▶\$	
	If the organization incurred a sectio				
	Was a correction made?				Yes No
	o If "Yes," describe in Part IV.		law as attack 504/a		1/01
	art I-C Complete if the org	•			
	Enter the amount directly expended	, ,	•		
2	Enter the amount of the filing organ		•		
_	exempt function activities				
3	Total exempt function expenditures		•		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en made payments. For each organiza			-	
	contributions received that were pro	·			•
	political action committee (PAC). If			•	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020 UNDER			076376 Page 2
Part II-A Complete if the organization	n is exempt under section 501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).			
A Check ► X if the filing organization belong	gs to an affiliated group (and list in Part IV each affiliated	group member's name	, address, EIN,
expenses, and share of exces	s lobbying expenditures).		
B Check ▶ ☐ if the filing organization check	ted box A and "limited control" provisions apply.		
	oying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	37,306.	114,306.
c Total lobbying expenditures (add lines 1a and	d 1b)	37,306.	114,306.
		30,330,405.	102959374.
e Total exempt purpose expenditures (add line	s 1c and 1d)	30,367,711.	103073680.
f Lobbying nontaxable amount. Enter the amo		1,000,000.	1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of	line 1f)	250,000.	250,000.
h Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	0.
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	0.
j If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
reporting section 4911 tax for this year?		<u></u>	Yes No
	4-Year Averaging Period Under Section 501(h)		
	a section 501(h) election do not have to complete all o e the separate instructions for lines 2a through 2f.)	of the five columns be	low.
Lobi	bying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2017 (b) 2018 (c) 2019		(d) 2020	(e) Total					
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.				
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.				
c Total lobbying expenditures	36,050.	37,034.	39,561.	114,306.	226,951.				
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f Grassroots lobbying expenditures					000 or 000 E7\ 0000				

Schedule C (Form 990 or 990-EZ) 2020

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed descri	ption	(a)	(a))
f the lobbying activity.		Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, st	ate or				
local legislation, including any attempt to influence public opinion on a legislative r					
or referendum, through the use of:	nation				
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 10					
d Mailings to members, legislators, or the public?					
g Direct contact with legislators, their staffs, government officials, or a legislative boo		+			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar					
j Total. Add lines 1c through 1i					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under sec					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year.					
Part III-A Complete if the organization is exempt under section 5	01(c)(4). section	501(c)(5), or sec	tion	
501(c)(6).	(-/(-//	- / (3/(3	,, 500		
				Yes	N
			1		
1 Were substantially all (90% or more) dues received nondeductible by members?					
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
	penditures from the p	orior year?	3	tion	
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expert III-B Complete if the organization is exempt under section 5 	penditures from the policy (4), section	orior year? 501(c)(5	3), or sec		3, is
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures. 	penditures from the policy (4), section	orior year? 501(c)(5	3), or sec		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expert III-B Complete if the organization is exempt under section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes."	penditures from the p 01(c)(4), section are answered "N	orior year? 501(c)(5 lo" OR (3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditure. Complete if the organization is exempt under section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members	penditures from the position (4), section are answered "N	orior year? 501(c)(5 Io" OR (3), or sec b) Part I		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity exart III-B Complete if the organization is exempt under section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). a Current year	penditures from the p 01(c)(4), section are answered "N amounts of political	orior year? 501(c)(5 Io" OR (), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expents and complete if the organization is exempt under section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year	penditures from the p D1(c)(4), section are answered "N amounts of political	orior year? 501(c)(5 lo" OR (3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity examples art III-B Complete if the organization is exempt under section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carrotal	penditures from the policy (4), section are answered "Name amounts of political amounts of political amounts of political are answered amounts of political	orior year? 501(c)(5 lo" OR (3), or sec b) Part I		3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity exact III-B Complete if the organization is exempt under section 50 to 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section	penditures from the policy (4), section are answered "Name amounts of political amounts of po	orior year? 501(c)(5 lo" OR (3), or sec b) Part I		3, is
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Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expent III-B Complete if the organization is exempt under section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible secti If notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductive expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I structions); and Part II-B, line 1. Also, complete this part for any additional information.	penditures from the policy (4), section are answered "Name amounts of political amounts of political on 162(e) dues a portion of the excessible lobbying and political political amounts of political	prior year? 501(c)(5 lo" OR (3), or sec b) Part I 2a 2b 2c 3	II-A, line	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expent III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 16 notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductive expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I structions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, BOX A:	penditures from the policy (4), section are answered "Name amounts of political amounts of political amounts of the excessible lobbying and political line.	prior year? 501(c)(5 lo" OR (3), or sec b) Part I 2a 2b 2c 3 4 5	nd 2 (See	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expent III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 16 notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductive expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I structions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, BOX A:	penditures from the policy (4), section are answered "Name amounts of political amounts of political amounts of the excessible lobbying and political line.	prior year? 501(c)(5 lo" OR (3), or sec b) Part I 2a 2b 2c 3 4 5	nd 2 (See	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures. Complete if the organization is exempt under section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section if notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductive expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Cart IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I structions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, BOX A:	penditures from the policy (4), section are answered "Name amounts of political amounts of political amounts of political amounts of the excessible lobbying and political law (affiliated group list). AN AFFILIA	prior year? 501(c)(5 lo" OR (3), or sec b) Part I 2a 2b 2c 3 4 5	nd 2 (See	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures. Complete if the organization is exempt under section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section if notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductive expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Cart IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I structions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, BOX A:	penditures from the policy (4), section are answered "Name amounts of political amounts of political amounts of political amounts of the excessible lobbying and political law (affiliated group list). AN AFFILIA	prior year? 501(c)(5 lo" OR (3), or sec b) Part I 2a 2b 2c 3 4 5	nd 2 (See	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures. Complete if the organization is exempt under section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 expenditures amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductive expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I structions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, BOX A: NDER 21 / COVENANT HOUSE NEW YORK BELONGS TO ARENT ORGANIZATION AND THE FOLLOWING AFFILI.	penditures from the policy (4), section are answered "Name amounts of political amounts of po	TED G	3), or sec b) Part I 2a 2b 2c 3 4 5 4 5	nd 2 (See	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expent III-B Complete if the organization is exempt under section 50 to 1(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible secti If notices were sent and the amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeducties expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I structions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, BOX A: INDER 21 / COVENANT HOUSE NEW YORK BELONGS TO PARENT ORGANIZATION AND THE FOLLOWING AFFILI.	penditures from the policy (4), section are answered "Name amounts of political amounts of political amounts of the excessible lobbying and political law (affiliated group list). AN AFFILIA	TED G	3), or sec b) Part I 2a 2b 2c 3 4 5 4 5	nd 2 (See	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures. Complete if the organization is exempt under section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year C	penditures from the policy (4), section are answered "Name amounts of political amounts of po	TED G	3), or sec b) Part I 2a 2b 2c 3 4 5 4 5	nd 2 (See	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures. Complete if the organization is exempt under section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 expenditures amount on line 2c exceeds the amount on line 3, what does the organization agree to carryover to the reasonable estimate of nondeductive expenditure next year? Taxable amount of lobbying and political expenditures (See instructions) Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information Tovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I structions); and Part II-B, line 1. Also, complete this part for any additional information. CHEDULE C, PART II-A, BOX A: NDER 21 / COVENANT HOUSE NEW YORK BELONGS TO ARENT ORGANIZATION AND THE FOLLOWING AFFILI.	penditures from the policy (4), section are answered "Name amounts of political amounts of po	TED G	3), or sec b) Part I 2a 2b 2c 3 4 5 4 5	nd 2 (See	
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures. Complete if the organization is exempt under section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include expenses for which the section 527(f) tax was paid). Current year Carryover from last year C	penditures from the policy (4), section are answered "Name amounts of political amounts of po	TED G	3), or sec b) Part I 2a 2b 2c 3 4 5 4 5	nd 2 (See	

