			** PUBLIC DISCLOSURE COPY *	*	
	0	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2018
Depa	Department of the Treasury D o not enter social security numbers on this form as it r			y be made public.	Open to Public
		enue Service	Go to www.irs.gov/Form990 for instructions and the late	est information.	Inspection
AF	or th	e 2018 calend	ar year, or tax year beginning $JUL 1$, 2018 and ending	<u>JUN 30, 2019</u>	
B C a	heck if oplicab	le: C Name of	forganization	D Employer identifica	tion number
	Addre	cove	NANT HOUSE CALIFORNIA INC.		
	Name chang		usiness as	13-33	91210
	Initial		and street (or P.O. box if mail is not delivered to street address) Room/su	uite E Telephone number	
	Final returr	1325	NORTH WESTERN AVENUE	323-4	61-3131
	termii ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	19,096,106.
	Amer returr	COT CO	ANGELES, CA 90027	H(a) Is this a group retu	rn
	Appli tion		nd address of principal officer: WILLIAM BEDROSSIAN	for subordinates?	Yes 🔀 No
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates inclu	ded? Yes No
		empt status:			t. (see instructions)
			COVDOVE.ORG	H(c) Group exemption r	
			X Corporation Trust Association Other ► L Y	ear of formation: 1986 M	State of legal domicile: CA
Pa	rt I	Summary			
ě	1		e the organization's mission or most significant activities: TO PROVII		
anc	•		S, SUCH AS MEDICAL CARE, EDUCATIONAL P		
Governance	2 3		x if the organization discontinued its operations or disposed of metrics members of the gaugeping body (Part VI, Jine 1a)		s. 19
g	3 4		ting members of the governing body (Part VI, line 1a)		19
8	5		of individuals employed in calendar year 2018 (Part V, line 2a)		272
Activities &	6		of volunteers (estimate if necessary)		2017
ži	-		d business revenue from Part VIII, column (C), line 12		24,740.
Ă			business taxable income from Form 990-T, line 38	······	-117,272.
				Prior Year	, Current Year
~	8	Contributions	and grants (Part VIII, line 1h)	15,015,576.	18,230,828.
nue	9	Program servi	ce revenue (Part VIII, line 2g)	76,474.	56,811.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	61,269.	75,356.
£	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-80,456.	163,482.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,072,863.	18,526,477.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	1,886,612.	2,329,989.
	14	-	to or for members (Part IX, column (A), line 4)	0.	0.
es	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	7,999,489.	9,542,551.
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.
			ing expenses (Part IX, column (D), line 25) ►387,063.	2 962 507	4 000 006
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>3,863,597.</u> 13,749,698.	<u>4,082,986</u> 15,955,526
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,323,165.	2,570,951.
- s	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
t Assets or Id Balances	20	Total assets (F	Part X Jino 16)	17,246,257.	20,071,916.
Asse Ball	21		Part X, line 16) ; (Part X, line 26)	4,987,046.	5,266,567.
Net /	22		fund balances. Subtract line 21 from line 20	12,259,211.	14,805,349.
Part II Signature Block					,,
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my ki	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which prepa		
Siar	'n	Signature	e of officer	Date	

Here	DAVID WEAVER, CFO Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Che					
Paid	GARRETT M. HIGGINS	GARRETT M. HIGGINS	07/14/20 self-	employed P00543209				
Preparer	parer Firm's name PKF O'CONNOR DAVIES, LLP Firm's EIN 27-1728945							
Use Only	Firm's address 500 MAMARONECK AVENUE							
	HARRISON, NY 10528-1633 Phone no.914-381-8900							
May the IRS discuss this return with the preparer shown above? (see instructions)								
832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2018) COVENANT HOUSE CALIFORNIA INC. 13-3391210 Page 7 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:
•	COVENANT HOUSE CALIFORNIA (CHC) IS A NON-PROFIT AGENCY WHOSE MISSION
	IS TO REACH OUT TO AT-RISK HOMELESS YOUTH LIVING ON THE STREETS AND
	OFFER THEM HOPE AND OPPORTUNITIES TO TURN THEIR LIVES AROUND. WE HELP
	ABUSED OR NEGLECTED YOUTH WHO HAVE NOWHERE ELSE TO GO. A LARGE NUMBER
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$7,743,932. including grants of \$833,067.) (Revenue \$
	SAFE HAVEN PROGRAM: FORMERLY KNOWN AS THE 'CRISIS SHELTER,' THIS
	PROGRAM FEATURES EMERGENCY SHELTER IN 4 CAMPUSES LOCATED IN LOS
	ANGELES, OAKLAND (2 CAMPUSES) AND BERKLEY, CA. THE IMMEDIATE GOAL OF
	THE PROGRAM IS THE STABILIZATION OF HOMELESS YOUTH WHO HAVE RECENTLY
	ENTERED FROM THE STREET. INCLUDED WITHIN THE SHELTER SERVICES ARE:
	INDIVIDUALIZED CASE MANAGEMENT FOR EVERY YOUTH IN THE PROGRAM, THREE
	DAILY MEALS, MENTAL HEALTH COUNSELING, ACCESS TO PRIMARY MEDICAL CARE,
	CRISIS STABILIZATION, SUBSTANCE USE COUNSELING, REFERRALS TO AGENCIES
	PROVIDING SERVICES OUTSIDE THE SCOPE OF COVENANT HOUSE CALIFORNIA, AND
	CONTINUATION SCHEDULE 0]
	SERVICES: BUILDING OFF OF THE FOUNDATION LAID IN THE SAFE HAVEN PROGRAM, THIS 56-BED PROGRAM (34 IN LOS ANGELES, 22 IN OAKLAND) FEATURES THE SAME INTENSIVE WORKING RELATIONSHIP BETWEEN STAFF AND YOUTH, HOWEVER THE YOUTH PARTICIPATING IN THIS 18-MONTH PROGRAM EXECUTE
	THEIR PROGRAM GOALS WHILE MAINTAINING A GREATER DEGREE OF INDEPENDENCE
	THAN THEIR SAFE HAVEN PEERS. TO QUALIFY FOR THE PROGRAM, A YOUTH MUST
	BE EITHER WORKING FULL TIME OR ATTENDING SCHOOL FULL TIME. THE LIFE
	SKILLS CURRICULUM FEATURED IN THESE PROGRAMS CENTER ON DOMESTIC
	ACTIVITIES (COOKING, CLEANING, BUDGETING), EDUCATIONAL GOAL ATTAINMENT
	SUPPORT, AND EMPLOYMENT UPWARD MOBILITY.
	DURING FISCAL YEAR 2019, CHC PROVIDED 74,036 NIGHTS OF CARE.
4c	(Code:) (Expenses \$1,236,356. including grants of \$123,207.) (Revenue \$
	COMMUNITY SERVICE CENTERS: STREET OUTREACH, DAY OUTREACH, EDUCATION
	SERVICES, AND EMPLOYMENT SERVICES MAKE UP THE COMMUNITY SERVICE CENTER
	PROGRAMS. IN OAKLAND, THIS PROGRAM IS EMBODIED BY A TRADITIONAL DROP-IN
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orm	990	(2018)	

Form 990 (2018) COVENANT HOUSE CALIFORNIA INC.
Part IV Checklist of Required Schedules

