Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2001 calendar year, or tax year beginning 07/01 , 2001, and ending 06/30/2002

B Check if applicable: Address change; Name change; Initial return; Final return; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization
COVENANT HOUSE CALIFORNIA

Number and street (or P O box if mail is not delivered to street address) Room/suite
1325 NORTH WESTERN AVE

City or town, state or country, and ZIP + 4
HOLLYWOOD, CA 90027

D Employer identification number
13-3391210

E Telephone number
(323) 461-3131
EXT 261

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If 'Yes' enter number of affiliates ▶

H(c) Are all affiliates included? N/A [ ] Yes [ ] No
(If 'No' attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

G Web site ▶WWW COVENANTHOUSECA ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization's gross receipts are normally not more than $25 000 The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return**

I Enter 4-digit GEN ▶

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990 990-EZ or 990-PF)

L Gross receipts Add lines 6b 8b 9b and 10b to line 12 ▶ 8,459,559

Part I Revenue, Expenses, and Changes In Net Assets or Fund Balances (See Specific Instructions on page 16)

Revenue	1	Contributions gifts grants and similar amounts received			
	a	Direct public support	1a	6,827,123	
	b	Indirect public support	1b	30,373	
	c	Government contributions (grants)	1c	1,250,378	
	d	Total (add lines 1a through 1c) (cash $ 8,076,426. noncash $ 31,448)			1d 8,107,874
	2	Program service revenue including government fees and contracts (from Part VII line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments STMT. 1			4 228,204
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory (A) Securities / (B) Other	8a		
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ 207,602 of contributions reported on line 1a) STMT 2 . STMT 3	9a	118,630	
	b	Less direct expenses other than fundraising expenses	9b	118,630.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c NONE
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII, line 103)			11 4,851
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12 8,340,929
Expenses	13	Program services (from line 44, column (B))			13 6,492,216
	14	Management and general (from line 44, column (C))			14 187,071
	15	Fundraising (from line 44, column (D))			15 901,254
	16	Payments to affiliates (attach schedule)			16
	17	**Total expenses** (add lines 16 and 44, column (A))			17 7,580,541.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 760,388
	19	Net assets or fund balances at beginning of year (from line 73 column (A))			19 15,328,151
	20	Other changes in net assets or fund balances (attach explanation) STMT 4			20 -153,074
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21 15,935,465

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

JSA
1E1010 2 000

G-14

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B) (C) and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See Specific Instructions on page 21)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ _____ noncash $ _____)	22				
23 Specific assistance to individuals (attach schedule)	23	349,143	349,143	STMT 5	
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	183,103	183,103		
26 Other salaries and wages	26	3,322,932	3,128,562	101,858	92,512
27 Pension plan contributions	27	199,376	187,714	6,111	5,551
28 Other employee benefits	28	202,568.	196,569	4,169	1,830
29 Payroll taxes	29	396,575.	379,243	9,170	8,162
30 Professional fundraising fees	30				
31 Accounting fees	31	24,250		24,250	
32 Legal fees	32				
33 Supplies	33	72,308	69,312	2,390	606
34 Telephone	34	114,768	99,513	1,857	13,398
35 Postage and shipping	35	554,588	277,556	1,373	275,659
36 Occupancy	36	348,614	345,395	2,475	744
37 Equipment rental and maintenance	37	112,087	105,637	2,531	3,919
38 Printing and publications	38	174,929	4,781	178	169,970
39 Travel	39	120,431	112,369	4,143	3,919
40 Conferences, conventions, and meetings	40	24,671	18,503	2,467	3,701
41 Interest	41				
42 Depreciation depletion etc (attach schedule) SEE STMT	42	342,789	337,103	3,081	2,605
43 Other expenses not covered above (itemize) STMT 6	43a	1,037,409	697,713	21,018	318,678
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	7,580,541	6,492,216	187,071	901,254

Joint Costs Check ▶ ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☒ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs $ 625,800. (ii) the amount allocated to Program services $ 444,050.