032043 12-02-20

Schedule C (Form 990 or 990-EZ) 2020 UNDER ZI		13-30/63/6 Page 4
Part IV Supplemental Information (continued)		
TESTANMENTUM	\$0	
COVENANT INTERNATIONAL FOUNDATION	\$0	
CONVENANT HOUSE WESTERN AVENUE	\$0	
AFFILIATED GROUP TOTAL	\$114,306	
REFER TO SCHEDULE R FOR FURTHER DETA	AILS FOR ADDRESS AND EIN.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNDER 21

Employer identification number 13-3076376

Pa			imilar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised	a idilus	(w) i dilde and other accounts
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 w	vriting that the assets hel	d in donor advised f	unds
Ū	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·		Yes No
Pai				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a h	istorically important land area
	Protection of natural habitat		Preservation of a c	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				
С	Number of conservation easements on a certified historic stru	ıcture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or te	erminated by the org	anization during the tax
	year ▶			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspecti	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, an	d enforcing conserva	ation easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enf	orcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	• •		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footness.	ote to the organization's	financial statements	that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Tres	euros or Otho	r Similar Assats
I a	Complete if the organization answered "Yes" on Form		asures, or other	Ollilla Assets.
			nue statement and h	palanaa ahaat warka
ıa	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for pub			erance or public
h	service, provide in Part XIII the text of the footnote to its finan			noe shoot works of
D	If the organization elected, as permitted under FASB ASC 958	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in lurthera	nce of public service,
	provide the following amounts relating to these items:			• \$
	(i) Revenue included on Form 990, Part VIII, line 1			. .
2		neuroe or other similar as		
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP ASP			iii, provide
_	the following amounts required to be reported under FASB AS	~		• \$
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X			
IJ	ASSERT INCIDITED IN FULL BOOK FAIL A			🕶 🛡

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

Schedule D (Form 990) 2020

13-3076376 Page 2 UNDER 21 <u>Schedule D (Form</u> 990) 2020 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 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): Public exhibition Loan or exchange program Scholarly research h Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance 1c 1d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. 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 99,419. 106,760, 114,222 112,013 102,430. **1a** Beginning of year balance Contributions 25,161. -7,341. -1,694. 2,209 9,583. Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs 5,768. Administrative expenses 124,580. 106,760. 114,222. 112,013. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: .0000 a Board designated or quasi-endowment Permanent endowment ► 84.9500 Term endowment ► 15.0500 % 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 Yes (i) Unrelated organizations Х 3a(ii) (ii) Related organizations **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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				
b Buildings				
c Leasehold improvements		6,187,756.	5,859,264.	328,492.
d Equipment		2,888,174.	2,504,523.	383,651.
e Other		200,523.	41,696.	158,827.
Total. Add lines 1a through 1e. (Column (d) must equa	870,970.			

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. 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	2,148,347.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	2 140 247		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.	2,148,347.		
Complete if the organization answered "Yes" c (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	(b) Dook value	(c) Method of Valuation. Cost of end	-or-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" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		
Complete if the organization answered "Yes" of	on Form 990 Part IV line 1	1a or 11f See Form 990 Part V line 25	
1. (a) Description of liability	orr orri 990, r art rv, line r	11e 01 111. Gee 1 0111 990, 1 art X, iiile 23.	(b) Book value
(1) Federal income taxes			(2) 2001. (4.4.6
(2) CAPITAL LEASE OBLIGATIONS			51,784.
(3) DUE TO PARENT			65,938.
(4)			30,300
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column /b) must equal Form 000 Port V and (P) line	05.)		117 722.

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 ... X

Schedule D (Form 990) 2020

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pai	edule D (Form 990) 2020 UNDER 21 rt XI Reconciliation of Revenue per Audited Financial St	tatements With			3076376 Page
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Total revenue, gains, and other support per audited financial statements	,		1	32,782,691
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				, ,
а		2a	22,103.		
b			121,444.		
С			•		
d			334,466.		
е	Add lines 2a through 2d		-	2e	478,013
3	Subtract line 2e from line 1			3	32,304,678
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a			
b					
С	Add lines 4a and 4b	•		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line			5	32,304,678
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per F	Retur	n.
	Transfer of Expenses per Addited I manicial c			.o.a.	•••
	Complete if the organization answered "Yes" on Form 990, Part IV,			iotai	
1	Complete if the organization answered "Yes" on Form 990, Part IV,	, line 12a.		1	31,150,313
1 2		, line 12a.		1	
	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	, line 12a.		1	
2	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	, line 12a.		1	
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	, line 12a. 2a 2b		1	
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	
a b c	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	121,444.	1	
a b c	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	121,444.	1	31,150,313
a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	121,444.	1 	31,150,313 455,910
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	121,444.	1 	31,150,313 455,910
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a	121,444.	1 	31,150,313 455,910
2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	334,466.	1 	31,150,313 455,910 30,694,403
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	2a 2b 2c 2d 4a 4b	121,444.	2e 3	31,150,313 455,910
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	121,444.	2e 3	31,150,313 455,910 30,694,403
2 a b c d e 3 4 a b c 5 Pa	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	2a 2b 2c 2d 4a 4b 278.)	121,444.	2e 3	31,150,313 455,910 30,694,403
2 a b c d e 3 4 a b c Prov	Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line rt XIII Supplemental Information.	2a 2b 2c 2d 4a 4b 4b 4t 4t 4t 4t 4t 4t	121,444. 334,466. and 2b; Part V, line 4	2e 3	31,150,313 455,910 30,694,403