 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 				Yes	No
2 Is the organization engage in direct or inder colorization angage in lobbying activities, or have a section 501(h) election in effect public office? If "Yes," complete Schedule C, Part I 3 X 4 Section 501(c)(d) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the asymptif "Yes," complete Schedule C, Part II 4 X 5 Is the organization assection 501(c)(d). 501(c)(d) or 5	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Dit he organization engage in direct or patical campaign activities on bahalf of or in opposition to candidate for public official "#"Ves," complete Schedule C, Part I 4 Section 501(b) organizations. Did he organization engage in kobying activities, or have a section 501(b) election in effect of the organization engage in kobying activities, or have a section 501(b) election in effect of the organization mathale and year? If "Ves," complete Schedule C, Part II 5 Did the organization maintain and yound avia organization that receives membership dues, assessments, or similar amounts as difficult or investment of amounts in such funds or accounts? (If "Ves," complete Schedule D, Part II 6 Did the organization maintain collections of vorks of art, historical treasures, or other similar assets? 2 If Yes," complete Schedule D, Part II 9 Did the organization requires or though a related organization, hold assets in temporarily restricted endowments, permanent endowments? (If Yes," complete Schedule D, Part IV. 9 Did the organization reparts or you the totagin a gestores is to provide schedule D, Part IV. 10 Did the organization reparts or you the totagin gestores is to provide to schedule D, Part IV. 10 Did the organization report an amount for integet organization, hold assets in temporarily restricted endowments, permanent endowments? (If Yes," complete Schedule D, Part V. 11 Did the organization report an amount for integet eschedule D, Part V. 12 Did the organization report an amount for integet eschedule D, Part V. 13 Did the organization report an amount for integet eschedule D, Part V. 14 Did the organization report an amount for integet eschedule D, Part V. 15 Did the organization report an amount for integet eschedule D, Part V. 16 Did the organization report an amount for integet eschedule D, Part V. 16 Did the org		If "Yes," complete Schedule A	1		
public office 7 if **ps, "complete Schedule Q, Part I a Section 50(1)(e) organization. Did the organization engage in tobbying activities, or have a section 50(1)) election in effect 4 Section 50(1)(e) organization. Did the organization maps period by the section of insection of a 50(16) organization that recovers membership dues, assessments, or end to section of a complete Schedule C, Part II 5 X 6 Did the organization release of hords a characters in such due or accounts for which do accounts for the schedule C, Part II 6 X 7 ZX Bit the organization meases of hords a characters in the schedule D, Part II 7 X 8 Did the organization meases of hords a characters in the schedule D, Part II 8 X 9 Did the organization meases of hords a char, histonal targename, cord the regular, ordeb negotiation services 2 8 X 9 Did the organization meases of hords a chart, histonal targename, cord the regular, ordeb negotiation regular in through a related organization, hordeb regularization, hordeb reganization negot an amount for investments - other as	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(6), or 501(c)(7), organization that receives membership dues, assessments, or similar amounts as distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part II Did the organization naritan any donar advised indus' or any similar indus' or accounts? If 'Yes,' complete Schedule D, Part II Did the organization naritan any donar advised nasement, including easement in cluding easemen	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If Yes, "complete Schedule C, Part II 4 X 5 is the organization a section Schedule C, Part II 5 6 Did the organization mantain any domo advised funds or ary similar funds or accounts for which domors have the right to provide advised on the distribution or investment and amazini is nickled or Part II 6 X 7 Did the organization matchin any domor advised funds or ary similar funds or accounts for which domors have the right to provide advised on the distribution or investment that advances or provide area 6 X 7 X Did the organization matchin collections of works of art, historical treasures, or other similar assets? If 'Yes, "complete Schedule D, Part II 8 X 8 Did the organization and mount in Part X, line 21, for eacrow or custodial account fability, serve as a custodian for amounts not listed in Part X or provide aredit counseling, debt management, credit repart, or debt negotiation services? 9 X 9 Did the organization (incity) or through a related organization, hold assets in hemporally restricted endowments, permanter endowments? If 'Yes, 'complete Schedule D, Part V 10 X 10 Did the organization report an amount for investments- other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part X 11 X 11 If the organization sevent as any of the following questions is 'Yes, 'ten		public office? If "Yes," complete Schedule C, Part I	3		X
5 Is the organization a sectors 501(c)(4), 501(c)(3), or 501(c)(3) organization that necives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99197 if "Yes," <i>complete Schedule C, Part II</i> 5 X Did the organization maintain any donor advised funds or any similar totals a accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," <i>complete Schedule D, Part II</i> 6 X Did the organization nervice of hold a conservent in funding easements to or preserve open space, the environment, historic land areas, or historic structures? If "Yes," <i>complete Schedule D, Part II</i> 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization, field counseling, debt management, credit repair, or debt negoliation services? If "res," complete Schedule D, Part V 10 X 10 Did the organization, directly or through a reliated organization, hold assets in temporarily restricted endowments, permanents? 11 X 11 If the erganization server to any of the following questions is "Yes," then complete Schedule D, Part V 11 X 10 Did the organization report an amount for investments - there securities in Part X, line 12? If Yes, "complete Schedule D, Part V 11 X	4				
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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 in such funds or accounts for which donors have the right to provide advice on the distribution or investment in such funds or accounts for Which donors have the right to provide advice on the distribution or investment in such funds or accounts for Which donors have the right to provide advice on the distribution or investment in such funds or accounts for Which donors have the right to be distribution or investment is funds or accounts for Which donors have the right to its funds area; or the similar assets? If "Yes," complete Schedule D, Part II 7 X 7 Did the organization meative or hold a conservation essence, in the resorve or custodial account liability, serve as a custodian for accounts? If "Yes," complete Schedule D, Part IV 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for accounts? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 11 X 11 Did the organization report an amount for investments - organ related 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 V 11 X 12 Did the organization report an amount for investments - porgan related in Part X, line 13 that is 5% or more of its total assets reported in	5				
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 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no listed in Part X, complete Schedule D, Part IV 8 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part VI. 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 X 11 Bid the organization report an amount for land, buildings, and equipment in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 110? If "Yes," complete Schedule D, Part VII. 11a X 12 Did the organization report an amount for investments - program related in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 110? If "Yes," complete Schedule D, Part X 11a X 13 X Did the organization report an amount for investments - program related in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 12? If "			5		<u> </u>
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the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X 13 Is the organization aschool described in section 170((b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report none than \$15,000 of gross income and contributions on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report none than \$15,000 of gross income and contributions on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 X	f				
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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 report					
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
	21		24		x
	222000			990	

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 Form 990 (2018)
 COVENANT HOUSE CALIFORNIA INC.
 13-3391210
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4
 Page 4

			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	Х	
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		37	
	Schedule J	23	Х	
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
	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	04-		
А	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes."			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 252	- 23	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		<u> </u>
U	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 86			
	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	000	
832004	4 12-31-18	Form	990	(2018)

Form Par	990 (2018) COVENANT HOUSE CALIFORNIA INC. 13-3391 t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	210	P	_{age} 5		
			Yes	No		
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	NO		
za	filed for the calendar year ending with or within the year covered by this return 2a 272					
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х			
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	х			
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation in Schedule O	3b	X			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х		
b	 If "Yes," enter the name of the foreign country: ► 					
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit					
	any contributions that were not tax deductible as charitable contributions?	6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8						
	sponsoring organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a		12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	b Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand			v		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		<u> </u>		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v		
	excess parachute payment(s) during the year?	15		X		
10	If "Yes," see instructions and file Form 4720, Schedule N.	40		Х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16				
	If "Yes," complete Form 4720, Schedule O.		000	(0040)		

Form **990** (2018)

832005 12-31-18

Form 990 (2018)

COVENANT HOUSE CALIFORNIA INC.

13-3391210 Page 6

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

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

		1 1	. .		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	19			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent		19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other				
	officer, director, trustee, or key employee?		L	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision				
	of officers, directors, or trustees, or key employees to a management company or other person?		L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	L	5		Х
6	Did the organization have members or stockholders?		L	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		Γ			
	persons other than the governing body?		·	7b	x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		····· F			
a	The governing body?			Ba	х	
	Each committee with authority to act on behalf of the governing body?			3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		······ ⊢			
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			9		- 23
	tion 211 onoices (This Section B requests information about policies not required by the internal Re	evenue Coae.)			Yes	No
10-	Did the examination have level chapters, branches, or effiliates?		L	0a	165	X
	Did the organization have local chapters, branches, or affiliates?		······	ua		- 11
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch			0		
			····· –	0b	x	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before filling the fo		1a	<u> </u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			-	v	
				2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		[1	2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "	Yes," describe				
	in Schedule O how this was done		·····	2c	X	
13	Did the organization have a written whistleblower policy?		····· ⊢	13	Х	
14	Did the organization have a written document retention and destruction policy?		L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			5a	Х	
b	Other officers or key employees of the organization			5b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a				
	taxable entity during the year?			6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?		1	6b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-T (Section 5()1(c)(3)s or	nlv) a	vailah	ما
	for public inspection. Indicate how you made these available. Check all that apply.			iiy) a	vanab	
10		n in Schedule O)	ov and fin	<u></u>	al	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, con	mot of interest poll	cy, and in	anci	al	
~	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo DAVID WEAVER - 323-461-3131	oks and records	•			
	1325 NORTH WESTERN AVENUE, LOS ANGELES, CA 90027					
	· · · · · · · · · · · · · · · · · · ·			-	990	10.5
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<u>Form 990 (2018)</u>	COVENANT HOUSE CALIFORNIA INC.	13-3391210 Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	l		(0	C)		ourc	(D)	(E)	(F)
Name and Title	Average		not c		more	than c		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ctor						the	organizations	compensation
	hours for	ır dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee c	truste		a	pensa		(W-2/1099-MISC)		organization
	organizations	ual tru	io nal 1		ploye	t com ee				and related
	below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAUL W. HANNEMAN	1.00	<u> </u>	<u> </u>	ò	¥	БТ	Ř			
CHAIRPERSON		х		x				0.	0.	0.
(2) OMID YAZDI	1.00									
VICE CHAIR		х		x				0.	0.	0.
(3) DARYL KUETER	1.00									
SECRETARY		х		x				0.	0.	0.
(4) MELISSA ABBOTT	1.00									
DIRECTOR		х						0.	0.	0.
(5) FRED ALI	1.00									
DIRECTOR		х						0.	0.	Ο.
(6) GUS ANAGNOS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) HON. WILLIAM BRODHEAD	1.00									
DIRECTOR		Х						0.	0.	0.
(8) K. KRISTINE DUNN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KELLY GORDON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ILENE HARKER	1.00									
DIRECTOR		Х						0.	0.	0.
(11) RICK HARTIGAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DENNIS JILOT	1.00									-
DIRECTOR	1	Х						0.	0.	0.
(13) MICHAEL KIBLER	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) JOHN MAVREDAKIS	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(15) LIZA PANO	1.00	37							0	0
DIRECTOR	1 00	Х						0.	0.	0.
(16) JIM ROSSITER DIRECTOR	1.00	x						0.	0.	•
(17) HERBERT DICK SCHULZE	1 00	~						U.	0.	0.
(17) HERBERT DICK SCHOLZE DIRECTOR	1.00	х						0.	0.	0.
	I	Λ						U •	0.	Form 990 (2018)
832007 12-31-18				-	-					Form 330 (2018)

