

Form 990

Department of the Treasury
Internal Revenue ServiceReturn 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

2004

Open to Public
Inspection

A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

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

F Accounting method: ☐ Cash ☒ 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 ☒ No

H(b) If "Yes," enter number of affiliates: N/A

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 ☒ No

I Group Exemption Number _____

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website WWW.COVENANTHOUSECA.ORG

J Organization type (check only one) ☒ 501(c) (3) (insert no) 4947(a)(1) or 527K 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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 14,946,803.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	6,732,298.		
b	Indirect public support	1b	41,684.		
c	Government contributions (grants)	1c	1,553,853.		
d	Total (add lines 1a through 1c) (cash \$ 8,295,669 noncash \$ 32,166)	1d	8,327,835.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	11,206.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments STMT. 1	4	18,408.		
5	Dividends and interest from securities STMT. 2	5	203,632.		
6a	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			
8a	Gross amount from sales of assets other than inventory	(A) Securities	6,204,798.	8a	
b	Less cost or other basis and sales expenses	(B) Other	6,128,529.	8b	
c	Gain or (loss) (attach schedule)		76,269.	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT. 2A			8d	76,269.
9	Special events and activities (attach schedule) If any amount is from gaming, check here ☐				
a	Gross revenue (not including \$ 368,228. of STMT. 3 contributions reported on line 1a) STMT. 4	9a	180,829.		
b	Less direct expenses other than fundraising expenses	9b	180,829.		
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	95.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	8,637,445.		
13	Program services (from line 44, column (B))	13	7,235,476.		
14	Management and general (from line 44, column (C))	14	323,468.		
15	Fundraising (from line 44, column (D))	15	1,615,363.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	9,174,307.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-536,862.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	14,328,211.		
20	Other changes in net assets or fund balances (attach explanation) STMT. 5	20	-64,738.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	13,726,611.		

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2004)

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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 page 22 of the instructions.)

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	454,184.	454,184.	STMT 6
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	197,995.	111,892.	36,902.
26	Other salaries and wages	26	3,985,456.	3,729,064.	57,059.
27	Pension plan contributions	27	218,140.	207,232.	6,545.
28	Other employee benefits	28	339,180.	312,274.	8,730.
29	Payroll taxes	29	836,185.	797,955.	12,292.
30	Professional fundraising fees	30	72,176.	NONE	NONE
31	Accounting fees	31	31,000.	NONE	31,000.
32	Legal fees	32			
33	Supplies	33	86,123.	77,619.	2,777.
34	Telephone	34	141,636.	97,139.	2,476.
35	Postage and shipping	35	417,423.	18,860.	531.
36	Occupancy	36	403,700.	396,727.	6,882.
37	Equipment rental and maintenance	37	133,266.	124,207.	3,498.
38	Printing and publications	38	670,043.	1,526.	322.
39	Travel	39	68,904.	58,781.	1,981.
40	Conferences, conventions, and meetings	40	12,138.	9,071.	967.
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	315,477.	306,660.	3,644.
43	Other expenses not covered above (itemize) STMT 8	43a	791,281.	532,285.	147,862.
	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	9,174,307.	7,235,476.	323,468.

Joint Costs. Check ☐ if you are following SOP 98-2Are 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 \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)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	STMT 9				
		(Grants and allocations \$ _____)			3,214,497.
b					
		(Grants and allocations \$ _____)			1,762,328.
c					
		(Grants and allocations \$ _____)			1,239,166.
d					
		(Grants and allocations \$ _____)			536,341.
e	Other program services (attach schedule) STMT 10	(Grants and allocations \$ _____)			483,144.
f	Total of Program Service Expenses (should equal line 44, column (B), Program services).				7,235,476.

Part IV Balance Sheets (See page 25 of the instructions)

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	15,325.	45	14,925.	
	46 Savings and temporary cash investments	5,937,922.	46	337,028.	
	47a Accounts receivable 47a				
	b Less allowance for doubtful accounts 47b		47c		
	48a Pledges receivable 48a	716,855.			
	b Less allowance for doubtful accounts 48b	87,000.	533,913.	48c	629,855.
	49 Grants receivable	208,663.	49	462,500.	
	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	215,736.	53	140,867.	
	54 Investments - securities (attach schedule) STMT 11 ☐ Cost ☒ FMV	2,787,087.	54	7,392,741.	
	55a Investments - land, buildings, and equipment basis 55a				
	b Less accumulated depreciation (attach schedule) 55b		55c		
56 Investments - other (attach schedule)		56			
57a Land, buildings, and equipment basis 57a	8,875,039.				
b Less accumulated depreciation (attach schedule) STMT 7 57b	3,929,946.	5,136,121.	57c	4,945,093.	
58 Other assets (describe STMT 12)	35,920.	58	501,719.		
59 Total assets (add lines 45 through 58) (must equal line 74)	14,870,687.	59	14,424,728.		
Liabilities	60 Accounts payable and accrued expenses	494,190.	60	438,075.	
	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 13)	48,286.	65	260,042.	
66 Total liabilities (add lines 60 through 65)	542,476.	66	698,117.		
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	13,958,109.	67	13,138,611.	
	68 Temporarily restricted	370,102.	68	588,000.	
	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, column (B) must equal line 21)	14,328,211.	73	13,726,611.		
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	14,870,687.	74	14,424,728.		