ENDOWMENT ASSETS THAT SUPPORT THE OBJECTIVE OF PROVIDING A SUSTAINABLE AND INCREASING LEVEL OF ENDOWMENT INCOME DISTRIBUTION TO SUPPORT THE ORGANIZATION'S ACTIVITIES WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF ENDOWMENT ASSETS. THE ORGANIZATION'S PRIMARY INVESTMENT OBJECTIVE IS TO MAXIMIZE TOTAL RETURN WITHIN REASONABLE AND PRUDENT LEVELS OF RISK WHILE MAINTAINING SUFFICIENT LIQUIDITY TO MEET DISBURSEMENT NEEDS AND ENSURE PRESERVATION OF CAPITAL.

PART X, LINE 2:

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF

Part XIII Supplemental Information (continued)
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, 2018.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
ADMIN FEES REPORTED ON PART VII 334,466.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
ADMIN FEES REPORTED ON PART VII 334,466.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

JNI	DER 21					13-30763	76
	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	te if the organ	zation answered "	Yes" on
	Form 990, Part I	V, line 14b.					
1				ds to substantiate the amount of its grai			
	the grantees' eligibility f	or the grants or a	issistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
2		cribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outs	side the
•	United States.	la a falla di la a Dad	l line Ottoble se	on handwall and all the delitions of an area in a	!! \		
3	(a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is no (d) Activities conducted in the region		vity listed in (d)	(f) Total
	(a) riegion	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	gram service, specific type (s) in the region	expenditures for and investments in the region
URC)PE	0	0	INVESTMENTS			2,148,347.
	- 						
2 -	Subtotal	0	0				2,148,347.
	Subtotal		0				2,140,347.
	sheets to Part I	0	0				0.
С	Totals (add lines 3a	0	0				2 148 347.

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

Schedule F (Form 990) 2020

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the t					I
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect			>		

(a) Type of grant or assistance	(b) Region (c) Nu		(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
		recipionis	ousir grant	odon diobarocinicin	assistance	nonoasii assistanse	(book, FMV, appraisal, other
		1					

Schedule F (Form 990) 2020 UNDER 21 13-3076376 Page 4

Part IV | Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes." the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a X Yes No U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Yes X No Certain Foreign Corporations (see Instructions for Form 5471) 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Yes X No Fund (see Instructions for Form 8621) 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes." the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Yes X No Foreign Partnerships (see Instructions for Form 8865)

Did the organization have any operations in or related to any boycotting countries during the tax year? *If* "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2020

Yes X No

6

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

Open to Public Inspection

Part I General Information on Grants and Assistance	Name of the organization							Employer identification number
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part I'th to organization a procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part II, line 21, for any recipient that received more than \$5.00, Part I can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (f) Amount of cash grant or government or grants and other assistance or grant or assistance or grant or assistance or government or grants and other assistance or grant or assistance or grant or assistance or grant or government or grants and other grants or grant or grants are grant or grant or grant or grants and grant or grants or grants or grant or grants or								13-3076376
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III 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 or government (f) Applicable) (g) Applicable) (g) Applicable) (g) Description of non-cash assistance (g) Applicable (g) App								
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part III Grants and Other Assistance to Domestic Organizations and Domestic Covernments. 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 (b) EIN (c) IRC section (f) applicable) (d) Amount of cash grant on organization or government organizations assistance) (f) Method of valuation thook, FMV, approbal, other) (g) Description of organization organization organizations and Domestic Organizations and Domestic Organizations and Domestic Organizations and Domestic 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. (g) Amount of cash grant on organization or government organizations and Domestic 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. (g) Amount of cash grant organization organizations in Fact II additional space is needed. (g) Amount of cash grant organization organizations in Fact II additional space is needed. (g) Amount of cash grant organization organizations in Fact II additional space is needed. (g) Amount of cash grant organization answered "Yes" on Form 990, Part IV, line 21, for any space is needed. (g) Amount of cash grant organization organization organization in Each grant organization answered "Yes" on Form 990, Part IV, line 21, for any space is needed. (g) Amount of cash grant organization organization organization answered "Yes" on Form 990, Part IV, line 21, for any space is needed. (h) Amount of cash grant organization organizati			e amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selecti	
Teclipient 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 (ff applicable) (d) Amount of cash grant (d) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) FW (fi applicable) (fi applicable) (g) EIN (h) Purpose of grant on or government (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of grant or valuation (book, FMV, appraisal, other) (h) Purpose of gran	•							No
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 (fl applicable) (d) Amount of cash grant (e) Amount of non-cash assistance (g) Description of non-cash assistance (h) Purpose of grant or assistance (h) Method of valuation (book, FMV, appraisal, assistance (h) Method of valuation (book, FMV, appraisal, or assistance (h) Method of valuation (book, FMV, appraisal, or assistance (h) Method of valuation (book, FMV, appraisal, assistance (h) Method of valuation (book,								
1 (a) Name and address of organization or government (b) EIN (c) IRC section (ff applicable) (d) Amount of cash grant (e) Amount of noncash assistance (fin) Amount of noncash assistance (h) Purpose of grant or assistance (h)	Granto ana Other Abolitance	_				anization answered "\	es" on Form 990, Part	t IV, line 21, for any
The first of government and the first of government of ganizations listed in the line 1 table 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of organizations listed in the line 1 table						(f) Mothod of	Т	
3 Enter total number of other organizations listed in the line 1 table		(b) EIN			non-cash	valuation (book, FMV, appraisal,		
3 Enter total number of other organizations listed in the line 1 table								
3 Enter total number of other organizations listed in the line 1 table								
3 Enter total number of other organizations listed in the line 1 table								
3 Enter total number of other organizations listed in the line 1 table								
3 Enter total number of other organizations listed in the line 1 table								
3 Enter total number of other organizations listed in the line 1 table								
3 Enter total number of other organizations listed in the line 1 table								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2020	3 Enter total number of other organizati	ons listed in the line	1 table	e line 1 table				Schedule I (Form 990) 2020