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Form 990 (2018) COVENANT	HOUSE C	'AL	IF	OR	NI	Α	IN	IC.	13-33	<u>3912</u>	210	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F	=)
Name and title	Average	(-1-			ition			Reportable	Reportable	.	Estin	nated
	hours per	box	not ch , unles	s per	rson i	s both	an	compensation	compensatio		amou	unt of
	week	offic	cer and	d a di	irecto	r/trust	ee)	from	from related	l t	oth	ner
	(list any	ector						the	organization	s	compe	nsation
	hours for	r dire				ted		organization	(W-2/1099-MIS	SC)	from	the
	related	tee o	ustee			ensa		(W-2/1099-MISC)			organi	zation
	organizations	al trus	nal tr		oyee	e comp					and re	elated
	below	ndividual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former				organiz	zations
	line)	Indi	Inst	Officer	Key	Hig emi	Бог					
(18) STEVEN WILCOX	1.00											
DIRECTOR	1 00	X						0.		0.		0.
(19) SHANTELL WILLIAMS	1.00											0
DIRECTOR	1 0 0	Х						0.		0.		0.
(20) KEVIN RYAN	1.00											
PRESIDENT & CEO	34.00			Х				0.	232,38	37.	55,	999.
(21) WILLIAM BEDROSSIAN	39.50											
EXECUTIVE DIRECTOR	0.50			Х				225,916.		0.	36,	231.
(22) DAVID WEAVER	40.00											
TREASURER/CFO				Х				159,595.		0.	10,	838.
(23) AMANDA SATTLER	40.00											
CHIEF DEVELOPMENT OFFICER						X		147,262.		0.	3,	052.
(24) AMI ROWLAND	40.00											
CHIEF OPERATING OFFICER	40.00					X		145,235.		0.	23,	719.
(25) MARISSA ESPINOZA	40.00							100 014			10	0.0 5
ASSOCIATE EXEC. DIRECTOR	40.00					X		108,014.		0.	16,	835.
(26) TYRA EDWARDS	40.00					x		107,957.			2	012
SENIOR VICE PRESIDENT								893,979.	232,38	0.	<u> </u>	813.
1b Sub-total											<u></u> ,	487.
c Total from continuation sheets to Part VI								0.	239,24	<u>+</u> 6.	<u> </u>	202.
d Total (add lines 1b and 1c)								893,979.	471,63		187,	689.
2 Total number of individuals (including but ne	ot limited to th	ose	listeo	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	Э		_
compensation from the organization												6
											Y	es No
3 Did the organization list any former officer,	director, or tru	istee	e, key	y en	nplo	yee,	or l	highest compensated en	nployee on			
line 1a? If "Yes," complete Schedule J for su	uch individual										з Σ	ζ
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes.	" со	mple	te S	Sche	dule	Jf	or such individual	-		4 Z	C I
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ch r	oers	on .		-			5	X
Section B. Independent Contractors				Ċ								
1 Complete this table for your five highest cor	npensated ind	lepe	nden	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	pensat	ion from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wit	hin	the organization's tax ye	ear.			
(A)				-				(B)			(C)	
Name and business	address							Description of s	ervices	C	ompensa	ation
FOOD MANAGEMENT ASSOCIATE	S, INC.	,	223	34	9	LA						
PALMA AVENUE #115, YORBA	•	•						FOOD SERVICE			508,	100.
DTA GREEN CONSTRUCTION, 1											,	
ST., #2, STUDIO CITY, CA								CONSTRUCTION	SERVICE		302	600.
ABM JANITORIAL SERVICES,								001101110011011	02111202		,	
LOCKBOX 53120, LOS ANGELE		00	74-	- 3	12	0		CLEANING/MAI	TENANCE		221	333.
EFFORTLESS OFFICE ENTERPR							_	INFORMATION			<u> </u>	
BADURA AVENUE, SUITE 180,						••		TECHNOLOGY SU	JPPORT		184	721.
CANIVET CONSTRUCTION			~1	-1								<u>, , </u>
828 SAN PABLO AVE #230, A	LBANY.	CA	94	47	06			CONSTRUCTION	SERVICE		139.	690.
2 Total number of independent contractors (ir						se lis						
\$100,000 of compensation from the organiz	-				F		,	,				

SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2018) 832008 12-31-18

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	NT HOUSE C							Compensated Employ	<u>13-339</u>	IZIU		
(A) Name and title	(B) Average hours			(C Pos	C) ition			(D) Reportable compensation	(E) (F) Reportable Estimat compensation amount			
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
27) DIANE MILAN-SCOTT ORMER DIRECTOR	0.00 35.00						x	0.	239,246.	27 202		
								0.	239,240.	37,202		
otal to Part VII, Section A, line 1c	I								239,246.	37,202		

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Bit Notestic Execution Disintension Disintension <th>Form</th> <th>99</th> <th>0 (2</th> <th></th> <th></th> <th>E CALIFO</th> <th>RNIA INC.</th> <th></th> <th>13-3391</th> <th>210 Page 9</th>	Form	99	0 (2			E CALIFO	RNIA INC.		13-3391	210 Page 9
Image: set of the set	Pa	rt V	/111	Statement of Rever	nue					
Total revenue Total revenue <thtotal revenue<="" th=""> Total rev</thtotal>				Check if Schedule O cont	ains a response (or note to any lin	e in this Part VIII			
By Membership dues 10 0 F-Hordsnip sevents 10 0 F-Hordsnip sevents 10 0 Bested organizations 10 0 Bested organizations 10 0 Bested organizations 11 0 Bested organizations 11 0 Bested organizations 11 0 Bested organizations 6 1 Bested organizations 11 1 Bested organi							· · /	Related or exempt function	Unrelated business	Revenuè excluded from tax under
By Membership dues 10 0 F-Hordsnip sevents 10 0 F-Hordsnip sevents 10 0 Bested organizations 10 0 Bested organizations 10 0 Bested organizations 11 0 Bested organizations 11 0 Bested organizations 11 0 Bested organizations 6 1 Bested organizations 11 1 Bested organi	ts ts	1	а	Federated campaigns	1a					
Business Code Business Code 6 56,811. 56,811. 6 6 6 6 7 6 7 Total. Add lines 2a.21 56,811. 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) from fundralising events (not including secons events and alles expenses 3,380. 9 Seci i	ran									
Business Code Business Code 6 56,811. 56,811. 6 6 6 6 7 6 7 Total. Add lines 2a.21 56,811. 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) from fundralising events (not including secons events and alles expenses 3,380. 9 Seci i	Ω					562,456.				
Business Code Business Code 6 56,811. 56,811. 6 6 6 6 7 6 7 Total. Add lines 2a.21 56,811. 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) from fundralising events (not including secons events and alles expenses 3,380. 9 Seci i	ifts ar A					2,676,216.				
Business Code Business Code 6 56,811. 56,811. 6 6 6 6 7 6 7 Total. Add lines 2a.21 56,811. 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) from fundralising events (not including secons events and alles expenses 3,380. 9 Seci i	nila G									
Business Code Business Code 6 56,811. 56,811. 6 6 6 6 7 6 7 Total. Add lines 2a.21 56,811. 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) from fundralising events (not including secons events and alles expenses 3,380. 9 Seci i	Sir			• ·						
Business Code Business Code 6 56,811. 56,811. 6 6 6 6 7 6 7 Total. Add lines 2a.21 56,811. 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) from fundralising events (not including secons events and alles expenses 3,380. 9 Seci i	her					6,860,054.				
Business Code Business Code 6 56,811. 56,811. 6 6 6 6 7 6 7 Total. Add lines 2a.21 56,811. 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) from fundralising events (not including secons events and alles expenses 3,380. 9 Seci i	ot		a							
Business Code Business Code 6 56,811. 56,811. 6 6 6 6 7 6 7 Total. Add lines 2a.21 56,811. 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income from linvestment of tax-sempt bord proceeds 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) 1 1 9 Income or (loss) from fundralising events (not including secons events and alles expenses 3,380. 9 Seci i	Cor		-				18,230,828.			
90 2 a MEDICAL REVENUE 56,811. 56,811. a b	<u> </u>									
Sector Image: Sector<	ø	2	а	MEDICAL REVENUE				56,811.		
g Total. Add lines 2821 56,811. 3 Investment income (including dividends, interest, and other similar amounts). 65,476. 4 income from investment of tax-exempt bond proceeds 65,476. 5 Royaties 61,000 6 a Gross rents 0.000 b Less: rental expenses 0.000 c Rental income or (loss) 0.000 d Net rental income or (loss) 0.000 d Net rental income or (loss) 0.000 d Net rental income or (loss) 0.0000 d Net rental income or (loss) 0.0000 d Net rental income or (loss) 0.0000 d Net rental income or (loss) 0.00000 d Net gain or (loss) 0.00000000000000000000000000000000000	vic	_								
g Total. Add lines 2821 56,811. 3 Investment income (including dividends, interest, and other similar amounts). 65,476. 4 income from investment of tax-exempt bond proceeds 65,476. 5 Royaties 61,000 6 a Gross rents 0.000 b Less: rental expenses 0.000 c Rental income or (loss) 0.000 d Net rental income or (loss) 0.000 d Net rental income or (loss) 0.000 d Net rental income or (loss) 0.0000 d Net rental income or (loss) 0.0000 d Net rental income or (loss) 0.0000 d Net rental income or (loss) 0.00000 d Net gain or (loss) 0.00000000000000000000000000000000000	Ser									
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g Total. Add lines 2821 56,811. 3 Investment income (including dividends, interest, and other similar amounts). 65,476. 4 income from investment of tax-exempt bond proceeds 65,476. 5 Royaties 61,000 6 a Gross rents 0.000 b Less: rental expenses 0.000 c Rental income or (loss) 0.000 d Net rental income or (loss) 0.000 d Net rental income or (loss) 0.000 d Net rental income or (loss) 0.0000 d Net rental income or (loss) 0.0000 d Net rental income or (loss) 0.0000 d Net rental income or (loss) 0.00000 d Net gain or (loss) 0.00000000000000000000000000000000000	Be		Ē							
g Total. Add lines 2a:7 56, 811. 3 Investment income (including dividends, interest, and other similar amounts) 65, 476. 4 Income from investment of tax-exempt bond proceeds 6 5 Royalies 0. Real 6 a Gross rents 0. Real b Less: rental expenses 0. Real c Rental income or (loss) 0. Securities d Net rental income or (loss) 0. Securities b Less: cost or other basis and sales expenses 0. Securities assets other than inventory 0. Securities b Less: cost or other basis and sales expenses 0. Securities asides expenses 0. Securities d Net gain or (loss) 0. Securities d Net gain or (loss) 9, 880. b Less: direct expenses 9, 880. c Art N, line 18 269, 232. b Less: direct expenses 532, 192. c Net income or (loss) from gaming activities 1, 690. c Net income or (loss) from gaming activities 1, 690. a Gross sales of inventory 8 b Less: cost of gods sold 9 c Net income or (loss) from gailes of inventory 1, 690. a Gross sales of inventory <th>Pro</th> <th></th> <td>f</td> <td>All other program service reve</td> <td>กมค</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Pro		f	All other program service reve	กมค					
3 Investment income (including dividends, interest, and other similar amounts). 65,476. 65,476. 4 Income from investment of tax exempt bond proceeds 65,476. 65,476. 5 Royatties 0) Real (i) Personal 6 a Gross rents 0. 0. 1. b Less: rental expenses 0. 0. 0. c Rental income or (loss) 0. 0. 0. a dross amount from sales of assets other than inventory 37,127. 8,500. 0. c Gain or (loss) 0. 1,380. 9,880. 9,880. 9 a Gross income from fundralsing events (not including \$							56,811.			
other similar amounts) 		3					,			
4 Income from investment of fax-exempt bond proceeds 5 Royatiles 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net gain or (loss) d Net gain or (loss) d Status d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) e Status e Status f Gross income from gaming activities. See Part IV, line 19 a a 1,690. 1 Gain or (loss) from gaming activities. f A coss income from gaming activities. h		-					65,476.			65,476.
5 Royatlies (i) Real (ii) Personal 6 a Gross rents (iii) Personal (iii) Personal b Less: rental expenses (iii) Personal (iii) Personal 7 a Gross amount from sales of assets other than inventory (iii) Personal (iii) Personal 8 a Gross amount from sales of assets other than inventory (iii) Securities (iii) Other 8 a Gross income from fundraising events (not including \$52, 456. of contributions reported on line to). See Part IV, line 18 9,880. 9,880. 9 a Gross income from gaming activities. See Part IV, line 19 a a a 0 a Gross sincome from gaming activities. See Part IV, line 19 a 1,690. -262,960. 0 a Gross sincome from gaming activities. See Part IV, line 19 a 1,690. 1,690. 1 a dlawances a 3,280. 1,690. 1,690. 1 a dlawances a 1,690. 1,690. 1,690. 1 a dlawances a 1,690. 1,690. 1,690. 1 a dlawances a 1,690. 1,690. 1,690. 1 a class AcTTON PROCEEDS 900099 400,012. 400,012. 1 b BABBER COLLEGE 90		4								,
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Other c Rental income or (loss) (iii) Securities 7 a Gross amount from sales of assets other than inventory (iii) Securities b Less: cost or other basis and sales expenses (iii) Other a or (loss) (iii) Other a or (loss) (iii) Other a or (loss) (iiii) Securities a or (loss) (iiii) Securities a or (loss) (iiii) Securities a or (loss) (iiiii) Securities a or (loss) (iiiii) Securities a or (loss) (iiiiiiii) Securities a or (loss) (iiiiiiii) Securities b Less: direct expenses (iiiii) Securities b Less: direct expenses (iiiii) Securities a or (loss) from gaming activities (iii) 490. a cross alles of inventory, less returns and allowances (iii) Angent a Less: cost of goods sold (iii) 24, 740. b Less: cost of goods sold (iii) 24, 740. c Net income or (loss) from sales of inventory. (iii) 24, 740. b Less: cost of goods sold (iii) 110 b Less: cost of										
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b Less: rental expenses		6	а	Gross rents	(i) Hour					
c Rental income or (loss)		Ŭ								
d Net rental income or (loss)										
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		12					, ,	56 811	24 740	214 098
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COVENANT HOUSE CALIFORNIA INC. Part IX Statement of Functional Expenses