(iii) the amount allocated to Management and general $ _____ and (iv) the amount allocated to Fundraising $ 181,750

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose? ▶ SERVICES TO HOMELESS YOUTHS

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

a SHELTER AND CRISIS CARE - THE ORGANIZATION PROVIDES CRISIS CARE, SHELTER, FOOD, CLOTHING, AND COUNSELING TO ABANDONED AND RUNAWAY YOUTHS IN THE LOS ANGELES AREA (Grants and allocations $) 2,396,110

b RIGHTS OF PASSAGE - PROVIDES TRANSITIONAL HOME SERVICES FOR UP TO 18 MONTHS FOR YOUTHS, WHICH INCLUDES EDUCATION, JOB PLACEMENT, AND HOUSING (Grants and allocations $) 1,117,343

c OUTREACH - COVENANT HOUSE VANS CRUISE CITY STREETS EVERY NIGHT SEARCHING OUT YOUTHS AND PROVIDING THEM WITH FOOD, A TRAINED COUNSELOR AND A SAFE RIDE TO THE SHELTER (Grants and allocations $) 382,745.

d MEDICAL SERVICES - PROVIDES ON-SITE EMERGENCY MEDICAL SERVICES TO BOTH SHELTER AND OUTREACH YOUTHS INCLUDING EXAMS, PHARMACY SERVICES, HEALTH EDUCATION, AND COUNSELING (Grants and allocations $) 454,959

e Other program services (attach schedule) STMT 7 (Grants and allocations $) 2,141,059

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ 6,492,216

Part IV Balance Sheets (See Specific Instructions on page 24)

	Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only			(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			12,975	45	13,028
	46	Savings and temporary cash investments			6,839,023	46	7,208,596
	47a	Accounts receivable	47a	NONE			
	b	Less allowance for doubtful accounts	47b	NONE	NONE	47c	NONE
	48a	Pledges receivable	48a	804,785.			
	b	Less allowance for doubtful accounts	48b	73,718.	953,066	48c	731,067
	49	Grants receivable			206,841	49	369,091.
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			237,772	53	234,848
	54	Investments - securities (attach schedule) STMT 8 ▶ ☐ Cost ☒ FMV			NONE	54	2,322,511
	55a	Investments - land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments - other (attach schedule) STMT. 9			1,820,000	56	NONE
	57a	Land, buildings, and equipment basis	57a	8,595,818			
	b	Less accumulated depreciation (attach schedule) SEE STMT	57b	2,891,067.	5,949,495	57c	5,704,751
	58	Other assets (describe ▶ STMT 10)			23,326	58	20,175
	59	**Total assets** (add lines 45 through 58) (must equal line 74)			16,042,498	59	16,604,067
Liabilities	60	Accounts payable and accrued expenses			393,705	60	457,254
	61	Grants payable				61	
	62	Deferred revenue				62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a	Tax-exempt bond liabilities (attach schedule)				64a	
	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Other liabilities (describe ▶ STMT 11)			320,642	65	211,348
	66	**Total liabilities** (add lines 60 through 65)			714,347	66	668,602
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted			14,576,646	67	15,356,515
	68	Temporarily restricted			751,505	68	578,950
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds				70	
	71	Paid-in or capital surplus, or land, building, and equipment fund				71	
	72	Retained earnings, endowment, accumulated income, or other funds				72	
	73	**Total net assets or fund balances** (add lines 67 through 69 OR lines 70 through 72, column (A) **must** equal line 19, and column (B) **must** equal line 21)			15,328,151	73	15,935,465
	74	**Total liabilities and net assets / fund balances** (add lines 66 and 73)			16,042,498	74	16,604,067

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

a	Total revenue, gains, and other support per audited financial statements ▶	a	8,200,694
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments $ -153,074		
	(2) Donated services and use of facilities $ 12,839		
	(3) Recoveries of prior year grants $		
	(4) Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	-140,235
c	Line a minus line b ▶	c	8,340,929
d	Amounts included on line 12, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	8,340,929