13-3076376 UNDER 21 Schedule I (Form 990) 2020 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. (f) Description of noncash assistance (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) recipients cash grant cash assistance FOOD, CLOTHING, SUPPLIES & ALLOWANCE FOOD, CLOTHING, SUPPLIES & ALLOWANCE 1664 0. 2,405,759.COST SCHOLARSHIPS 79 104,109. 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: UNDER 21/COVENANT HOUSE NEW YORK PROVIDES NON-CASH ASSISTANCE IN THE FORM OF MEDICAL, SUBSTANCE ABUSE, VOCATIONAL EDUCATION, JOB TRAINING, AND ETC.

AS SUCH, THERE IS NO REQUIREMENT TO MONITOR THE USE OF THESE NON-CASH ITEMS. UNDER 21/COVENANT HOUSE NEW YORK REVIEWS ALL GRANT RELATED EXPENDITURES ON A MONTHLY BASIS, WITH THE MAJORITY OF THE GRANT FUNDS ARE ON A REIMBURSEMENT BASIS. CONSEQUENTLY ALL EXPENDITURES MUST BE REVIEWED TO INSURE THAT THEY COMPLY WITH GRANT PROVISIONS PRIOR TO SUBMITTING THE REIMBURSEMENT REQUEST. IN ADDITION, ALL EXPENDITURES/ ASSISTANCES ARE

Page 2

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

QUQU
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Name of the organization

UNDER 21

Part I Questions Regarding Compensation

Employer identification number
13-3076376

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	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:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	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	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990
(1) DR. DAVID J. DAVIS	(i)	221,382.	0.	4,188.	20,146.	15,025.	260,741.	0.
MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LESLIE ABBEY	(i)	162,743.	0.	355.	9,817.	29,058.	201,973.	0.
COO & DEPUTY ED	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) THEODORA CARTER	(i)	157,362.	0.	308.	8,885.	14,114.	180,669.	0.
SVP, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 2

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

➤ Attach to Form 990.

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

Name of the organization Employer identification number UNDER 21 13-3076376

Pai	rt I Types of Property				,			
	·	(a) Check if applicable	(b) Number of contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art		Items contributed	Tomi oco, i are vin, into 19				
2								
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		214,216.	COST			
6	Cars and other vehicles			211,210.	CODI			
7	Boats and planes							
, 8								
9								
	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
40	trust interests							
12	Securities - Miscellaneous Qualified conservation contribution -							
13								
44	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles	X	3	19,813.	COCIII			
19	Food inventory	X	1	8,740.				
20	Drugs and medical supplies		<u> </u>	0,740.	COSI			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts	37		402 000	OO O O			
25	Other (EQUIPMENT)	X	2	483,989.	COST			
26	Other ()							
27	Other ()							
28	Other (<u> </u>						
29	Number of Forms 8283 received by the organize						^	
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	
							Yes	No
30a	During the year, did the organization receive by	-		•				
	must hold for at least three years from the date		ll contribution, and	which isn't required to be u	sed for			7.7
	exempt purposes for the entire holding period?	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	•	•	tions?	31	X	
32a	Does the organization hire or use third parties		-					,
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) for	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNDER 21

Employer identification number 13-3076376

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: AS THE NATION'S LARGEST PROVIDER FOR HOMELESS, RUNAWAY, TRAFFICKED, AT-RISK ADOLESCENT YOUTH, CHNY STRIVES TO OFFER EXTRAORDINARY CARE THROUGH A COMPREHENSIVE RANGE OF PROGRAMS & SERVICES DESIGNED TO MEET BASIC NEEDS & TO OFFER OPPORTUNITIES FOR GROWTH. PROGRAMS & SERVICES INCLUDE CRISIS SHELTER TRANSITIONAL HOUSING, RAPID RE-HOUSING AND PERMANENT SUPPORTIVE HOUSING, MOTHER/CHILD SUPPORT, HEALTH CLINIC (INCLUDING BEHAVIORAL HEALTH SERVICES), EDUCATIONAL & VOCATIONAL TRAINING, ANTI-HUMAN TRAFFICKING SERVICES, LEGAL SERVICES/ADVOCACY YOUTH DEVELOPMENT, & MORE, ALL PROVIDED WITH COMPREHENSIVE UTILIZATION TRAUMA-INFORMED AND EVIDENCE-BASED PRACTICES.

FORM 990, PART III, LINE 1:

IN 33 CITIES ACROSS SIX COUNTRIES, COVENANT HOUSE BUILDS BRIDGES TO HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN TRAFFICKING, MEETING THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING PROTECTION, AND MEDICAL CARE AND SUPPORTING THEM TO ADVANCE THEIR GOALS OF EDUCATION AND EMPLOYMENT. COVENANT HOUSE ENCOMPASSES A ROBUST NETWORK OF "HOUSES," WITH BEST-IN-CLASS SERVICES AND A SHARED COMMITMENT TO UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS SUPPORT FOR EACH YOUNG PERSON WHO WALKS THROUGH OUR DOORS. FOUNDED AS A DROP-IN CENTER IN NEW YORK CITY IN 1972, COVENANT HOUSE NOW SERVES THOUSANDS OF CHILDREN AND YOUTH EVERY YEAR IN OUR RESIDENTIAL OUTREACH, AND DROP-IN PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED STATES, GUATEMALA, HONDURAS, MEXICO, NICARAGUA, AND CANADA EMPLOY A STRENGTHS-BASED TRAUMA-INFORMED PRACTICE MODEL THAT HELPS YOUNG PEOPLE