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

0000	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	2,329,989.	2,329,989.		
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,	472,666.	452,391.	9,232.	11,043.
6	trustees, and key employees Compensation not included above, to disqualified	472,000.	452,551.	5,252.	11,043.
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,129,260.	6,831,867.	114,119.	183,274.
8	Pension plan accruals and contributions (include	1,125,200.	0,001,007.		105,2740
0	section 401(k) and 403(b) employer contributions)	395,547.	376,595.	12,737.	6,215.
9	Other employee benefits	660,842.	629,207.	21,206.	10,429.
10	Payroll taxes	884,236.	849,981.	16,275.	17,980.
11	Fees for services (non-employees):	,			,
	Management				
	Legal	53,240.	47,623.	3,745.	1,872.
	Accounting	62,997.	58,067.	4,930.	
	Lobbying		,	,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	4,568.		4,568.	
a	Other. (If line 11g amount exceeds 10% of line 25,	•			
5	column (A) amount, list line 11g expenses on Sch O.)	1,007,229.	989,042.	6,500.	11,687.
12	Advertising and promotion	318.	,	318.	•
13	Office expenses	530,700.	394,004.	8,957.	127,739.
14	Information technology	72,167.	70,777.	656.	734.
15	Royalties				
16	Occupancy	745,172.	739,054.	4,164.	1,954.
17	Travel	155,502.	144,717.	3,703.	7,082.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	57,012.	52,624.	2,252.	2,136.
20	Interest	133,732.	126,392.	7,340.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	702,645.	695,276.	6,283.	1,086.
23	Insurance	107,657.	105,763.	1,553.	341.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	UBI TAX PAYMENT	920.		920.	
b	EQUIPMENT	346,605.	336,856.	6,592.	3,157.
с	STAFF RECRUITMENT	80,808.	78,315.	2,249.	244.
d	STAFF INCENTIVES & RECO	20,195.	19,085.	1,027.	83.
е	All other expenses	1,519.	1,435.	77.	7.
25	Total functional expenses. Add lines 1 through 24e	15,955,526.	15,329,060.	239,403.	387,063.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				
83201	0 12-31-18				Form 990 (2018)

11

Form **990** (2018)

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	COVENANT	HOUSE	CALIFORNIA	INC.
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13-3391210 Page 11

		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
			an		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			1,451,321.	1	1,218,588.
	2	Savings and temporary cash investments			346,807.	2	279,492.
	3	Pledges and grants receivable, net			1,652,250.	3	2,642,010.
	4	Accounts receivable, net			4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
S		employees' beneficiary organizations (see instr). Complete Part II of Sch L				6	
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use			1,197.	8	1,183.
	9	— ··· ··· ···		62,270.	9	129,709.	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	23,081,347.			
	b			11,461,607.	11,048,810.	10c	11,619,740.
	11	Investments - publicly traded securities			1,601,025.	11	2,105,094.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		1,082,577.	15	2,076,100.	
	16	Total assets. Add lines 1 through 15 (must equa	17,246,257.	16	20,071,916.		
	17	Accounts payable and accrued expenses		939,092.	17	1,264,757.	
	18	Grants payable		······ _		18	
	19	Deferred revenue			577,084.	19	439,145.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to current and former					
ijĮ.		key employees, highest compensated employee					
Liabilities					0 100 601	22	2 200 622
	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	2,108,681.	23	3,390,633.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines			1,362,189.	0.5	172 022
		Schedule D			4,987,046.	25	<u>172,032.</u> 5,266,567.
	26	Total liabilities. Add lines 17 through 25			4,907,040.	26	5,200,507.
		Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 an					
ces	07				12,143,111.	27	14,025,821.
lano	27 28	Unrestricted net assets Temporarily restricted net assets			116,100.	27	779,528.
Ba	20 29	_			110,100.	20 29	115,5201
pur	25	Organizations that do not follow SFAS 117 (A) check here		25	
ц		and complete lines 30 through 34.					
0 S	30	Capital stock or trust principal, or current funds			30		
set	31	Paid-in or capital surplus, or land, building, or ec			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Nei	33	Total net assets or fund balances			12,259,211.	33	14,805,349.
	34	Total liabilities and net assets/fund balances			17,246,257.	34	20,071,916.
	- 57	i otal napritios and het assets/fully palatices			_,,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	U-1	Eorm 990 (20)

Form 990 (2018)

Form 990 (2018) CC

	1990 (2018) COVENANT HOUSE CALIFORNIA INC.	13-	<u>3391</u>	210	Pa	_{ge} 12
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>	<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,95	-	
3	Revenue less expenses. Subtract line 2 from line 1	3		,57		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12	,25		
5	Net unrealized gains (losses) on investments	5				72.
6	Donated services and use of facilities	6		-	7,7	85.
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-2	5,0	00.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
_	column (B))	10	14	,80	5,3	<u>49.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>			
					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	0.				
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	e basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				77	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sche					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		v	1
-	Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				х	1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			_ 3b	A 990	

Form **990** (2018)

SCHEDUL	E A.
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Department of the Treasury Internal Revenue Service

(Form	990	or	990-EZ)
1			•••		•1

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

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the	organization
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Nan	Name of the organization Employer identification number								
		COVE	NANT HOUSE	CALIFORNIA	INC.				3-3391210
Ра	irt I	t I Reason for Public Charity Status (All organizations must complete this part.) See instructions.							
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1	Ц	A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	l)(A)(i).		
2	Ц	A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	Ц	A hospital or a cooperative					-		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	-						
7	Χ	An organization that norma	•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b)(1)(A)(vi). (C							
8		A community trust describe							
9		An agricultural research org				-		-	-
		or university or a non-land-g	frant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
10		university:	III	than 22 1/20/ of its own	ant from a	ootributio	na mambarak	in face on	d areas reasints from
10		An organization that norma							
		activities related to its exer							-
		income and unrelated busir See section 509(a)(2). (Con		(less section of reak) no		ses acqui		anization a	
11		An organization organized a	. ,	ively to test for public sat	fotu Soo	section 5()Q(a)(4)		
12	H	An organization organized a	•					rry out the	nurnoses of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		Type I. A supporting orga						-	giving
		the supported organization	-	-	• • • •	-			
		organization. You must o			, ,				
b		Type II. A supporting org	anization supervised	l or controlled in connect	ion with it:	s supporte	d organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	d with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	vintegrated. A supp	porting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
	_	_ requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	51	nally integrated supporting	ng organiz	ation.			
f		er the number of supported o	•						
<u>ç</u>		vide the following information i) Name of supported	i about the supporte (ii) EIN	ed organization(s).	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	``	organization	() =	(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	,	support (see instructions)
				above (see instructions))	165			· ·	
<u>Tota</u>	al								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

