

## APPROPRIATIONS CONTRACT

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**THIS CONTRACT** is signed on \_\_\_\_\_, by the City of Pompano Beach (“City”) and COVENANT HOUSE FLORIDA, INC., a Not For Profit Corporation authorized to do business in the State of Florida (“Recipient”).

**WHEREAS**, the City of Pompano Beach has appropriated for its current Fiscal Year 2022-2023 (October 1st through September 30th), the sum of \$5,000 to Recipient, to conduct a program entitled or activity as described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description” (collectively the “Work”) attached hereto and incorporated herein by reference, for the period beginning October 1, 2022 and ending September 30, 2023; and

**WHEREAS**, the City Commission finds that entering into this Contract serves a valid public purpose as Recipients shall perform or provide a service that is beneficial to the residents of the City, and that the City is currently not in a position to provide such services on its own; and

**WHEREAS**, it is in the best interest of the City to enter into this contract with Recipient to provide the Work hereunder in accordance with the terms and conditions set forth herein; and

**NOW, THEREFORE**, in consideration of those mutual promises and the terms and conditions set forth hereafter, the parties agree as set forth below.

1. *Contract Documents.* This Contract consists of Exhibit A, “Recipients Requirements, Contractual Responsibilities and Program Description”; Exhibit B, “Payment Schedule”; and Exhibit C, “Insurance Requirements” attached hereto, made a part hereof and incorporated herein, and all written change orders and modifications issued and approved by the City after execution of this Contract.

2. *Term of Contract.* This Contract shall be for the period beginning October 1, 2022 and ending September 30, 2023.

3. *Renewal.* This Contract is not subject to renewal.

4. *City’s Maximum Obligation.* City agrees to pay Recipient the aforementioned sum to provide the Work. Both parties agree that unless otherwise directed by City in writing, Recipient shall continue to provide the Work during the term of this Contract.

5. *Payment of Program.* City shall pay Recipient for performance of the Work in accordance with Payment Schedule set forth in Exhibit B.

6. *Disputes.* Any factual disputes between City and the Recipient in regard to this Contract shall be directed to the City Manager for the City whose decision shall be final.

7. *Contract Administrators, Notices and Demands.*

A. *Contract Administrators.* During the term of this Contract, the City's Contract Administrator shall be the City Manager or his/her written designee and Recipient's Contract Administrator shall be Renee' Trincanello or his/her written designee.

B. *Notices and Demands.* A notice, demand or other communication hereunder by either party to the other shall be effective if it is in writing and sent via email, facsimile, registered or certified mail, postage prepaid to the representative(s) named below or is addressed and delivered to such other authorized representative at the address as that party from time to time may designate in writing and forward to the other as provided herein.

**If to Recipient:** Renee' Trincanello  
Chief Executive Officer  
733 Breakers Avenue  
Fort Lauderdale, FL 33304  
Office: (954) 568-7925  
Email: [rtrincanello@covenanthousefl.org](mailto:rtrincanello@covenanthousefl.org)

**If to City:** Greg Harrison, City Manager  
100 W Atlantic Blvd.  
Pompano Beach, FL 33060  
Office: (954) 786-4601  
Email: [greg.harrison@copbfl.com](mailto:greg.harrison@copbfl.com)

8. *Ownership of Documents and Information.* All information, data, reports, plans, procedures or other proprietary rights in all items, developed, prepared, assembled or compiled by Recipient as required for the Work hereunder, whether complete or unfinished, shall be owned by City without restriction, reservation or limitation of their use and made available at any time and at no cost to City upon reasonable written request for use and/or distribution as City deems appropriate provided City has compensated Recipient in accordance with the terms set forth herein. City's re-use of Recipient's Work product shall be at its sole discretion and risk if done without Recipient's written permission. Upon completion of all Work contemplated hereunder or termination of this Contract, Recipient shall promptly provide City's Contract Administrator copies of all of the above Work documents upon written request. Recipient may not disclose, use, license or sell any Work developed, created or otherwise originated hereunder to any third party whatsoever. The rights and obligations created under this paragraph shall survive termination or expiration of this Contract.

To the extent it is necessary for Recipient to perform the Work, City shall provide any information, data and reports in its possession to Recipient free of charge.