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

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number Name of the organization UNDER 21 13-3076376 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, MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND MORE. OUR STAFF MEET THEM WHERE THEY ARE AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY CONTINUUM OF SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE. DURING FY21, THE WORLDWIDE COVID-19 PANDEMIC IMPACTED THE NUMBER OF YOUTH COVENANT HOUSE REACHED, AS AFFILIATES ENSURED SOCIAL DISTANCING, SET ASIDE ISOLATION ROOMS FOR SYMPTOMATIC YOUTH, PAUSED OUR IN-PERSON PREVENTION PROGRAMS, AND, DURING LOCKDOWNS, SUSPENDED OR MODIFIED STREET OUTREACH. THE PANDEMIC IMPACTED ALL OF OUR OPERATIONS, INCLUDING FOOD PRODUCTION (INCREASED 75%); THE CREATION OF ONLINE OPPORTUNITIES FOR MENTAL HEALTH CARE, EDUCATION, AND JOB READINESS TRAINING; DEVELOPMENT OF APPROPRIATE INTAKE PROTOCOLS; IMPLEMENTATION OF NEW CLEANING AND SANITIZING PROTOCOLS, AND OTHER MEASURES, ALL OF WHICH DROVE UP OPERATING COSTS. NEVERTHELESS, IN FY21 COVENANT HOUSE AFFILIATES PROVIDED A TOTAL OF NEARLY 690,000 NIGHTS OF HOUSING AND SAFETY FOR, ON AVERAGE, 1,883 YOUTH EACH NIGHT. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: WARMTH AND COMPASSION. MANY PEOPLE WHO COME TO OUR CRISIS SHELTER HAVE EXPERIENCED SIGNIFICANT TRAUMA, INCLUDING ABUSE, TRAFFICKING, REJECTION

FROM FAMILY OF ORIGIN, ETC. THE FOCUS OF CHNY'S CRISIS SHELTER IS TO

Name of the organization

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UNDER 21

ENSURE THE PROVISION OF BASIC NEEDS IN THE FORM OF FOOD, SHELTER, AND

CLOTHING, ALONG WITH APPROPRIATE SUPPORT AND WRAPAROUND SERVICES SUCH

AS COUNSELING, PHYSICAL/MENTAL HEALTH PROGRAMMING, LEGAL SERVICES,

EDUCATION AND EMPLOYMENT SERVICES, AND MORE. IN FALL OF 2021, CHNY

OPENED ITS NEW, PURPOSE-BUILT SHELTER FACILITY AT 460 WEST 41 STREET TO

HOUSE ITS 120-BED SHELTER, AFTER 3 YEARS OF CONSTRUCTION.

MOTHER/CHILD PROGRAM -

COVENANT HOUSE NEW YORK OPERATES A SHELTER PROGRAM DESIGNED

SPECIFICALLY FOR MOTHERS & CHILDREN. THIS PROGRAM SPECIALIZES IN

ENSURING THAT THESE MOMS AND BABIES ARE RECEIVING BASIC NEEDS WHILE

MOVING TOWARD STABILITY IN A SUPPORTIVE SETTING THAT EMPHASIZES WARMTH

AND COMPASSION. MANY OF THE YOUNG PARENTS WHO COME TO THE MOTHER/CHILD

PROGRAM HAVE EXPERIENCED SIGNIFICANT TRAUMA, INCLUDING DOMESTIC

VIOLENCE, ABUSE, TRAFFICKING, REJECTION, AND ADDICTION, AND CHNY'S

FOCUS IS TO ENSURE THE PROVISION OF BASIC NEEDS IN THE FORM OF FOOD,

SHELTER, AND CLOTHING, ALONG WITH OTHER APPROPRIATE SERVICES SUCH AS

COUNSELING, PARENT TRAINING, PHYSICAL/MENTAL HEALTH, LEGAL, VOCATIONAL,

AND MORE. OUR MOTHER/CHILD PROGRAM ALSO OFFERS DAYCARE AND OTHER

SERVICES TO ENSURE THAT THE CHILDREN ARE BEING NURTURED IN A LOVING AND

HEALTHY MANNER.

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

DEVELOPMENT OF ESSENTIALLIFE AND EMPLOYMENT SKILLS. ROP HELPS EACH

RESIDENT DEVELOP AND IMPLEMENT A PERSONAL PLAN DESIGNED TO ENSURE THAT

HE OR SHE IS ACHIEVING GOALS AND MOVING TOWARD HIGHER LEVELS OF

INDEPENDENCE AND SELF-SUFFICIENCY. IN ADDITION TO ROP, CHNY ALSO

OPERATES A HUD-FUNDED TRANSITIONAL HOUSING PROGRAM. THIS PROGRAM

032212 11-20-20

HUD-FUNDED PROGRAM.

Name of the organization

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PROVIDES THE SAME TWO-YEAR HOUSING AND SUPPORTS, BUT FOR YOUNG ADULTS

AGES 18-24 YEARS OLD. IN FY2021, CHNY SERVED 31 YOUTH THROUGH THIS

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: AND RESPONSE TO THE CORONAVIRUS PANDEMIC, IN ORDER TO PROTECT ALL YOUTH AND STAFF FROM COVID WHILE REMAINING OPEN 24 HOURS A DAY. TO CONTINUE TO PROVIDE SHELTER AND SERVICES, CHNY EFFECTS A RIGOROUS CLEANING SCHEDULE, ENSURING THAT ALL STAFF AND YOUTH RECEIVE MASKS AND PERSONAL PROTECTIVE EQUIPMENT, AND RESTRUCTURED SOME SPACE WITHIN THE BUILDING TO ALLOW FOR ISOLATION/QUARANTINE FOR YOUTH WHO TEST POSITIVE FOR THE VIRUS. CHNY HAS PROVIDED FREE COVID TESTING FOR ALL YOUTH, STAFF, AND THE WIDER COMMUNITY SINCE THE ONSET OF THE PANDEMIC. NON-ESSENTIAL STAFF HAVE WORKED REMOTELY SINCE MARCH 2020, IN ORDER TO CREATE A SAFER SPACE AT OUR SHELTER AND PROMOTE SOCIAL DISTANCING. CHNY HAS ALSO BEEN PROVIDING THE MODERNA COVID-19 VACCINE AT ITS FQHC SINCE JANUARY OF 2021 AND WILL CONTINUE TO DO SO INDEFINITELY. 100% OF CHNY STAFF HAVE BEEN VACCINATED OR HAVE AN EXEMPTION. CHNY CONTINUES ITS ONGOING PLAN TO PROTECT ALL STAFF AND YOUTH FROM THE EFFECTS OF THE CORONAVIRUS, NOT ONLY THROUGH ITS HEALTH CENTER, BUT IN ALL PROGRAMMING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RAPID RE-HOUSING AND PERMANENT HOUSING
CHNY OPERATES MULTIPLE PERMANENT HOUSING PROGRAMS. OUR NEW COVENANT