Schedule A (Form 990 or 990-EZ) 2018 COVENANT HOUSE CALIFORNIA INC. Part II Support Schedule for Organizations Described in Sections 170(b)

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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	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6726049.	8180657.	10261273.	<u>15015576.</u>	<u>18230828.</u>	<u>58414383.</u>	
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	6806040	0100655	10061000	1 - 01	1.0.0.0.0.0.0	50444000	
	Total. Add lines 1 through 3	6726049.	8180657.	10261273.	15015576.	18230828.	58414383.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
_	column (f)						F0414202	
	Public support. Subtract line 5 from line 4.						58414383.	
		()	(1) 00 (7	() 00/0	()) 00 (7	() 00/0	(0	
	ndar year (or fiscal year beginning in)	(a) 2014 6726049.	(b) 2015	(c) 2016 10261273.	(d) 2017	(e) 2018	(f) Total	
	Amounts from line 4	0720049.	0100007.	10201273.	13013370.	10230020.	50414505.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	94,505.	54,989.	46,150.	53,618.	65,476.	314,738.	
•	and income from similar sources	94,505.	54,909.	40,150.	55,010.	05,470.	514,750.	
9	Net income from unrelated business							
	activities, whether or not the		64,046.				64,046.	
40	business is regularly carried on		04,040.				04,040.	
10	Other income. Do not include gain							
	or loss from the sale of capital				100.	100 012	400,112.	
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10				100.		59193279.	
	Gross receipts from related activities,					12	361,545.	
	First five years. If the Form 990 is for		,	d fourth or fifth ta	y vear as a section		501,545.	
13	organization, check this box and stop	-			-			
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2018 (I			olumn (f))		14	98.68 %	
	Public support percentage from 2017		-			15	98.14 %	
	33 1/3% support test - 2018. If the o							
	stop here. The organization qualifies						N V	
b	33 1/3% support test - 2017. If the o		•					
	and stop here. The organization qual							
17a								
	17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	10% -facts-and-circumstances test	-	-	• • • •				
	more, and if the organization meets th	-						
	organization meets the "facts-and-circ						▶□	
18	Private foundation. If the organization		-				s >	
) or 990-EZ) 2018	

Schedule A (Form 990 or 990-EZ) 2018 COVENANT HOUSE CALIFORNIA INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage			, ,	
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
1 9a	33 1/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2017. If the	•					
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies	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 t	his box and see ins	structions	
83202	23 10-11-18			_	Sch	edule A (Form 99	0 or 990-EZ) 2018
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Schedule A (Form 990 or 990-EZ) 2018 COVENANT HOUSE CALIFORNIA INC.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

17

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 COVENANT HOUSE CALIFORNIA INC. 13-3391210 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		<u> </u>
	tion B. Type I Supporting Organizations			L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			<u> </u>
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,	0		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		L
Sec				
			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			
6 00	the supported organization(s).	1		L
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		<u> </u>
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 (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions,		
2	Activities Test. Answer (a) and (b) 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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2018

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	dule A (Form 990 or 990 EZ) 2018 COVENANT HOUSE CALIFORN			13-3391210 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 COVENANT HOUSE CALIFORNIA INC.

Pa	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions		· · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
<u> </u>	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u> i</u>	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, line 1; Part IV, Section D, lines 2 and 3; Part IV, §	explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, E, lines 2, 5, and 6. Also complete this part for any additional information.
SCHEDULE A, PART II, LINE 10, E	XPLANATION FOR OTHER INCOME:
OTHER REVENUE	
2017 AMOUNT: \$ 100.	
CLASS ACTION PROCEEDS	
2018 AMOUNT: \$ 400,012.	
832028 10-11-18	Schedule A (Form 990 or 990-EZ) 2018
80714 756359 1176300.502	2018.06000 COVENANT HOUSE CALIFORNIA 11763

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Schedule A (Form 990 or 990 EZ) 2018 COVENANT HOUSE CALIFORNIA INC.

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

2018

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Employer identification number

	1	3	_	3	3	9	1	2	1
	_	-		-	-	-	_	_	_

COVENANT	HOUSE	CALIFORNIA	INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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.

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

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).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

X

X

X

X

Name of organization Employer identification number COVENANT HOUSE CALIFORNIA INC. 13-3391210 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Person Payroll 2,676,216. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person Payroll 2,541,007. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 Person Payroll 1,630,251. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Person Payroll 1,260,918. \$ Noncash (Complete Part II for noncash contributions.)

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$ 1,028,720.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$850,801.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Page 2

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Name of organization

Employer identification number

13-3391210

COVENANT HOUSE CALIFORNIA INC.

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$668,869.	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
8_		\$ <u>533,586.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9_		\$ <u>500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$ <u>499,017.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$384,637.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

Page 3

Employer identification number

13-3391210

COVENANT HOUSE CALIFORNIA INC.

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

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

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20380714 756359 1176300.502

Name of or	rganization				Employer identification number
COVENA	ANT HOUSE CALIFORNIA INC	2.			13-3391210
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following charitable, etc., contributions of \$1, 0	ine entry. For o	rganizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer	of aift		
-	Transferee's name, address, a		-	elationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desc	ription of how gift is held
-		(e) Transfer	of gift		
-	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee
		-			

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Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Department of the Treasury

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.



Name of the organization	on
Internal Revenue Service	

COVENANT HOUSE CALIFORNIA INC

Employer identification number
13-3391210

Pa	t I Organizations Maintaining Donor Advised		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		Complete il the
		(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year		
1 2	Aggregate value of contributions to (during year)		
2	Aggregate value of grants from (during year)		
4	Aggregate value of grants norn (during year)		
- 5	Did the organization inform all donors and donor advisors in v		funds
5	are the organization's property, subject to the organization's e	-	
6	Did the organization inform all grantees, donors, and donor ac		
U	for charitable purposes and not for the benefit of the donor or		
Pa			
1	Purpose(s) of conservation easements held by the organizatio		
•	Preservation of land for public use (e.g., recreation or ed		ically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	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		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	handling of violations, and enforcing conser	vation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conservatio	n easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense st	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes the	e organization's accounting for
_	conservation easements.	A	<u>.</u>
Pa			er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS)		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		. .
2	If the organization received or held works of art, historical trea		ain, provide
	the following amounts required to be reported under SFAS 11		
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		► \$

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Schedule D (Form 990) 2018

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²⁷ 2018.06000 COVENANT HOUSE CALIFORNIA 11763001

Sche		T HOUSE CAI						13-33			age 2
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)											
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items											
	(check all that apply):										
а	Public exhibition	d	I 🗌 Lo	an or exc	hange progra	ams					
b	Scholarly research	е	e 🗌 Ot	her							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations o	of art, histo	rical trea	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the or	ganizatio	on answered '	"Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for cor	ntribution	s or other as	sets not i	included		_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	le:							
									Amoun		
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										<u> </u>
	Did the organization include an amount on F						ity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										<u>]</u>
Fai	TV Endowment Funds. Complete								() [
4.	Destantion of second states a	(a) Current year	(b) Pric	r year	(c) Two yea	rs dack	(d) Three y	ears back	(e) Four	years	раск
1a	Beginning of year balance										
D	Contributions										
ر ام	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance Provide the estimated percentage of the curr	L)) hold oo:						
2			%	olumn (a	III HEIU as.						
a b	Board designated or quasi-endowment Permanent endowment	%	70								
0	Temporarily restricted endowment	%									
U	The percentages on lines 2a, 2b, and 2c sho										
39	Are there endowment funds not in the posse		tion that a	re held ar	nd administer	ed for th	e organiza	ation			
ou	by:						ie organize		ſ	Yes	No
	(i) unrelated organizations								3a(i)		
	····								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV, li	ne 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o			t or other		ccumulate	ed	(d) Boo	k value	 Э
	P. op or J	basis (investn		. ,	(other)		preciation		(, 200		
1 a	Land	· · ·			0,628.				4,26),62	28.
	Buildings				2,507.	9,	572,20		6,55		
	Leasehold improvements			•	-				-	-	
	Equipment			1,78	4,159.	1,'	726,20	08.	5'	7,95	51.
	Other				4,053.		163,1),91	
	. Add lines 1a through 1e. (Column (d) must e		X. column		-				1,61		
								<u> </u>			

Schedule D (Form 990) 2018

Schedule D) (Form 990) 2018	COVENANT	HOUSE	CALIFORNIA	INC.	