9. *Termination.* City shall have the right to terminate this Contract, in whole or in part, for cause, default or negligence on Recipient's part, upon ten (10) business days advance written notice to Recipient. Such Notice of Termination may include City's requests for certain product documents and materials, and other provisions regarding the Program.

If there is any material breach or default in Recipient's performance of any covenant or obligation hereunder which has not been remedied within ten (10) business days after

City's written Notice of Termination, City, in its sole discretion, may terminate this Contract immediately and Recipient shall not be entitled to receive further payment from the effective date of the Notice of Termination.

In the event the City fails for any reason to appropriate funds for this Contract, it shall be deemed terminated and City shall provide Recipient with ten (10) business days written notice. Upon receipt of said notice, Recipient shall be responsible for any and all expenses and/or legal obligations made after receipt of City's written notice from the City.

10. *Force Majeure.* Neither party shall be obligated to perform any duty, requirement or obligation hereunder if such performance is prevented by fire, hurricane, earthquake, explosion, war, civil disorder, sabotage, accident, flood, acts of nature or by any reason of any other matter or condition beyond the control of either party which cannot be overcome by reasonable diligence and without unusual expense ("Force Majeure"). In no event shall economic hardship or lack of funds be considered an event of Force Majeure. Additionally, should funds not be utilized, and services or programs not provided within the specific required time period in this Contract due to circumstances outside the control of Recipient, including but not limited to, a Force Majeure event, City is under no obligation to amend or extend this Contract to provide the approved funding past the expiration of the performance period set forth in this Contract. Any amendment to this Contract for such purposes shall be at City's sole discretion, based upon its budget, available funds, and other factors it may deem relevant.

Recipient must follow all Federal, State, County, and City safety guidelines, including all CDC safety guidelines in effect during the term of the program, including but not limited to social distancing, and personal protection equipment. Inability to conduct the program and follow any and all required safety guidelines from the COVID-19 crisis or other similar emergency, or failure to follow such requirements, including but not limited to, social distancing, shall constitute grounds for immediate cancellation of this Agreement unilaterally by the City upon written notice, which may be provided via electronic mail.

11. *Insurance.* Recipient shall maintain insurance in accordance with Exhibit C throughout the term of this Contract.

12. *Indemnification.* Except as expressly provided herein, no liability shall attach to the City by reason of entering into this Contract.

A. Recipient shall at all times indemnify, hold harmless and defend the City, its officials, employees, volunteers and other authorized agents from and against any and all claims, demands, suit, damages, attorneys' fees, fines, losses, penalties, defense costs or liabilities suffered by the City arising directly or indirectly from any act, breach, omission, negligence, recklessness or misconduct of Recipient and/or any of its agents, officers, or employees hereunder, including any inaccuracy in or breach of any of the representations, warranties or covenants made by the Recipient, its agents, officers and/or employees, in the performance of Work under this Contract. Recipient agrees to investigate, handle, respond to, provide defense for, and defend any such claims at its sole expense and to bear all other costs and expenses related thereto, even if the claim(s) is/are groundless, false or fraudulent. To the extent considered necessary by City, any sums due Recipient hereunder may be retained by City until all of City's claims for indemnification hereunder have been settled or otherwise resolved, and any amount withheld shall not be subject to payment or interest by City.

B. Recipient acknowledges and agrees that City would not enter into this Contract without this indemnification of City by Recipient. The parties agree that one percent (1%) of the total compensation paid to Recipient hereunder shall constitute specific consideration to Recipient for the indemnification provided under this Paragraph and these provisions shall survive expiration or early termination of this Contract.

13. *Sovereign Immunity.* Nothing in this Contract shall be construed to affect in any way the rights, privileges and immunities of the City and its agents as set forth in §768.28, Florida Statutes. Nothing herein shall be construed as consent from either party to be sued by third parties.