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	7,593,380
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities $ 12,839		
	(2) Prior year adjustments reported on line 20, Form 990 $		
	(3) Losses reported on line 20, Form 990 $		
	(4) Other (specify) $		
	Add amounts on lines (1) through (4) ▶	b	12,839
c	Line a minus line b ▶	c	7,580,541
d	Amounts included on line 17, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 $		
	(2) Other (specify) $		
	Add amounts on lines (1) and (2) ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	7,580,541

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 15		183,103	16,699	NONE

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than $100,000 from your organization and all related organizations, of which more than $10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No

If "Yes," attach schedule - see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

				Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?		80a	X	
b	If "Yes," enter the name of the organization ▶ COVENANT HOUSE and check whether it is [X] exempt OR [ ] nonexempt				
81a	Enter direct or indirect political expenditure See line 81 instructions	81a NONE			
b	Did the organization file Form 1120-POL for this year?		81b		X
82a	Did the organization receive donated services or the use of materials equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b 12,839			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85	*501(c)(4), (5), or (6) organizations* a Were substantially all dues nondeductible by members?		85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2 000 or less?		85b	N/A	
	If "Yes" was answered to either 85a or 85b do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?		85g		X
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h		X
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX		88		X
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE , section 4912 ▶ NONE , section 4955 ▶ NONE				
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ NONE			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization	▶ NONE			
90a	List the states with which a copy of this return is filed ▶ CALIFORNIA				
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b 102			
91	The books are in care of ▶ LUZ BUAN Telephone no ▶ 323-461-3131				
	Located at ▶ 1325 N WESTERN AVE , HOLLYWOOD, CA ZIP + 4 ▶ 90027				
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here ▶ [ ] and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A				

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note *Enter gross amounts unless otherwise indicated*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	228,204	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	NONE	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MEDICAL BILLINGS			01	4,851.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				233,055	
105 Total (add line 104, columns (B) (D), and (E)) ▶					233,055

Note *Line 105 plus line 1d Part I, should equal the amount on line 12, Part I*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name address and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)*

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

Please

[redacted] 10/29/02

Date

[redacted]

Date | Check if | Preparer's SSN or PTIN (See Gen. Inst. W)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2001

Name of the organization

COVENANT HOUSE CALIFORNIA

Employer identification number

13-3391210

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JAMES BAILEY 1325 N.WESTERN AVE HOLLYWOOD, CA 90027	DIR CRISIS SHELTER 40	52,696.	3,689	NONE
THERESA BROMS 1325 N.WESTERN AVE HOLLYWOOD CA 90027	DIR HEALTH SERVICES 40	58,459	4,092	NONE
CAMILIA FONG 1325 N WESTERN AVE HOLLYWOOD, CA 90027	DIR OF DEVELOPMENT 40	61,657	4,316	NONE
MIRANDA YATES 1325 N WESTERN AVE HOLLYWOOD, CA 90027	DIR TRAN LIVING PR 40	56,949.	3,986.	NONE
LUZ BUAN 1325 N.WESTERN AVE HOLLYWOOD, CA 90027	CONTROLLER 40	77,259	5,408	NONE
Total number of other employees paid over $50,000 ▶	1			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50 000	(b) Type of service	(c) Compensation
CHILDRENS HOSPITAL OF LOS ANGELES P O BOX 54700, L A., CA 90054	PHYSICIANS SVCS/MED	57,033
Total number of others receiving over $50,000 for professional services ▶	NONE	

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ NONE (Must equal amount on line 38, Part VI-A, or line 1 of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1 000)? FORM 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3		X
4	Do you have a section 403(b) annuity plan for your employees?	4	X	

Note *Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments*

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 ☐ A church, convention of churches or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal state or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5) or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting*

Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	7,803,621	8,170,752	7,568,920	8,185,615	31,728,908
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	89,023	320,050	418,461		827,534
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents royalties and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	397,848	56,590	215,285	188,279	858,002
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 16 741	1,757	11,678	NONE	14,176
23 Total of lines 15 through 22	8,291,233	8,549,149	8,214,344	8,373,894	33,428,620
24 Line 23 minus line 17	8,202,210	8,229,099	7,795,883	8,373,894	32,601,086
25 Enter 1% of line 23	82,912	85,491	82,143	83,739	

26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24 ▶ 26a 652,022

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a **Do not file this list with your return** Enter the total of all these excess amounts ▶ 26b NONE

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ 26c 32601086

d Add Amounts from column (e) for lines 18 858,002 19 _____ 22 14,176 26b NONE ▶ 26d 872,178

e Public support (line 26c minus line 26d total) ▶ 26e 31728908

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 97 3247 %

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person" **Do not file this list with your return** Enter the sum of such amounts for each year

(2000) _____ (1999) _____ (1998) NOT APPLICABLE (1997) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2000) _____ (1999) _____ (1998) _____ (1997) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ 27c

d Add Line 27a total _____ and line 27b total _____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a ☐ if the organization belongs to an affiliated group
Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - **The lobbying nontaxable amount is -**			
Not over $500 000 — 20% of the amount on line 40			
Over $500 000 but not over $1 000 000 — $100,000 plus 15% of the excess over $500 000			
Over $1 000 000 but not over $1,500 000 — $175 000 plus 10% of the excess over $1 000 000	41		
Over $1 500 000 but not over $17 000 000 — $225 000 plus 5% of the excess over $1 500 000			
Over $17 000 000 — $1 000 000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		
Caution *If there is an amount on either line 43 or line 44, you must file Form 4720*			

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

COVENANT HOUSE CALIFORNIA

Employer identification number

13-3391210

Organization type (check one)

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

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 box(es) for both the General rule and a Special rule - see instructions*)

General Rule -

[X] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules -

[ ] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to 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 Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year) . . . . . ▶ $ _____

Caution *Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they* ***must*** *check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)*

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		10,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
2		20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
3		50,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
4		15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
5		15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
6		15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		25,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
8		35,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
9		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
10		32,200	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
11		50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
12		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
14		100,600	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
15		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
16		9,922	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
17		50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
18		6,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		14,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
20		15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
21		11,865	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
22		7,597	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
23		24,266	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
24		7,866	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		1,042,095	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
26		13,800	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
27		66,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
28		8,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
29		5,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
30		6,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
32		20,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
33		16,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
34		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
35		10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
36		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		14,973	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
38		10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
39		8,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
40		15,725	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
41		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
42		110,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		9,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
44		5,250	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
45		6,450	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
46		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
47		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
48		8,034.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		6,944	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
50		11,422.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
51		98,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
52		6,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
53		6,800	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
54		15,300	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I **Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		11,500	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
56		10,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
57		15,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
58		20,355	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
59		6,123.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
60		6,207.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		49,100.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
62		11,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
63		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
64		5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
65		5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
66		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
68		5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
69		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
70		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
71		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
72		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I **Contributors** (See Specific Instructions)

(a) No.	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
74		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
75		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
76		5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
77		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
78		5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
80		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
81		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
82		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
83		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
84		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
86		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
87		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
88		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
89		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
90		5,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		678,939.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
92		139,608	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
93		70,405	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
94		51,088.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
95		310,338	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
96		31,448.	Person [X] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part I **Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97		24,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
98	MISCELLANEOUS CONTRIBUTIONS <$5,000	4,396,204.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
			Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
			Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
			Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
			Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Name of organization: COVENANT HOUSE CALIFORNIA

Employer identification number: 13-3391210

Part II Noncash Property (See Specific Instructions)

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
96	$14,723=FMV OF DONATED BUS TOKENS $16,725=FMV OF SUPPLIES (HYGIENE, OFFICE CLOTHING AND HOUSEKEEPING) ON 09/10/01 11/20/01, 02/05/02, & 05/14/02	31,448.	VAR

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
	207,602.
TOTAL	207,602.