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financia	al derivatives			
(2) Closely-	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	<u>11c. See Form 990, Part X, line 13.</u>	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (I	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	e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	HER RECEIVABLE			21,899.
	E FROM PARENT			357,201.
	CURITY DEPOSITS			11,500.
(4) DU	E FROM AFFILIATE			1,685,500.
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line	15.)		2,076,100.
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line		25.
1.	(a) Description of liability		(b) Book value	
	leral income taxes			
	PITAL LEASE OBLIGATIONS		170,003.	
(3) AN	NUITIES PAYABLE		2,029.	
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line		172,032.	
2. Liability	for uncertain tax positions. In Part XIII, provide	the text of the footnote to	o the organization's financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🔀

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 COVENANT HOUSE CALIFORNIA	INC.		13-	3391210 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	19,153,691.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	7,972.		
b	Donated services and use of facilities	2b	594,242.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d	25,000.		
е	Add lines 2a through 2d			2e	<u>627,214.</u> 18,526,477.
3	Subtract line 2e from line 1			3	18,526,477.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	18,526,477.
Par	t XII Reconciliation of Expenses per Audited Financial Stater Complete if the organization answered "Yes" on Form 990, Part IV, line 12		Expenses per F	letur	'n.
	Total expenses and losses per audited financial statements			1	16,607,553.
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				10,007,555.
		2a	602,027.		
a h	Donated services and use of facilities		002,027.		
b	Prior year adjustments				
C d	Other losses Other (Describe in Part XIII.)		50,000.		
u	· · · · · · · · · · · · · · · · · · ·		•	2e	652,027.
3	0			3	15,955,526.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	15,555,520.
ч а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a b	Other (Describe in Part XIII.)				
	,			4c	0.
5				- + C 5	15,955,526.
Par	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	13,555,520.
				D · · ·	
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			, Part	X, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	aditional inform	lation.		

PART X, LINE 2:

THE	ORGANIZATION	RECOGNIZES	THE	EFFECT	OF	INCOME	TAX	POSITIONS	ONLY	IF
-----	--------------	------------	-----	--------	----	--------	-----	-----------	------	----

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

DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD

REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE

ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING

JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF PLEDGE WRITE-OFF TO PART VIII

25,000.

PART	XII,	LINE	2D	-	OTHER	ADJUSTMENTS:

Schedule D (Form 990) 2018 COVENANT HOUSE CALIFORNIA INC. Part XIII Supplemental Information (continued)	13-3391210 Page 5
WRITE-OFF OF PLEDGE RECEIVABLE	25,000.
PECIASS OF DIFDER WEITE-OFF TO DART VIII	25 000
	50 000
IOTAL TO SCHEDULE D, FART XIT, LINE 2D	
	Schedule D (Form 990) 2018

31 2018.06000 COVENANT HOUSE CALIFORNIA 11763001

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
	C		2018 Open to Public					
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instru				on.		Inspection
Name of the organization								entification number
Part I Fundrais		T HOUSE CALIFORNIA					13-3391	
	complete this part	Complete if the organization answe	red "Y	es" or	1 Form 990, Part IV, I	ine 1	7. Form 990-E.	Z filers are not
a Aail solicitat b Internet and c Phone solici d In-person so	ions email solicitations tations licitations		tion of tion of fundra	non-g gover ising (overnment grants nment grants events	tees.	or	
key employees list	ed in Form 990, Pa highest paid indiv	art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	ofessi	onal fu	undraising services?		Ye	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have cr or con contribu	aiser Jstody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is (exempt from re	egistration
HA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or 1	990-F	7. 4	Sche	dule G (Form	990 or 990-EZ) 2018
					·· ``			

	Schedule G (Form 990 or 990-EZ) 2018 COVENANT HOUSE CALIFORNIA INC. 13-3391210 Page 2								
Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.								
		of fundraising event contributions and gro				s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			DINNER GALA	YPS SLEEPOUT	5	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
Jue					, ,				
Revenue	1	Gross receipts	440,321.	168,795.	222,572.	831,688.			
£									
	2	Less: Contributions	254,661.	168,795.	139,000.	562,456.			
			105 660						
	3	Gross income (line 1 minus line 2)	185,660.		83,572.	269,232.			
	4	Cash prizes							
	-								
	5	Noncash prizes							
ses									
Suece	6	Rent/facility costs	94,231.			94,231.			
Direct Expenses	_				40.000	40.000			
irect	7	Food and beverages			40,299.	40,299.			
ā	8	Entortainmont							
	9	Entertainment Other direct expenses	243,267.	21,155.	133,240.	397,662.			
	10			/		532,192.			
	11	Net income summary. Subtract line 10 from li			•	-262,960.			
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than				
		\$15,000 on Form 990-EZ, line 6a.	1						
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)			
Revenue									
Be	4	Gross royonuo							
		Gross revenue							
6	2	Cash prizes							
nse:									
ct Expenses	3	Noncash prizes							
ш Сt									
Dire	4	Rent/facility costs							
	5	Other direct expenses							
	<u> </u>		Yes %	Yes %	Yes %				
	6	Volunteer labor	□ No	No	□ No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►				
	_								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
9	Ent	ter the state(s) in which the organization condu	icts gaming activities:						
		he organization licensed to conduct gaming ac		states?		Yes No			
		No," explain:							
		ere any of the organization's gaming licenses re			ear?	Yes No			
b	lf "`	Yes," explain:							
	_								
8320	32 10	-03-18			Schedule G (For	m 990 or 990-EZ) 2018			

Sch	edule G (Form 990 or 990-EZ) 2018 COVENANT HOUSE CALIFORNIA INC. 13	3-3391210	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name 🕨		
	Address		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party \blacktriangleright \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
40			
16	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation 🕨 💲		
	Description of services provided 🕨		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	e	
	organization's own exempt activities during the tax year 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
8320	83 10-03-18 Schedule G (Form 990 or 990)-EZ) 2018
	34		-

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Schedule G (Form 990 or 990-EZ)	COVENANT	HOUSE	CALIFORNIA	INC.	
Part IV Supplemental Infor	mation (continue				

Fartiv	Supplemental information (continued)	
		Schedule G (Form 990 or 990-EZ)

Grants and Other Assistance to Organizations, Form 990) Governments, and Individuals in the United States							OMB No. 1545-0047
		ete if the organizatio					2018
Department of the Treasury	Comp		Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	or the latest inform	nation.		Inspection
Name of the organization	ANT HOUSE CAL	IFORNIA INC	•				Employer identification number 13-3391210
Part I General Information on G							•
1 Does the organization maintain r		-			-		
criteria used to award the grants	or assistance?						X Yes No
2 Describe in Part IV the organizat							
Part II Grants and Other Assista	-				anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
recipient that received mon 1 (a) Name and address of organiz or government		(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 50 3 Enter total number of other organ 	nizations listed in the line	I table				1	↓

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

Schedule I (Form 990) (2018)

13-3391210

Page 2

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

			1		1		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance		
					FOOD, SHELTER, CLOTHING &		
FOOD, SHELTER, CLOTHING & ALLOWANCE	4769	0.	2,329,989.	COST	ALLOWANCE		
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.			
PART I, LINE 2:							
TAKI I, DINE 2.							
COVENANT HOUSE CALIFORNIA MAINTAINS ADEQUATE FINANCIAL ACCOUNTING SYSTEM							
AND IS IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS. THE AGENCY HAS A							
WRITTEN SET OF ALL ACTIVITIES, POLICIES AND PROCEDURES THAT DEFINE STAFF							
QUALIFICATIONS AND DUTIES, LINES O	F AUTHORI	TY, SEGREG	ATION OF D	UTIES AND			

ACCESS TO ASSETS AND SENSITIVE DOCUMENTS. THE AGENCY MAINTAINS ALL

ACCOUNTING RECORDS ON TIMELY BASIS INCLUDING CHART OF ACCOUNTS, CASH

RECEIPTS JOURNAL, CASH DISBURSEMENT JOURNAL, PAYROLL JOURNAL, GENERAL

JOURNAL, GENERAL LEDGER, ACCOUNTS RECEIVABLE LEDGER, ACCOUNTS PAYABLE

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Schedule I (Form 990) COVENANT HOUSE CALIFORNIA INC. 13-3391210 Page 2 Part IV Supplemental Information 13-3391210 Page 2
LEDGER AND OTHER FINANCIAL INFORMATION. IT HAS A CLEAR AND DEFINED SET OF
STANDARDS AND PROCEDURES, SYSTEM OF INTERNAL CONTROLS FOR DETERMINING THE
REASONABLENESS, ALLOW ABILITY AND ALLOCABILITY OF COSTS INCURRED THAT IS
CONSISTENT WITH GRANT AGREEMENTS AND OMB CIRCULARS. THE AGENCY'S ACCOUNTING
SYSTEM IS ABLE TO PROVIDE ACCURATE, CURRENT AND COMPLETE DISCLOSURE OF ALL
GRANTS RECEIVED AND ITS USES.

SC	HEDULE J	Compensation Information		OMB No.	1545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2018		
•		Compensated Employees		ZU	Ŭ	j –
Deres		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organizatio	n		identificatio		mber
		COVENANT HOUSE CALIFORNIA INC.	13-3	339121	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o					
	Travel for con					
		cation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
_						
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or				
•	•			<u>1b</u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	Indianta which if a	ay of the following the filing exception used to establish the companyation of the exception	tion's			
3		ny, of the following the filing organization used to establish the compensation of the organization of the				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati ation of the CEO/Executive Director, but explain in Part III.	UTIO			
	X Compensation	· · ·				
		compensation consultant X Compensation survey or study				
	X Form 990 of c		ommittee			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
b		ceive payment from, a supplemental nonqualified retirement plan?				X
с		ceive payment from, an equity-based compensation arrangement?				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(:)(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 compensatio	n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
	Any related organiz	ation?				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	on			
	contingent on the r	-				
						X
b		ation?		<u>6b</u>		X
_		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				v
~		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v
~		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2018

Schedule J (Form 990) 2018

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) Bre		3) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) KEVIN RYAN	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	(ii)	231,856.	0.	531.	22,188.	33,811.	288,386.	0.
(2) WILLIAM BEDROSSIAN	(i)	219,575.	0.	6,341.	11,057.	25,174.	262,147.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID WEAVER	(i)	159,036.	0.	559.	273.	10,565.	170,433.	0.
TREASURER/CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AMANDA SATTLER	(i)	147,144.	0.	118.	2,847.	205.	150,314.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AMI ROWLAND	(i)	145,106.	0.	129.	4,779.	18,940.	168,954.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DIANE MILAN-SCOTT	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER DIRECTOR	(ii)	238,214.	0.	1,032.	25,625.	11,577.	276,448.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

Part III Supplemental Information

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

PART I, LINE 3:

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

OF COVENANT HOUSE INTERNATIONAL (PARENT) WORKING IN CONJUNCTION WITH

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

PERIODICALLY THE ORGANIZATION HIRES AN INDEPENDENT CONSULTANT TO REVIEW

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

EMPLOYEES. GENERALLY THE BOARD EVALUATES THE PRESIDENT'S COMPENSATION

ANNUALLY. THE DETERMINATION IS BASED ON THE PERFORMANCE EVALUATION THAT

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

Schedule J (Form 990) 2018

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Attach to Form 990.