14. *Non-Assignability and Subcontracting.*

A. *Non-Assignability.* This Contract is not assignable and Recipient agrees it shall not assign or otherwise transfer any of its interests, rights or obligations hereunder, in whole or in part, to any other person or entity without City's prior written consent which must be sought in writing not less than fifteen (15) days prior to the date of any proposed assignment. Any attempt by Recipient to assign or transfer any of its rights or obligations hereunder without first obtaining City's written approval shall not be binding on City and, at City's sole discretion, may result in City's immediate termination of this Contract whereby City shall be released of any of its obligations hereunder. In addition, this Contract and the rights and obligations herein shall not be assignable or transferable by any process or proceeding in court, or by judgment, execution, proceedings in insolvency, bankruptcy or receivership. In the event of Recipient's insolvency or bankruptcy, City may, at its option, terminate and cancel this Contract without any notice of any kind whatsoever, in which event all rights of Recipient hereunder shall immediately cease and terminate.

B. *Subcontracting.* Prior to subcontracting for Work to be performed hereunder, Recipient shall be required to obtain the written approval of the City's Contract Administrator. If the City's Contract Administrator, in his/her sole discretion, objects to the proposed subcontractor, Recipient shall be prohibited from allowing that subcontractor to provide any Work hereunder. Although Recipient may subcontract Work in accordance with this Paragraph, Recipient remains responsible for any and all contractual obligations hereunder and shall also be responsible to ensure that none of its proposed subcontractors are listed on the *Convicted Vendors List* in accordance with the provisions of Paragraph 26 below.

15. *Performance Under Law.* Recipient, in performance of its duties under this Contract, agrees to comply with all applicable local, state and/or federal laws and ordinances including, but not limited to, standards of licensing, conduct of business and those relating to criminal activity.

16. *Audit and Inspection Records.* Recipient shall permit authorized representatives of the City to inspect and audit all data and records of the Recipient, if any, related to the Work being funded by this Contract until three (3) years after City's final payment under this Contract. Recipient agrees that such inspections and audits may include City's authorized representatives auditing Recipient's financial affairs at any time with no advance notice by City.

Recipient further agrees to include in all subcontracts hereunder a provision to the effect that the subcontractor agrees that City or any of its duly authorized representatives shall,

until **three (3) years after City's final payment to Recipient**, have access to and the right to examine any books, documents, papers and records of such subcontractor attendant to any subcontracted Work provided hereunder.

In the event Recipient receives fifty thousand dollars (\$50,000.00) or more from the City, the City reserves the right to request a copy of a Grant Auditing Report conducted in accordance with the Government Auditing Standards issued by the United States Comptroller General and the provisions of OMB Circular A-133 issued by the Office of Management and Budget, Executive Office of the President. If such a request is made by the City, all grant funds shall be shown via explicit disclosure in the annual financial statements and/or the accompanying notes to the financial statement. Upon City's written request, this Report shall be due within 120 days of the close of the City's fiscal year.

17. *Adherence to Law.* Both parties shall adhere to all applicable laws governing their relationship with their employees including, but not limited to, laws, rules, regulations and policies concerning worker's compensation, unemployment compensation and minimum wage requirements.

18. *Independent Contractor.* Recipient shall be deemed an independent contractor for all purposes, and employees of Recipient and all its contractors, subcontractors and the employees thereof, shall not in any manner be deemed to be employees of the City. As such, the employees of Recipient, its contractors or subcontractors, shall not be subject to any withholding for tax, social security or other purposes by City, nor shall such contractor, subcontractor or employee be entitled to sick leave, pension benefits, vacation, medical benefits, life insurance, workers or unemployment compensation or the like from City. Furthermore; nothing in this Contract shall be deemed to constitute or create a joint venture, partnership, pooling arrangement or other form of business entity between Recipient and City.

19. *Mutual cooperation.* Recipient recognizes its performance of Work hereunder is essential to the provision of vital public services and the accomplishment of the stated goals and mission of City. Therefore, Recipient shall be responsible to maintain a cooperative and good faith attitude in all relations with City and the public and shall actively foster a public image of mutual benefit to both parties. Recipient shall not make any statements or take any actions detrimental to this effort.

20. *Public Records.*

A. The City of Pompano Beach is a public agency subject to Chapter 119, Florida Statutes. The Recipient shall comply with Florida's Public Records Law, as amended. Specifically, the Recipient shall:

1. Keep and maintain public records required by the City in order to perform the service.

1. Upon request from the City's custodian of public records, provide the City with a copy of requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes or as otherwise provided by law.

2. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the Contract if Recipient does not transfer the records to the City.

4. Upon completion of this Contract, transfer, at no cost to City, all public records in its possession or keep and maintain public records required by the City as required hereunder. If Recipient transfers all public records to the City upon completion of this Contract, Recipient shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Recipient keeps and maintains public records upon completion of this Contract, Recipient shall meet all applicable requirements for retaining public records. Upon request from the City's custodian of public records, all records stored electronically by Recipient must be provided to the City in a format that is compatible with the information technology systems of the City.

A. Failure of the Recipient to provide the above described public records to the City within a reasonable time may subject Recipient to penalties under §119.10, Florida Statutes, as amended.

## **PUBLIC RECORDS CUSTODIAN**

**IF THE RECIPIENT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE RECIPIENT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:**

**CITY CLERK  
100 W. Atlantic Blvd., Suite 253  
Pompano Beach, Florida 33060  
(954) 786-4611  
[RecordsCustodian@copbfl.com](mailto:RecordsCustodian@copbfl.com)**

21. *Governing Law.* Agreement must be interpreted and construed in accordance with and governed by the laws of the State of Florida. The exclusive venue for any lawsuit arising from, related to, or in connection with this Agreement will be in the state courts of the Seventeenth Judicial Circuit in and for Broward County, Florida. If any claim arising from, related to, or in connection with this Agreement must be litigated in federal court, the exclusive venue for any such lawsuit will be in the United States District Court or United States Bankruptcy Court for the Southern District of Florida. BY ENTERING INTO THIS AGREEMENT, THE PARTIES HEREBY EXPRESSLY WAIVE ANY RIGHTS EITHER PARTY MAY HAVE TO A TRIAL BY JURY OF ANY CIVIL LITIGATION RELATED TO THIS AGREEMENT.

22. *Waiver and Modification.*

A. No waiver made by either party with respect to performance, manner, time, or any obligation of either party or any condition hereunder shall be considered a waiver of that party's rights with respect to the particular obligation or condition beyond those expressly waived in writing or a waiver of any other rights of the party making the waiver or any other obligations of the other party.

B. No Waiver by Delay. The City shall have the right to institute such actions or proceedings as it may deem desirable for effectuating the purposes of this Contract provided that any delay by City in asserting its rights hereunder shall not operate as a waiver of such rights or limit them in any way. The intent of this provision is that City shall not be constrained to exercise such remedy at a time when it may still hope to otherwise resolve the problems created by the default or risk nor shall any waiver made by City with respect to any specific default by Recipient be considered a waiver of City's rights with respect to that default or any other default by Recipient.

C. Either party may request changes to modify certain provisions of this Contract; however, unless otherwise provided for herein, any such changes must be contained in a written amendment executed by both parties with the same formality of this Contract.

23. *No Contingent Fee.* Recipient warrants that other than a bona fide employee working solely for Recipient, Recipient has not employed or retained any person or entity, or paid or agreed to pay any person or entity, any fee, commission, gift or any other consideration to solicit or secure this Contract or contingent upon or resulting from the award or making of this Contract. In the event of Recipient's breach or violation of this provision, City shall have the right to terminate this Contract without liability and, at City's sole discretion, to deduct from the Payment Schedule set forth in Exhibit B or otherwise recover the full amount of such fee, commission, gift or other consideration.

24. *Attorneys' Fees and Costs.* In the event of any litigation involving the provisions of this Contract, both parties agree that the prevailing party in such litigation shall be entitled to recover from the non-prevailing party reasonable attorney and paraprofessional fees as well as all out-of-pocket costs and expenses incurred thereby by the prevailing party in such litigation through all appellate levels.

25. *No Third-Party Beneficiaries.* Recipient and City agree that this Contract and other contracts pertaining to Recipient's performance hereunder shall not create any obligation on Recipient or City's part to third parties. No person not a party to this Contract shall be a third-party beneficiary or acquire any rights hereunder.