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-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total revenue, gains, and other support per audited financial statements . . . ▶	a 8,603,925.	a Total expenses and losses per audited financial statements ▶	a 9,205,525.
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments . . \$ -64,738.		(1) Donated services and use of facilities \$ 31,218	
(2) Donated services and use of facilities \$ 31,218.		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)		(4) Other (specify)	
\$		\$	
Add amounts on lines (1) through (4) ▶	b -33,520.	Add amounts on lines (1) through (4) . . ▶	b 31,218
c Line a minus line b ▶	c 8,637,445.	c Line a minus line b ▶	c 9,174,307.
d Amounts included on line 12, Form 990 but not on line a :		d Amounts included on line 17, Form 990 but not on line a :	
(1) Investment expenses not included on line 6b, Form 990 . . . \$		(1) Investment expenses not included on line 6b, Form 990 . . . \$	
(2) Other (specify)		(2) Other (specify)	
\$		\$	
Add amounts on lines (1) and (2) . . ▶	d	Add amounts on lines (1) and (2) . . ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 8,637,445.	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 9,174,307.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 of the instructions)

[illegible]

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 page 28 of the instructions

Part VI Other Information (See page 28 of the instructions)

	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
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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?	80 a	X
b If "Yes," enter the name of the organization <u>STMT 18</u> and check whether it is ☒ exempt or ☐ nonexempt		
81 a Enter direct and indirect political expenditures. See line 81 instructions.	81 a	NONE
b Did the organization file Form 1120-POL for this year?	81 b	N/A
82 a 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?	82 a	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.)	82 b	31,218
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	85 b	N/A
c Dues, assessments, and similar amounts from members	85 c	N/A
d Section 162(e) lobbying and political expenditures	85 d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87 a	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)	87 b	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
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>NONE</u> , section 4912 <u>NONE</u> , section 4955 <u>NONE</u>		
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	89 b	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
90 a List the states with which a copy of this return is filed <u>CALIFORNIA</u>		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90 b	123
91 The books are in care of <u>LUZ BUAN</u> Telephone no <u>323-461-3131</u> Located at <u>1325 N. WESTERN AVE., HOLLYWOOD, CA</u> ZIP +4 <u>90027</u>		
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 page 33 of the instructions)**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>TRANSITIONAL</u>					
b <u>LIVING PROGRAM</u>					11,206.
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	18,408.	
96 Dividends and interest from securities			14	203,632	
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			18	76,269.	
101 Net income or (loss) from special events			01	NONE	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b <u>OTHER REVENUE</u>			01	95.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				298,404.	11,206.
105 Total (add line 104, columns (B), (D), and (E))					309,610.

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 page 34 of the instructions)

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 page 34 of the instructions)

(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
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(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)

**Please
Sign**

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

Signature of officer George R. Grogan

Date

12/15/05

EXECUTIVE DIRECTOR

Date

12-14-05Check if
self-

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

2004

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
SEAN SULLIVAN 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIR. DEV - OAKLAND 40	75,672.	5,297.	NONE
DANIEL BALLIN 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIR. CLINICAL SVCS 40	70,373.	4,926	NONE
JOHN GARCIA 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIR. OF HUMAN RES. 40	83,382.	5,837.	NONE
ARTHUR FULLERTON 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIR. DEVELOPMENT 40	81,951.	5,737.	NONE
JAMES BAILEY 1325 N.WESTERN AVENUE HOLLYWOOD, CA 90027	DIR. RES. SERVICES 40	59,800.	4,186.	NONE
Total number of other employees paid over \$50,000 ►	2			

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
NONE		
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 a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>NONE</u> (Must equal amounts on line 38, Part VI-A, or line i 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
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