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS

DESCRIPTION	AMOUNT
CASH INVESTMENTS INTEREST	228,204.
TOTAL	228,204.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DINNER GALA	118,630.	118,630.	NONE
TOTALS	118,630.	118,630.	NONE

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	153,074.
TOTAL	153,074.

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS

DESCRIPTION		PROGRAM SERVICES
FOOD, MEDICAL, CLOTHING, AND SHELTER		349,143.
TOTALS		349,143.

COVENANT HOUSE CALIFORNIA
SCHEDULE OF FIXED ASSETS AND ACCUMULATED AMORTIZATION AND ACCUMULATED DEPRECIATION
June 30, 2002

General Ledger Acct. Number	Description	Beginning Balance 07/01/01	Additions	(Disposals)	Book Value 6/30/02
201-150400	Leasehold Improvements-1316 N Western Ave	107,328 17	-	-	107,328 17
201-150500	Furniture & Equipment-1316 N Western	10,697 15	-	-	10,697 15
201-150501	Data Processing Equipment	327,892 04	43,034 69	-	370,926 73
201-150502	Autos/Vans/Trucks	58,672 31	27,324 06	-	85,996 37
202-150500	Furniture & Equipment-Shelter	447,780 53	-	-	447,780 53
202-150201	Building-New Shelter, Phase 1	3,037,270 57	-	-	3,037,270 57
202-150202	Building-New Shelter, Phase 2	4,129,298 59	-	-	4,129,298 59
202-150300	Building Improvements	-	27,686 45	-	27,686 45
203-150400	Leasehold Improvements-Oakland	279,679 83	-	-	279,679 83
203-150500	Furniture & Equipment-Oakland	35,182 33	-	-	35,182 33
203-150501	Data Processing(DP)-Oakland	42,173 28	-	-	42,173 28
203-150502	Autos/Vans/Trucks-Oakland	21,798 12	-	-	21,798 12
	TOTAL FIXED ASSETS, 6/30/02	8,497,772 92	98,045 20	-	8,595,818 12
201-160400	Accum Amortization-Leasehold Improv	(75,129 00)	(21,466 00)	-	(96,595 00)
201-160500	Accum Depreciation-Furn & Equipt-1316 N W	(7,490 00)	(2,140 00)	-	(9,630 00)
201-160501	Accum Depreciation-DP Equipt	(317,282 00)	(21,369 00)	-	(338,651 00)
201-160502	Accum Depreciation-Autos/Vans/Trucks	(52,383 00)	(4,018 00)	-	(56,401 00)
202-160201	Accum Depreciation-Building-Phase 1	(759,105 00)	(101,242 00)	-	(860,347 00)
202-160202	Accum Depreciation-Building-Phase 2	(758 944 00)	(137,644 00)	-	(896,588 00)
202-160300	Accum Depreciation-Building Improvements	-	(660 00)	-	(660 00)
202-160500	Accum Depreciation-Furniture & Equipt	(441,068 00)	(1,918 00)	-	(442,986 00)
203-160400	Accum Amortization-Lease Improv Oakland	(91,535 90)	(26,878 00)	-	(118,413 90)
203-160500	Accum Depreciation-Furniture& Equip-Oakland	(13,354 00)	(7,036 00)	-	(20,390 00)
203-160501	Accum Depreciation-DP equip-Oakland	(21,087 00)	(14,058 00)	-	(35,145 00)
203-160502	Accum Amortization-Vans/Trucks	(10,900 00)	(4,360 00)	-	(15,260 00)
	TOTAL ACCUMULATED DEPRECIATION	(2,548,277 90)	(342,789 00)	-	(2,891,066 90)
	NET FIXED ASSETS, 6/30/02	5,949,495 02	(342,789 00)		5 704,751 22