26. *Public Entity Crimes Act.* As of the full execution of this Contract, Recipient certifies that in accordance with §287.133, Florida Statutes, it is not on the *Convicted Vendors List* maintained by the State of Florida, Department of General Services. If Recipient is subsequently listed on the *Convicted Vendors List* during the term of this Contract, Recipient agrees it shall immediately provide City written notice of such designation in accordance with Paragraph 7 above.

27. *Entire Contract.* This document incorporates and includes all prior negotiations, correspondence, conversations, contracts or understandings applicable to the matters contained herein, and the parties agree that there are no commitments, contracts or understandings

concerning the subject matter of this Contract that are not contained in this document. Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or contracts, whether oral or written.

28. *Headings.* The headings or titles to Articles of this Contract are not part of the Contract and shall have no effect upon the construction or interpretation of any part of this Contract.

29. *Counterparts.* This Contract may be executed in one or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument. A photocopy, email or facsimile copy of this Contract and any signatory hereon shall be considered for all purposes as original.

30. *Approvals.* Whenever City approval(s) shall be required for any action under this Contract, said approval(s) shall not be unreasonably withheld.

31. *Absence of Conflicts of Interest.* Both parties represent they presently have no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with their performance under this Contract and that no person having any conflicting interest shall be employed or engaged by either party in their performance hereunder.

32. *Binding Effect.* The benefits and obligations imposed pursuant to this Contract shall be binding and enforceable by and against the parties hereto.

33. *Employment Eligibility.* By entering into this Contract, the Contractor becomes obligated to comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility." This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees, and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. Failure to comply will lead to termination of this Contract, or if a subcontractor knowingly violates the statute, the subcontract must be terminated immediately. Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination. If this contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

34. *Severability.* Should any provision of this Contract or the applications of such provisions be rendered or declared invalid by a court action or by reason of any existing or subsequently enacted legislation, the remaining parts of provisions of this Contract shall remain in full force and effect.

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**IN WITNESS WHEREOF**, the parties hereto have caused this Agreement to be executed the day and year hereinabove written.

Attest:

**CITY OF POMPANO BEACH**

\_\_\_\_\_  
ASCELETA HAMMOND, CITY CLERK

By: \_\_\_\_\_  
REX HARDIN, MAYOR

(SEAL)

By: \_\_\_\_\_  
GREGORY P. HARRISON, CITY MANAGER

APPROVED AS TO FORM:

\_\_\_\_\_  
MARK E. BERMAN, CITY ATTORNEY

**“RECIPIENT”**

COVENANT HOUSE FLORIDA, INC.  
(Print or type name of company here)

Witnesses:

Katrina Caraganis

Katrina Caraganis  
(Print or Type Name)

[Signature]

Nelson Borges  
(Print or Type Name)

By: \_\_\_\_\_

Print Name: Renee Trincanello

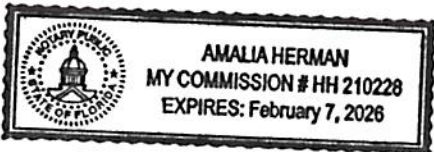
Title: CEO

STATE OF Florida

COUNTY OF Broward

The foregoing instrument was acknowledged before me, by means of  physical presence or  online notarization, this 2 day of September, 2022, by RENEE TRINCANELLO as S-CEO of COVENANT HOUSE FLORIDA, INC., a Florida non for profit corporation. She is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification.

NOTARY'S SEAL:



[Signature]

NOTARY PUBLIC, STATE OF FLORIDA

Amalia D. Herman

(Name of Acknowledger Typed, Printed or Stamped)