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 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	8,073,264.	7,792,840.	8,167,623.	7,803,621.	31,837,348.
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	149,013.	108,130.	118,630.	89,023.	464,796.
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	313,994.	303,938.	228,204.	397,848.	1,243,984.
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 19 182.	123.	4,851.	741.	5,897.
23 Total of lines 15 through 22	8,536,453.	8,205,031.	8,519,308.	8,291,233.	33,552,025.
24 Line 23 minus line 17	8,387,440.	8,096,901.	8,400,678.	8,202,210.	33,087,229.
25 Enter 1% of line 23	85,365.	82,050.	85,193.	82,912.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ 26a					661,745.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b					393,275.
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c					33087229.
d Add: Amounts from column (e) for lines 18 1,243,984. 19 22 5,897. 26b 393,275. ▶ 26d					1,643,156.
e Public support (line 26c minus line 26d total) ▶ 26e					31444073.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ 26f					95.0339 %
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: (2003) _____ (2002) _____ (2001) <u>NOT APPLICABLE</u> (2000) _____ 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: (2003) _____ (2002) _____ (2001) _____ (2000) _____ 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 from 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 2000 through 2003, 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)

NOT APPLICABLE

(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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	

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?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement		

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
Lobbying nontaxable amount					
45					
Lobbying ceiling amount (150% of line 45(e)) . . .					
46					
Total lobbying expenditures					
Grassroots nontaxable amount					
48					
Grassroots ceiling amount (150% of line 48(e)) . . .					
49					
Grassroots lobbying expenditures					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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			
b Paid staff or management (Include compensation in expenses reported on lines c through h) . . .			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
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.

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

DESCRIPTION

AMOUNT

CASH INVESTMENTS INTEREST

18,408.

TOTAL

18,408.

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

=====

DESCRIPTION

AMOUNT

DIVIDENDS & INTEREST FROM SECURITIES

203,632.

TOTAL

203,632.

=====

13-3391210

[illegible]

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

ANNUAL DINNER GALA - 5/13/2005

368,228.

VARIOUS EVENTS-FASHIONSCAPE

AND YOUNG PROFES. EVENTS

NONE

TOTAL

368,228.

=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
ANNUAL DINNER GALA - 5/13/2005	150,621.	179,062.	-28,441.
VARIOUS EVENTS-FASHIONSCAPE	30,208.	1,767.	28,441.
AND YOUNG PROFES. EVENTS			
TOTALS	180,829.	180,829.	NONE

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

UNREALIZED LOSS ON INVESTMENTS

64,738.

TOTAL

64,738.
=====

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====DESCRIPTION
-----PROGRAM
SERVICES

FOOD, MEDICAL, CLOTHING, AND SHELTER

454,184.

TOTALS

454,184.
=====

COVENANT HOUSE CALIFORNIA
FEIN: 13-3391210
FYE: 6/30/2005

DESCRIPTION OF ASSET	COST BASIS AT		DISPOSALS	COST BASIS AT	
	7/1/2004	ADDITIONS		6/30/2005	
BUILDINGS	7,194,255			7,194,255	
LEASEHOLD IMPROVEMENTS	387,009			387,009	
FIXED EQUIPMENT-COMPUTER	490,558	49,255		539,813	
FURNITURE & FIXTURES	540,794	9,250		550,044	
AUTOMOTIVE	137,974	65,944		203,918	
	0			0	
TOTAL COST BASIS	8,750,590	124,449	0	8,875,039	

	ACCUMULATED DEPRECIATION		DISPOSALS	ACCUMULATED DEPRECIATION	
	AT 7/1/2004	ADDITIONS		AT 6/30/2005	
BUILDINGS	2,257,779	243,500		2,501,279	
LEASEHOLD IMPROVEMENTS	279,497	26,878		306,375	
FIXED EQUIPMENT-COMPUTER	481,182	13,705		494,887	
FURNITURE & FIXTURES	498,861	12,965		511,826	
AUTOMOTIVE	97,150	18,429		115,579	
	0			0	
TOTAL ACCUMULATED	3,614,469	315,477	0	3,929,946	

NET BOOK VALUE	5,136,121			4,945,093	
-----------------------	------------------	--	--	------------------	--

FORM 990, PART II - OTHER EXPENSES

=====

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
-----	-----	-----	-----	-----
MEDICAL PROFESSIONAL FEES	76,942.	76,942.	NONE	NONE
CONSULTING FEES, OTHER THAN FUNDRAISING	7,854.	7,854.	NONE	NONE
TEMPORARY LABOR/HELP	75,453.	74,616.	837.	NONE
OTHER PURCHASED SERVICES	300,928.	192,559.	5,173.	103,196.
DUES LICENSES AND PERMITS	11,389.	6,697.	278.	4,414.
STAFF RECRUITMENT	33,251.	29,148.	1,616.	2,487.
INSURANCE	126,644.	122,439.	4,205.	NONE
MISCELLANEOUS	23,067.	22,030.	NONE	1,037.
BANK CHARGES	135,753.	NONE	135,753.	NONE
	-----	-----	-----	-----
TOTALS	791,281.	532,285.	147,862.	111,134.
	=====	=====	=====	=====