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

2018 Open to Public Inspection

Name of the	organization
-------------	--------------

COVENANT HOUSE CALIFORNIA INC.

Employer	identification numbe
1	3-3391210

Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 2,300.COST Х 2 Art - Works of art 1 Art - Historical treasures 2 Art - Fractional interests 3 Х 2,489.COST Books and publications 4 494,481.COST Х 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 64,225. AVG. SELLING PRICE Securities - Publicly traded Х 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 3,235.COST Х 18 Collectibles 35,337.COST Х 114Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 90 103,622.COST (TICKETS/ENTER) Х 25 Other 🕨 (BUS TOKENS 32,914.COST х 1 26 Other 🕨 (GIFT BASKET/ Х 63 23,435.COST 27 Other 🕨 7 9,439.COST (SUPPLIES Х 28 Other 🕨 Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х contributions? 32a b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

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

Schedule M (Form 990) 2018

832141 10-18-18

Schedule M (Form 990) 2018 COVENANT HOUSE CALIFORNIA INC.

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,

COLUMN (B) OF SCHEDULE M.

Schedule M (Form 990) 2018

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



COVENANT HOUSE CALIFORNIA INC.

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

RECREATION AND STREET OUTREACH TO HOMELESS RUNAWAY AND THROWAWAY YOUTH.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: HAVE BEEN THROWN OUT OF THEIR HOMES WHILE OTHERS HAVE AGED OUT OR LEFT THE FOSTER CARE SYSTEM WITH NO FAMILY, NO SUPPORT AND NO ONE TO TURN TO. COVENANT HOUSE WORKS TO HELP HOMELESS AND RUNAWAY YOUTH ESCAPE THE STREETS FOREVER AND TRANSITION TO A LIFE WITH STABLE HOUSING, A SOLID EDUCATIONAL FOUNDATION AND SUSTAINED EMPLOYMENT. OUR STRATEGY TO ACHIEVE THAT GOAL IS TO FIND HOMELESS AND RUNAWAY YOUTH, HELP THEM COME IN OFF THE STREETS, AND PROVIDE THEM THE SERVICES THEY NEED TO OVERCOME THEIR CHALLENGES. WE FIND THESE YOUTH THROUGH OUR STREET OUTREACH PROGRAM, OR THROUGH OUR CRISIS HOTLINE, OR EVEN WHEN THEY JUST WALK IN TO OUR 24/7 CRISIS CENTERS BECAUSE THEY'VE HEARD OF US THROUGH OUR MANY CONTACTS AND RELATIONS.

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

CASE MANAGERS WORK WITH EACH INDIVIDUAL YOUTH TO DEVELOP AND IMPLEMENT

A CASE PLAN THAT CENTERS UPON INCREASING THEIR INDEPENDENCE,

SELF-CONFIDENCE, AND ABILITY TO ACCESS COMMUNITY LINKAGES.

DURING FISCAL YEAR 2019, COVENANT HOUSE CALIFORNIA SERVED 4,769 YOUTH.

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

OUTREACH - OUR OUTREACH PROGRAM IS THE FOUNDATION FOR ALL WE DO AT

COVENANT HOUSE CALIFORNIA SEVEN DAYS A WEEK IN LOS ANGELES AND FIVE

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

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2018.06000 COVENANT HOUSE CALIFORNIA 11763001

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization COVENANT HOUSE CALIFORNIA INC.	Employer identification number 13-3391210
DAYS A WEEK IN THE BAY AREA OUR VANS CRUISE THE STREETS IN	SEARCH OF
HOMELESS AND AT-RISK YOUTH. THE OUTREACH WORKERS OFFER FOO	D, CLOTHING
AND OTHER HELP TO THOSE IN NEED. THIS IS DONE NOT ONLY TO	HELP WITH
IMMEDIATE NEEDS BUT ALSO TO BUILD A TRUSTING RELATIONSHIP	WITH THE
YOUTH THAT WILL HOPEFULLY ENCOURAGE THEM TO USE CHC'S OTHE	R SERVICES
AND HELP GET THEM OFF THE STREETS.	
DURING FISCAL YEAR 2019, COVENANT HOUSE CALIFORNIA WORKED	WITH 8,923
CONTACTS AND PROVIDED 240,033 MEALS.	

EXPENSES \$ 1,104,141. INCLUDING GRANTS OF \$ 70,637. REVENUE \$ 0.

MEDICAL SERVICES - PROVIDES ON-SITE EMERGENCY MEDICAL SERVICES TO BOTH SHELTER AND OUTREACH YOUTHS INCLUDING EXAMS, PHARMACY SERVICES, HEALTH EDUCATION, AND COUNSELING. MANY OF THE YOUTH THAT COME IN TO CHC HAVE GONE YEARS WITHOUT MEDICAL ATTENTION. AT COVENANT HOUSE CALIFORNIA, LOS ANGELES RESIDENTS RECEIVE COMPREHENSIVE MEDICAL AND PSYCHOLOGICAL CARE AT OUR ON-SITE HEALTH CLINIC. OUR HEALTH CLINIC PROVIDES FREE EMERGENCY AND PRIMARY CARE TREATMENT TO BOTH RESIDENTS AND NON-RESIDENTS. OUR BAY AREA CAMPUS PROVIDES REFERRALS FOR HEALTH SERVICES OFF-SITE.

DURING FISCAL YEAR 2019, 2,226 COVENANT HOUSE CALIFORNIA YOUTH RECEIVED

OR WERE CONNECTED WITH MEDICAL SERVICES.

EXPENSES \$ 540,002. INCLUDING GRANTS OF \$ 182,929. REVENUE \$ 56,811.

PUBLIC EDUCATION - INFORMS AND EDUCATES THE PUBLIC ON HOW TO IDENTIFY

POTENTIAL RUNAWAY AND THROWAWAY ADOLESCENTS. THE PUBLIC AND PRIVATE

RESOURCES AVAILABLE TO HELP SUCH ADOLESCENTS BEFORE THEY LEAVE HOME,

AND THE PUBLIC SUPPORT SERVICES AVAILABLE TO HELP THESE FAMILIES TO
832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018)

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2018.06000 COVENANT HOUSE CALIFORNIA 11763001

Schedule O (Form 990 or 990-EZ) (20	18)
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Name of the organization COVENANT HOUSE CALIFORNIA INC.

IMPROVE THEIR HOME ENVIRONMENT.

EXPENSES \$ 130,711. INCLUDING GRANTS OF \$ 66. REVENUE \$ 0.

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

THE SOLE CORPORATE MEMBER OF COVENANT HOUSE CALIFORNIA, INC. IS ITS PARENT ORGANIZATION, COVENANT HOUSE, D/B/A COVENANT HOUSE INTERNATIONAL.

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

COVENANT HOUSE CALIFORNIA'S (CHC) PARENT ORGANIZATION, COVENANT HOUSE

INTERNATIONAL HAS THE RIGHT TO ELECT OR APPOINT OFFICERS OF CHC'S BOARD OF DIRECTORS.

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

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

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM IN CONJUCTION

WITH THE ORGANIZATION'S ACCOUNTING DEPARTMENT AND THEN REVIEWED BY THE

PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL, AND THE CFO OF THE

ORGANIZATION. THE CFO REVIEWS THE DRAFT AND FORWARDS IT TO THE EXECUTIVE

DIRECTOR FOR FINAL REVIEW. THE FINAL FORM IS ELECTRONICALLY PROVIDED TO ALL

MEMBERS OF THE BOARD OF DIRECTORS FOR FURTHER REVIEW AND COMMENTS PRIOR TO

ITS FILING.

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

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2		
Name of the organization COVENANT HOUSE CALIFORNIA INC.	Employer identification number 13-3391210		
THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATIO	ON OF THE CONFLICT		
OF INTEREST POLICY BY ALL OFFICERS, DIRECTORS AND KEY EMPL	OYEES. THE		
DISCLOSURE STATEMENT REQUIRED EACH OFFICER, DIRECTOR, AND	KEY EMPLOYEE TO		
DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS, DIRECT OR IND	DIRECT, THAT THE		
PERSON MAY HAVE IN AN ORGANIZATION THAT COMPLETES WITH OR	DOES BUSINESS		
WITH COVENANT HOUSE INTERNATIONAL OR ANY OTHER ORGANIZATIO	N BUSINESS/		
AGENCY AFFILIATED WITH COVENANT HOUSE INTERNATIONAL. IF A	CONFLICT IS		
DETERMINED TO EXIST, IT MUST BE REPORTED AND ADDRESSED TO	THE SATISFACTION		
OF THE ORGANIZATION. ANY OTHER PERSON HAVING A CONFLICT, AND ATTENDING SAID			
MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR	COMMITTEE IS		
MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIO	ONS OR DECISIONS		
REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED D	IRECTOR SHALL		
ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING	OF THE BOARD OR		
COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS	DISCLOSED AND		
THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINA	L DISCUSSION OR		
VOTE AND DID NOT VOTE. A SUMMARY OF THE ANNUAL CONFLICTS O	F INTEREST AND		
COPIES OF THE CONFLICTS OF INTEREST REPORTS FROM THE DIREC	TORS, EXECUTIVE		
DIRECTOR, AND OFFICERS OF THE ORGANIZATION ARE ALSO SENT T	O THE PARENT		
ORGANIZATION, COVENANT HOUSE INTERNATIONAL. THE PARENT, CO	VENANT HOUSE		
INTERNATIONAL ALSO ENSURES THE ANNUAL CONFLICTS OF INTERES	T REPORTS ARE		
ACCOMPLISHED FOR EACH AFFILIATE AND THAT THE REQUIRED INFO	RMATION IS SENT		
TO THEM.			