PROGRAM, ESTABLISHED IN 2014, PROVIDES 27 APARTMENT PLACEMENTS

VOUCHERS FOR AFFORDABLE HOUSING - FOR YOUNG ADULTS WHO ARE DIAGNOSED

WITH A MENTAL HEALTH DISORDER. IN FY2021, THIS PROGRAM HAD LITTLE TO NO

VACANCY. ADULTS IN THIS PROGRAM RECEIVE INTENSIVE SOCIAL WORK AND CASE

032212 11-20-20

Employer identification number Name of the organization 13-3076376 UNDER 21 MANAGEMENT SUPPORTS, MENTAL AND MEDICAL HEALTH TREATMENT VIA OUR FEDERALLY QUALIFIED HEALTH CENTER, AND REFERRALS TO ADDITIONAL SUPPORTS WHEN NEEDED. CHNY ALSO OPERATES FAMILY COVENANT, WHICH IS A PERMANENT HOUSING PROGRAM FOR FAMILIES, IN OPERATION SINCE 2018. THIS PROGRAM PROVIDES 30 APARTMENT PLACEMENTS FOR YOUNG ADULTS AND THEIR CHILDREN, AS WELL AS EVIDENCE-BASED INTERVENTIONS THAT PROMOTE POSITIVE PARENTING MODELS FOR YOUNG PARENTS. IN FY2021, 34 ADULTS AND 38 CHILDREN WERE SERVED IN THIS PROGRAM. CHNY ALSO OPERATES A HUD-FUNDED RAPID RE-HOUSING PROGRAM. THIS IS A NEW PROGRAM THAT BEGAN OPERATION IN LATE 2019. IT PROVIDES APARTMENT PLACEMENTS FOR 40 YOUTH (AND THEIR CHILDREN, IF APPLICABLE), WITH THE SAME WRAPAROUND AND SUPPORT SERVICES PROVIDED TO OUR OTHER PERMANENT HOUSING PROGRAMS. IN FY2021, CHNY PROVIDED HOUSING AND SUPPORT SERVICES TO 46 YOUTH THROUGH THIS PROGRAM. EXPENSES \$ 4,146,495. INCLUDING GRANTS OF \$ 1,664,221. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 6: THE SOLE CORPORATE MEMBER OF UNDER 21 D/B/A COVENANT HOUSE NEW YORK IS ITS PARENT ORGANIZATION, COVENANT HOUSE, D/B/A COVENANT HOUSE INTERNATIONAL. FORM 990, PART VI, SECTION A, LINE 7A: UNDER 21 D/B/A COVENANT HOUSE NEW YORK'S PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL HAS THE RIGHT TO ELECT OR APPOINT OFFICERS OF ORGANIZATION'S BOARD OF DIRECTORS AND OFFICERS. FORM 990, PART VI, SECTION A, LINE 7B: THE FOLLOWING DECISIONS FOR THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY UNDER 21 D/B/A COVENANT HOUSE NEW YORK'S PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL (CHI) - AMENDMENT OR REPEAL OF THE CERTIFICATE OF

Schedule O (Form 990 or 990-EZ) 2020

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

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

COMPENSATION OF THE EXECUTIVE DIRECTOR, USE OF CHI'S NAME, LOGO AND OTHER

OF ITS TRADEMARKED NOMENCLATURE, AND OTHER LAWFUL ACTS OR ACTIONS WITH

RESPECT UNDER 21'S BUSINESS, AFFAIRS, MANAGEMENT, PROPERTIES OR ACTIVITIES.

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

UNDER 21 D/B/A COVENANT HOUSE NEW YORK HAS ITS FORM 990 PREPARED BY AN

OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO

ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE

FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED

WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE PARENT

ORGANIZATION, COVENANT HOUSE INTERNATIONAL, AND THE FINANCE COMMITTEE OF

THE ORGANIZATION FOR ANY COMMENTS AND A MEETING/CONFERENCE CALL IS

CONVENED. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE

OUTSIDE ACCOUNTANTS. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE

RETURN IS FINALIZED AND APPROVED FOR FILING. ONCE APPROVED, IT GETS

DISTRIBUTED TO THE ENTIRE BOARD, AND IT IS FILED WITH THE IRS.

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 NEW YORK, 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

Name of the organization UNDER 21

Employer identification number 13-3076376

THE SATISFACTION OF THE ORGANIZATION. ANY OTHER PERSON HAVING A CONFLICT,

AND ATTENDING SAID MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD

OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL

DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY

INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE

MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF

INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT

DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. A SUMMARY OF THE

ANNUAL CONFLICTS OF INTEREST AND COPIES OF THE CONFLICTS OF INTEREST

REPORTS FROM THE DIRECTORS, EXECUTIVE DIRECTOR, AND OFFICERS OF THE

ORGANIZATION ARE ALSO SENT TO THE PARENT ORGANIZATION, COVENANT HOUSE

INTERNATIONAL. THE PARENT, COVENANT HOUSE INTERNATIONAL ALSO ENSURES THE

ANNUAL CONFLICTS OF INTEREST REPORTS ARE ACCOMPLISHED FOR EACH AFFILIATE

AND THAT THE REQUIRED INFORMATION IS SENT TO THEM.

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

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE COMPENSATION

COMMITTEE (I.E. EXECUTIVE 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 CHNY BOARD OF

DIRECTORS.

COMPENSATION OF THE OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION IS

COMPARED TO OTHER SIMILAR ORGANIZATIONS, FORM 990S, COMPARABLE SALARY DATA

AND SURVEYS. COMPENSATION IS DETERMINED BY THE EXECUTIVE DIRECTOR AND THE

Schedule O (Form 990 or 990-EZ) 2020 Page 2 **Employer identification number** Name of the organization UNDER 21 13-3076376 BOARD OF DIRECTORS VIA THE BUDGET PROCESS. 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 2021. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON ITS WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 460 WEST 41ST STREET, NEW YORK, NY 10036. FORM 990, PART VII, SECTION A COMPENSATION PAID TO THE EXECUTIVE DIRECTOR: PLEASE NOTE THAT THE EXECUTIVE DIRECTOR AS A RELIGIOUS MEMBER OF THE CONGREGATION OF NOTRE

DAME (THE ORDER), HAS TAKEN A VOW OF POVERTY AND IS PROVIDED WITH ZERO (0) COMPENSATION FROM THE ORGANIZATION. ALL COMPENSATION THAT WOULD HAVE BEEN PAID TO THE EXECUTIVE DIRECTOR ON BEHALF OF SERVICES PROVIDED TO THE ORGANIZATION IS INSTEAD PAID TO THE CONGREGATION OF NOTRE DAME RATHER THAN THE INDIVIDUAL. THE AMOUNT PAID TO THE CONGREGATION OF NOTRE DAME IN CALENDAR YEAR 2020 WAS \$200,000.