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM	DESCRIPTION	EXPENSES
----	-----	-----
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.	3,214,497.
B	COMMUNITY SERVICE CENTER - PROVIDES COMPREHENSIVE SERVICES TO YOUTHS WHO LEFT COVENANT HOUSE CRISIS CENTER, AND OTHER YOUTHS IN THE COMMUNITY WHO NEED SUPPORT TO MAINTAIN THEMSELVES IN STABLE LIVING SITUATIONS. SERVICES PROVIDED INCLUDE SUBSTANCE ABUSE COUNSELING AND EMPLOYMENT SKILLS TRAINING.	1,762,328.
C	RIGHTS OF PASSAGE - PROVIDES TRANSITIONAL HOME SERVICES FOR UP TO 18 MONTHS FOR YOUTHS, WHICH INCLUDES EDUCATION, JOB PLACEMENT, AND HOUSING.	1,239,166.
D	MEDICAL SERVICES - PROVIDES ON-SITE EMERGENCY MEDICAL SERVICES TO BOTH SHELTER AND OUTREACH YOUTHS INCLUDING EXAMS, PHARMACY SERVICES, HEALTH EDUCATION, AND COUNSELING.	536,341.

TOTAL

6,752,332.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

=====

DESCRIPTION -----	GRANTS AND ALLOCATIONS -----	EXPENSES -----
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.		427,121.
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 IMPROVE THEIR HOME ENVIRONMENT.		56,023.

		483,144.
		=====
TOTALS		

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
MUTUAL FUNDS	218,522.	7,211,860.
COMMON STOCKS	6,674.	180,881.
CORPORATE DEBT SECURITIES	818,934.	NONE
US GOVERNMENT SECURITIES	1,742,957.	NONE
	-----	-----
TOTALS	2,787,087.	7,392,741.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEPOSITS	NONE	500,000.
TRAVEL ADVANCES	1,535.	1,119.
DUE FROM PARENT	24,385.	600.
OTHER RECEIVABLES	10,000.	NONE
	-----	-----
TOTALS	35,920.	501,719.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
OTHER LIABILITIES	48,286.	12,037.
DUE TO PARENT	NONE	248,005.
	-----	-----
TOTALS	48,286.	260,042.
	=====	=====

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
-----	-----	-----	-----	-----
ANDREW BEYER 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
WENDY BRIDGES 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
CATHERINE BURKE 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
SR JOANNE LAVIOLETTE 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
ELIZABETH CALLENDER 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
GEORGE LOZANO 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	EXECUTIVE DIRECTOR 40 HR/WEEK	146,475.	11,718.	NONE
WILLIAM WILSON 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	ASSOCIATE EXEC.DIR 40 HR/WEEK	51,520.	4,122.	NONE
PRISCILLA "BO" MARCONI 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
CHRISTOPHER CHOO 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
DAVID COX 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
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 -----
DOUGLAS HOLTE 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
ELIZABETH SHATNER 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
TERRY THOREN 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
PATRICIA MALONEY 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
MICKEY SEGAL 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE

COVENANT HOUSE CALIFORNIA

13-3391210

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
JAMES LEONETTI 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
TOM VILLANTE 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
TRACIE HAMILTON 1325 N. WESTERN AVENUE HOLLYWOOD, CA 90027	DIRECTOR 5 HR/MONTH	NONE	NONE	NONE
GRAND TOTALS		197,995.	15,840.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
=====

COVENANT HOUSE, INC

EXEMPT

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION -----	2003 ----	2002 ----	2001 ----	2000 ----	TOTAL -----
MEDICAL REIMBURSEMENTS	NONE	NONE	4,851.	741.	5,592.
OTHER REVENUE	182.	123.	NONE	NONE	305.
	-----	-----	-----	-----	-----
TOTALS	182.	123.	4,851.	741.	5,897.
	=====	=====	=====	=====	=====

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization COVENANT HOUSE CALIFORNIA	Employer identification number 13-3391210
	Number, street, and room or suite no. If a P.O. box, see instructions 1325 NORTH WESTERN AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HOLLYWOOD, CA 90027	

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T(sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ **LUZ BUAN**

Telephone No ▶ **323 461-3131**

FAX No ▶ **323 - 957-7418**

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) ☐ If this is for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **02/15**, **2006**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning **07/01**, **2004**, and ending **06/30**, **2005**

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only. ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns
Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization COVENANT HOUSE CALIFORNIA	Employer identification number 13-3391210
	Number, street, and room or suite no. If a P.O. box, see instructions 1325 NORTH WESTERN AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions HOLLYWOOD, CA 90027	

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ► **LUZ BUAN**

Telephone No ► **323 461-3131**

FAX No ► **323 -- 957-7418**

- If the organization does **not** have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is

for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **02/15**, **2006**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year _____ or
- ☒ tax year beginning **07/01**, **2004**, and ending **06/30**, **2005**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

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