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE WORKING IN CONJUNCTION WITH THE PRESIDENT OF COVENANT HOUSE INTERNATIONAL (PARENT). A SALARY STRUCTURE AND RANGE WERE DETERMINED USING A COMPENSATION COMMITTEE AND INDEPENDENT CONSULTANT FOR THE EXECUTIVE 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 47

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Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization COVENANT HOUSE CALIFORNIA INC.	Employer identification number 13-3391210
DIRECTOR. FACTORS CONSIDERED WERE THE SIZE OF THE AGENCY B	UDGET, PROGRAM
SIZE AND COMPLEXITY (2 SITES IN LOS ANGELES AND THE BAY AR	EA), LOCAL MARKET
COMPATIBILITY, AND THE COST OF LIVING, WITH COMPENSATION AND	PPROVED BY THE
CHC BOARD OF DIRECTORS.	

COMPENSATION IS SET FOR KEY EMPLOYEES AND OTHER OFFICERS BASED ON

PREVAILING INDUSTRY WAGES FOR LOS ANGELES AND THE BAY AREA.

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 2019.

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 1325 NORTH WESTERN AVENUE, HOLLYWOOD, CA 90027.

FORM 990, PART VII, SECTION A:

DIANE MILAN-SCOTT LEFT COVENANT HOUSE CALIFORNIA'S (CHC) BOARD DURING

FY2018. SHE'S REPORTED ON FORM 990, PART VI, SECTION AS A FORMER

DIRECTOR BECAUSE SHE RECEIVED COMPENSATION FROM CHC'S PARENT, CHI AS AN

EMPLOYEE OF CHI, EVP, PROGRAM OPERATIONS.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE-OFF OF PLEDGE RECEIVABLE

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization COVENANT HOUSE C	ALIFORNIA INC.	Page 2 Employer identification number 13-3391210
FORM 990, PART XII, LINE 2C:		
THE PROCESS FOR SELECTING AN I	NDEPENDENT ACCOUNTANT AND	ESTABLISHING A
COMMITTEE THAT ASSUMES RESPONS	IBILITY FOR OVERSIGHT OF T	HE AUDIT HAS
NOT CHANGED FROM PRIOR YEARS.		
832212 10-10-18	49	chedule O (Form 990 or 990-EZ) (2018)

20380714 756359 1176300.502

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.

Employer identification number 13-3391210

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

COVENANT HOUSE CALIFORNIA INC.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
COVENANT HOUSE - 13-2725416							
5 PENN PLAZA							
NEW YORK, NY 10001	HUMANITARIAN	NEW YORK	501(C)3	LINE 7	N/A		Х
COVENANT HOUSE ALASKA - 13-3419755							
755 A STREET							
ANCHORAGE, AK 99501	HUMANITARIAN	ALASKA	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE FLORIDA - 59-2323607							
733 BREAKERS AVENUE							
FORT LAUDERDALE, FL 33304	HUMANITARIAN	FLORIDA	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE GEORGIA - 13-3523561							
1559 JOHNSON ROAD NW							
ATLANTA, GA 30318	HUMANITARIAN	GEORGIA	501(C)3	LINE 7	COVENANT HOUSE		х

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

Schedule R (Form 990) 2018

OMB No. 1545-0047 2018

Open to Public Inspection

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation? No
COVENANT HOUSE ILLINOIS - 81-2061485							
30 WEST CHICAGO AVENUE, 5TH FLOOR	_						
CHICAGO, IL 60654	HUMANITARIAN	ILLINOIS	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE MICHIGAN - 38-3351777							
2959 MARTIN LUTHER KING JR BLVD	_						
DETROIT, MI 48208	HUMANITARIAN	MICHIGAN	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE MISSOURI - 43-1821599							
2727 NORTH KINGSHIGHWAY BLVD							
ST. LOUIS, MO 63113	HUMANITARIAN	MISSOURI	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE NEW JERSEY - 13-3537710							
330 WASHINGTON STREET	_						
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	_						
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	_						
LOS ANGELES, CA 90027	HOLDING CO	CALIFORNIA	501(C)3	LINE 12A, I	COVENANT HOUSE		х
COVENANT INTERNATIONAL FOUNDATION -							
13-3124706, 5 PENN PLAZA, NEW YORK, NY	_						
10001	HOLDING CO	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE		x
TESTAMENTUM - 23-7326634							
5 PENN PLAZA	7						1
NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)3	LINE 10	COVENANT HOUSE		х
UNDER 21 COVENANT HOUSE NEW YORK -				1			
13-3076376, 550 10TH AVENUE, NEW YORK, NY	7						1
10018	HUMANITARIAN	NEW YORK	501(C)3	LINE 7	COVENANT HOUSE		х

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled zation?
COVENANT HOUSE CONNECTICUT - 13-3330953						103	
C/O COVENANT HOUSE, 5 PENN PLAZA	-						
NEW YORK, NY 10001	- HUMANITARIAN	CONNECTICUT	501(C)3	LINE 7	COVENANT HOUSE		х
COVENANT HOUSE CHICAGO - 13-3386635							
C/O COVENANT HOUSE, 5 PENN PLAZA	-						
NEW YORK, NY 10001	- HUMANITARIAN	ILLINOIS	501(C)3	PF	COVENANT HOUSE		х
268 WEST 44TH CORPORATION - 13-2874450							
C/O COVENANT HOUSE, 5 PENN PLAZA	-						
NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)2		COVENANT HOUSE		х
RIGHTS OF PASSAGE INC - 13-3549405							
C/O COVENANT HOUSE, 5 PENN PLAZA	-						
NEW YORK, NY 10001	HUMANITARIAN	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE		х
UNDER 21 BOSTON INC - 04-2790593							
C/O COVENANT HOUSE, 5 PENN PLAZA	-						
NEW YORK, NY 10001	HUMANITARIAN	MASSACHUSETTS	501(C)3	LINE 12A, I	COVENANT HOUSE		х
COVENANT HOUSE TORONTO							
20 GERRARD STREET EAST	7						
TORONTO, CANADA, CANADA M5B 2P3	HUMANITARIAN	CANADA			COVENANT HOUSE		х
COVENANT HOUSE VANCOUVER							
575 DRAKE STREET	7						
VANCOUVER, CANADA, CANADA V6B 4K8	HUMANITARIAN	CANADA			COVENANT HOUSE		х
ASOCIACION LA ALIANZA GUATEMALA							
13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL	7						
MIXCO, GUATEMALA, GUATEMALA	HUMANITARIAN	GUATEMALA			COVENANT HOUSE		х
CASA ALIANZA DE HONDURAS							
CORNER OF ARDA CERVANTES Y MORELOS							
TEGUCIGALPA, HONDURAS, HONDURAS	HUMANITARIAN	HONDURAS			COVENANT HOUSE		х
CASA ALIANZA NICARAGUA							
EDIFFICIO CONRAD N HILTON COSTADO ESTE DEL M							
MANAGUA, NICARAGUA, NICARAGUA	HUMANITARIAN	NICARAGUA			COVENANT HOUSE		х
FUNDACION CASA ALIANZA MEXICO IAP							1
PLAZA DE LAS FUENTES 116 COL							l
MEXICO DF, MEXICO, MEXICO	HUMANITARIAN	MEXICO			COVENANT HOUSE		х
CASA ALIANZA INTERNACIONAL							í
C/O COVENANT HOUSE, 5 PENN PLAZA							l
NEW YORK, NY 10001	HUMANITARIAN	COSTA RICA			COVENANT HOUSE		х

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	organiz	olled zation?
CH PENNSYLVANIA UNDER-21 HOLDINGS, INC						Yes	No
82-1519205, 31 EAST ARMAT STREET,	-				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	-				COVENANT HOUSE		
DETROIT, MI 48208		MICHIGAN	501(C)3	LINE 7	MICHIGAN		х
CH HOUSING DEVELOPMENT FUND CORPORATION -							
83-4124396, C/O COVENANT HOUSE, 5 PENN	PROVIDE TRANSITIONAL						
PLAZA, NEW YORK, NY 10001	HOUSING	NEW YORK	501(C)3	LINE 12A, I	COVENANT HOUSE		х
	_						
	_						
	-						
	-						
	_						
	_						

Schedule R (Form 990) 2018 COVENANT HOUSE CALIFORNIA INC.

13-3391210 Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)										
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ownership			
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo										
	1																				

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	512(b contr	i) b)(13) rolled iity?
		country)		01 11 03 0		233013		Yes	No

Schedule R (Form 990) 2018 COVENANT HOUSE CALIFORNIA INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

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

Schedule R (Form 990) 2018 COVENANT HOUSE CALIFORNIA INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e) all rs sec. c)(3) s.?	(f) Share of total		(h Dispr tior allocat	n) opor- ate ions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	or Percentage ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	

Schedule R (Form 990) 2018

COVENANT HOUSE CALIFORNIA INC. 13-3391210 Page 5

Part VII Supplemental Information.

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

Schedule R (Form 990) 2018

832165 10-02-18