FORM 990, PART VIII, LINE 1E:

ON APRIL 13, 2020, THE ORGANIZATION RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$2,506,887 UNDER THE PAYCHECK PROTECTION PROGRAM (THE "PPP"). THE PPP, ESTABLISHED AS PART OF THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (THE "CARES ACT"), PROVIDES FOR LOANS TO

Employer identification number Name of the organization 13-3076376 UNDER 21 QUALIFYING ENTITIES FOR AMOUNTS UP TO 2.5 TIMES THE 2019 AVERAGE MONTHLY PAYROLL EXPENSES OF THE QUALIFYING ENTITY. THE PPP LOAN BEARS AN INTEREST RATE OF 1% PER ANNUM. ALL OR A PORTION OF THE PPP LOAN PRINCIPAL AND ACCRUED INTEREST IS FORGIVABLE AS LONG AS THE BORROWER USES THE LOAN PROCEEDS FOR ELIGIBLE PURPOSES, AS DESCRIBED IN THE CARES ACT, OVER A PERIOD OF EITHER EIGHT OR TWENTY-FOUR WEEKS (THE "COVERED PERIOD"). THE AMOUNT OF LOAN FORGIVENESS COULD BE REDUCED IF THE BORROWER TERMINATES EMPLOYEES OR REDUCES SALARIES BELOW A CERTAIN THRESHOLD DURING THE COVERED PERIOD AND DOES NOT QUALIFY FOR CERTAIN SAFE HARBORS. THE UNFORGIVEN PORTION OF THE PPP LOAN, IF ANY, IS PAYABLE WITHIN TWO YEARS FROM THE DATE OF THE LOAN. LOAN PAYMENTS OF PRINCIPAL AND INTEREST ARE DEFERRED UNTIL THE AMOUNT OF LOAN FORGIVENESS IS DETERMINED BY THE UNITED STATES SMALL BUSINESS ADMINISTRATION ("SBA"). THE ORGANIZATION HAS ELECTED TO REPORT THE PPP LOAN PROCEEDS AS A CONDITIONAL GRANT UNDER REQUIREMENTS CONTAINED IN ACCOUNTING STANDARDS UPDATE 2018-08, "CLARIFYING THE SCOPE AND ACCOUNTING GUIDANCE FOR CONTRIBUTIONS RECEIVED AND CONTRIBUTIONS MADE." IN FISCAL 2021, THE ORGANIZATION RECOGNIZED \$1,548,456 OF INCOME, INCLUDED IN GOVERNMENT GRANTS AND CONTRACTS ON THE ACCOMPANYING STATEMENT OF ACTIVITIES AS CONDITIONS WERE SUBSTANTIALLY MET. THE PPP LOAN WAS SUBSEQUENTLY FORGIVEN IN FULL BY THE SBA ON AUGUST 10, 2021. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUST

105,627.

Name of the organization UNDER 21	Employer identification number 13-3076376
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION'S FINANCE COMMITTEE OF THE BOARD ASSUMES	
RESPONSIBILITY FOR THE OVERSIGHT OF THE ANNUAL AUDIT. THE	SELECTION OF
THE INDEPENDENT AUDITOR IS ACCOMPLISHED BY COVENANT HOUSE	PARENT'S
AUDIT COMMITTEE OF THE BOARD. THE CHNY TREASURER PARTICIPA	TES IN THE
SELECTION PROCESS AND INFORMS THE CHNY FINANCE COMMITTEE C	F THE PROCESS
AND SELECTION.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-3076376

(a)	(b)	(c)	(d))	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total in	come	End-of-year	assets		ontrollino ntity	g
Part II Identification of Related Tax-Exempt Orga organizations during the tax year.	nizations. Complete if the organiza	tion answered "Yes" on Form 990), Part IV, line 34	, because	e it had one	or more	related tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section		(e) olic charity s (if section	Direc	(f) et controlling entity	conti	g) 512(b)(13) rolled tity?
·		loroigh coantry)			01(c)(3))		•	Yes	No
COVENANT HOUSE - 13-2725416									
5 PENN PLAZA									
NEW YORK, NY 10001	HUMANITARIAN	NEW YORK	501(C)3	LINE	7	N/A			X
COVENANT HOUSE ALASKA - 13-3419755									
755 A STREET									
ANCHORAGE, AK 99501	HUMANITARIAN	ALASKA	501(C)3	LINE	7	COVENAI	NT HOUSE		X
COVENANT HOUSE CALIFORNIA - 13-3391210									
1325 NORTH WESTERN AVENUE									
HOLLYWOOD, CA 90027	HUMANITARIAN	CALIFORNIA	501(C)3	LINE	7	COVENA	NT HOUSE		Х