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
MEDICAL FEES	88,904.	88,904.	NONE	NONE
TEMPORARY CONTRACT LABOR	85,683.	82,137.	3,232.	314.
OTHER PURCHASED SERVICES	489,550.	253,580.	2,668.	233,302.
DUES, LICENSES, PERMITS	5,025.	4,428.	331.	266.
INSURANCE	82,817.	77,715.	5,102.	NONE
STAFF RECRUITMENT	67,245.	62,325.	4,920.	NONE
MINOR EQPMNT/CAPITAL ADDITIONS	12,223.	9,167.	1,222.	1,834.
MISCELLANEOUS	56,820.	48,869.	232.	7,719.
BANK SERVICE FEES	20,452.	17,397.	3,055.	NONE
DONATED MERCHANDISE/SERVICES	31,449.	31,372.	77.	NONE
PROFESSIONAL FEES	97,241.	21,819.	179.	75,243.
TOTALS	1,037,409.	697,713.	21,018.	318,678.

FORM 990, PART III - OTHER PROGRAM SERVICES

DESCRIPTION	EXPENSES
COMMUNITY SERVICE - PROVIDES COMPREHENSIVE SERVICE TO YOUTHS WHO LEFT THE CONVENANT HOUSE CRISIS CENTER, AND OTHER YOUTHS IN THE COMMUNITY WHO NEED SUPPORT TO MAINTAIN THEMSELVES IN STABLE LIVING SITUATIONS.	1,552,938.
PUBLIC EDUCATION SERVICES - INCLUDE PREVENTION PRESENTATIONS, INFORMATIONAL SPEECHES ABOUT AND TOURS OF COVENANT HOUSE.	588,121.
TOTALS	2,141,059.

FORM 990, PART IV - INVESTMENTS - SECURITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
MUTUAL FUNDS		NONE	2,322,511.
	TOTALS	NONE	2,322,511.

FORM 990, PART IV - INVESTMENTS - OTHER

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
LONG TERM TREASURY BILLS	1,820,000.	NONE
TOTALS	1,820,000.	NONE

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
OTHER ASSETS	19,929.	13,516.
TRAVEL ADVANCES	3,397.	6,659.
TOTALS	23,326.	20,175.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
DUE TO PARENT	217,493.	139,363.
OTHER LIABILITIES	103,149.	71,985.
TOTALS	320,642.	211,348.

STATEMENT 11

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DR. CHARLES BAKER, M.D. 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
KAREN CORMAN 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
JOHN DONOVAN, ESQ 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
JAMES F. GRIFFITHS 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
LERON GUBLER 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
J. STEVEN RHODES 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
THOMAS ZIMMERMAN 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
SISTER MARY ROSE MCGEADY, D.C. 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	PRESIDENT 5 HR/MONTH	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WILLIAM WILSON 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	ASSOC. EXEC. DIR. 40 HR/WEEK	73,081.	6,577.	NONE
GEORGE LOZANO 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	EXECUTIVE DIRECTOR 40 HR/WEEK	110,022.	10,122.	NONE
PRISCILLA MOORE 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
REV. MSGR. LLOYD TORGERSON 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
DAVIND MILLER 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
SISTER JOYCE WELLER, D.C. 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
ADRIENNE MATROS, PH.D. 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
PATRICIA SERIO 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SHARI LYNN DAVIS 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	CHAIR 5 HR/MONTH	NONE	NONE	NONE
KIRK D. HARTMAN 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
CHRISTOPHER H. PASKASCH 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	TREASURER 5 HR/MONTH	NONE	NONE	NONE
BEVERLY WALKER THRALL 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
MARY BLANDING 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
DOUGLAS HOLTE 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
VALERIE MENDEZ 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
JOE MARCHICA 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BETH O'BRIEN 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
GRAND TOTALS		183,103.	16,699.	NONE

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2000	1999	1998	1997	TOTAL
MEDICAL REIMBURSEMENTS	741.	1,757.	11,678.	NONE	14,176.
TOTALS	741.	1,757.	11,678.	NONE	14,176.