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

HUMANITARIAN

UNDER 21

Schedule R (Form 990) 2020

COVENANT HOUSE

733 BREAKERS AVENUE

FORT LAUDERDALE, FL 33304

COVENANT HOUSE FLORIDA - 59-2323607

FLORIDA

501(C)3

LINE 7

UNDER 21 13-3076376

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a)	(b)	(c)	(d)	(e)	(f)	Section (g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling		rolled
of related organization		foreign country)	section	status (if section	entity	organi	zation?
				501(c)(3))		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		Х
COVENANT HOUSE NEW JERSEY - 13-3537710							
330 WASHINGTON STREET	\exists						
NEWARK, NJ 07102	HUMANITARIAN	NEW JERSEY	501(C)3	LINE 7	COVENANT HOUSE		Х
COVENANT HOUSE NEW ORLEANS - 58-1669937							
611 NORTH RAMPART STREET							
NEW ORLEANS, LA 70112	HUMANITARIAN	LOUISIANA	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE PENNSYLVANIA - 23-3003176							
31 EAST ARMAT STREET	\exists						
PHILADELPHIA, PA 19144	HUMANITARIAN	PENNSYLVANIA	501(C)3	LINE 7	COVENANT HOUSE		Х
COVENANT HOUSE TEXAS - 76-0050882							
1111 LOVETT BLVD							
HOUSTON, TX 77006	HUMANITARIAN	TEXAS	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE WASHINGTON - 13-3537709							
2001 MISSISSIPPI AVENUE SE							
WASHINGTON, DC 20020	HUMANITARIAN	DISTRICT OF COLUMBIA	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE WESTERN AVENUE - 95-4395845							
1325 N WESTERN AVENUE							
HOLLYWOOD, CA 90027	HOLDING CO	CALIFORNIA	501(C)3	LINE 12A, I	COVENANT HOUSE		х
COVENANT INTERNATIONAL FOUNDATION -				, -			
13-3124706, 5 PENN PLAZA, NEW YORK, NY	7						
10001		DELAWARE	501(C)3	LINE 7	COVENANT HOUSE		Х
TESTAMENTUM - 23-7326634							
5 PENN PLAZA	\dashv						
NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)3	LINE 10	COVENANT HOUSE		Х

UNDER 21 13-3076376

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
CH PENNSYLVANIA UNDER-21 HOLDINGS, INC				33.(5)(5))		Yes	No
82-1519205, 31 EAST ARMAT STREET,	7				COVENANT HOUSE		
PHILADELPHIA PA 19144	HOLDING CO	PENNSYLVANIA	501(C)3	LINE 12A, I	PENNSYLVANIA		х
YOUTH VISION SOLUTIONS - 27-1855040				,			
2959 MARTIN LUTHER KING JR BLVD	7				COVENANT HOUSE		
DETROIT, MI 48208	SCHOOL MGMT	MICHIGAN	501(C)3	LINE 7	MICHIGAN		Х
COVENANT HOUSE CONNECTICUT - 13-3330953							
C/O COVENANT HOUSE, 5 PENN PLAZA	7						
NEW YORK, NY 10001	HUMANITARIAN	CONNECTICUT	501(C)3	LINE 7	COVENANT HOUSE		Х
COVENANT HOUSE CHICAGO - 13-3386635							
C/O COVENANT HOUSE, 5 PENN PLAZA	7						
NEW YORK, NY 10001	HUMANITARIAN	ILLINOIS	501(C)3	PF	COVENANT HOUSE		Х
268 WEST 44TH CORPORATION - 13-2874450							
C/O COVENANT HOUSE, 5 PENN PLAZA	7						
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					COVENANT		
20 GERRARD STREET EAST					INTERNATIONAL		
TORONTO, CANADA, CANADA M5B 2P3	HUMANITARIAN	CANADA			FOUNDATION		X
COVENANT HOUSE VANCOUVER					COVENANT		
575 DRAKE STREET					INTERNATIONAL		
VANCOUVER, CANADA, CANADA V6B 4K8	HUMANITARIAN	CANADA			FOUNDATION		X
ASOCIACION LA ALIANZA GUATEMALA					COVENANT		
13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL					INTERNATIONAL		
MIXCO, GUATEMALA, GUATEMALA	HUMANITARIAN	GUATEMALA			FOUNDATION		X
CASA ALIANZA DE HONDURAS					COVENANT		
CORNER OF ARDA CERVANTES Y MORELOS					INTERNATIONAL		
TEGUCIGALPA, HONDURAS, HONDURAS	HUMANITARIAN	HONDURAS			FOUNDATION		X
CASA ALIANZA NICARAGUA					COVENANT		
EDIFFICIO CONRAD N HILTON COSTADO ESTE DEL M	_				INTERNATIONAL		
MANAGUA, NICARAGUA, NICARAGUA	HUMANITARIAN	NICARAGUA			FOUNDATION		X

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Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
		, ,		501(c)(3))		Yes	No
FUNDACION CASA ALIANZA MEXICO IAP					COVENANT		
PLAZA DE LAS FUENTES 116 COL					INTERNATIONAL		
MEXICO DF, MEXICO, MEXICO	HUMANITARIAN	MEXICO			FOUNDATION		Х
CASA ALIANZA INTERNACIONAL					COVENANT		
C/O COVENANT HOUSE, 5 PENN PLAZA					INTERNATIONAL		
NEW YORK, NY 10001	HUMANITARIAN	COSTA RICA			FOUNDATION		Х
CH HOUSING DEVELOPMENT FUND CORPORATION -							
83-4124396, C/O COVENANT HOUSE, 5 PENN	PROVIDING TRANSITIONAL						
PLAZA, NEW YORK, NY 10001	HOUSING	NEW YORK	501(C)3	LINE 12A, I	COVENANT HOUSE		Х
· · · · · · · · · · · · · · · · · · ·				,			
	-						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop	ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera	Percentage
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes I	lo
COVENANT HOUSE ILLINOIS											
QALICB LLC - 85-3857238, 2934]										
W. LAKE STREET, CHICAGO, IL	DEVELOP		COVENANT HOUSE								
60612	PROPERTY	$_{ m IL}$	ILLINOIS	RELATED	0.	0.		X	N/A		.00%
CHGA CHI LEVERAGE LENDER, LLC]										
- 85-3539993, 1559 JOHNSON	DEVELOP		COVENANT HOUSE								
ROAD NW, ATLANTA, GA 30318	PROPERTY	GA	GEORGIA	RELATED	0.	0.		X	N/A	 	.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?		
		country)		,				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	s with one or more re	lated organizations listed in	Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,	-		1a		Х	
	Gift, grant, or capital contribution to related organization(s)				1b		Х	
	Gift, grant, or capital contribution from related organization(s)				1c	Х		
d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)				1i		Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х		
-1	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х	
	Performance of services or membership or fundraising solicitations by related organ					Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		X	
	Sharing of paid employees with related organization(s)				10	Х		
р	Reimbursement paid to related organization(s) for expenses				1р	Х		
q	Reimbursement paid by related organization(s) for expenses				1q		X	
r	Other transfer of cash or property to related organization(s)				1r		X	
	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered re	lationships and transaction thresholds.				
	(a)	(b)	(c)	(d)				
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount in	nvolved			
		type (a-s)						
1)								
2)								
3)								
4)								
5)								

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Yes No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									