HH 210228

Commission Number

## **Exhibit “A”**

### **Recipients Requirements, Contractual Responsibilities and Program Description**

1. RECIPIENT agrees to do as follows:
  - a) To accept the funds as appropriated in accordance with the terms of this Contract; and
  - b) If RECIPIENT intends on obtaining matching funds from another source at the time of the application for the CITY grant, the CITY reserves the right to request a copy of the matching fund contract along with a financial report; and
  - c) Prior to the award of any CITY funds, RECIPIENT shall provide documentation substantiating that RECIPIENT’s corporation/organization falls within Section 501(c)(3) and Section 501(A) of the Internal Revenue Code and a W9 form; and
  - d) To abide by Chapter 119, Florida Statutes, as from time to time amended, and to comply with all applicable federal, state, county and municipal laws, ordinances, codes and regulations. Any difference between the above federal, state, county or municipal guidelines or regulations and this Contract shall be resolved in favor of the more restrictive guidelines; and
  - e) To utilize allotted funds under this Contract for the sole purpose set forth in this Contract – FRAUDULENT USE OF CITY FUNDS SHALL RESULT IN THE TERMINATION OF THIS CONTRACT AND THE RECIPIENT SHALL BE OBLIGATED TO RETURN ALL THE FUNDS AWARDED BY THIS CONTRACT. IN ADDITION, THE CITY RESERVES ANY AND ALL RIGHTS AFFORDED UNDER THE LAW INCLUDING PROSECUTION FOR SUCH FRAUDULENT USE OF CITY FUNDS IN A COURT OF COMPETENT JURISDICTION. ALL UNSPENT FUNDS MUST BE RETURNED TO THE CITY; and
  - f) To return to the CITY within fifteen (15) days of demand all CITY funds paid to said RECIPIENT under the terms of this Contract upon the finding that the terms of any contract executed by the RECIPIENT of the provisions or any applicable ordinance or law have been violated by the RECIPIENT; and
  - g) To return to the CITY all funds expended for disallowed expenditures as determined by the CITY which includes, but not limited to:
    - i. Personal digital assistants (PDAs), cell phones, smartphones, and similar devices
    - ii. Service costs to support PDAs, cell phones, smartphones, and similar devices such as wireless services and data plans
    - iii. Proposal preparation including the costs to develop, prepare or write the proposal
    - iv. Pre-award costs
    - v. Out-of-state travel; non-local travel expenses
    - vi. Gift cards
    - vii. Purchase/lease of facilities or vehicles (e.g., buildings, buses, vans, cars)
    - viii. Rentals – one day only (written justification and approval needed for additional time)

- ix. Entertainment – exceptions shall be made for community events (written justification and approval needed prior)
- x. Land acquisition
- xi. Furniture
- xii. Honorariums for presenters/speakers and any costs associated with travel expenses
- xiii. Kitchen appliances (e.g., refrigerators, microwaves, stoves, tabletop burners)
- xiv. Tuition/Scholarships
- xv. Capital improvements and permanent renovations (e.g., playgrounds, buildings, fences, wiring)
- xvi. Clothing or uniforms (written justification and approval needed)
- xvii. Project banquets/luncheons
- xviii. Costs for items/services already covered by indirect costs allocation (supplanting)
- xix. Out of state college tours
- xx. Out of county field trips
- xxi. Alcohol
- xxii. Airfare
- xxiii. Boat rentals
- xxiv. Family incentives
- xxv. Car mileage
- xxvi. Stipends
- xxvii. Payroll taxes
- xxviii. Laboratory fees
- xxix. Computers
- xxx. Health benefits
- xxxi. Appliances and home goods (written justification and approval needed)
- xxxii. Digital Cameras
- xxxiii. Plaques
- xxxiv. Hotel Costs
- xxxv. Housing - (written justification and approval needed based on programming)

h) To maintain books, records and documents in accordance with generally accepted accounting procedures and practices to maintain adequate internal controls which, relating to the project(s), sufficiently and properly reflect all expenditures of funds provided by the CITY under this Contract; and

2) RECIPIENT agrees to provide the City Manager’s Office or designee with a quarterly narrative and financial progress report, if applicable, on the program or activity described in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description.

Such reports shall include basic statistical information relative to the program or activity and a statement of expenditures made in each budget category and line item identified in the budget which is included in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description.

RECIPIENT shall receive the first wave of funding upon approval by the City Commission. A narrative and financial report shall be due on the dates listed below, as applicable.

However, following the completion of the first narrative and financial report and as indicated in Exhibit "B" Payment Schedule, the remaining distribution payment to the RECIPIENT shall be contingent upon prior receipt of the required progress narrative and financial report which is due during the preceding quarter. Narrative and financial reports for recipients receiving quarterly or monthly payments as indicated in Exhibit "B" Payment Schedule shall be due no later than the following dates:

1st Quarterly Narrative & Financial Report (October/November/December) - February 1st

2nd Quarterly Narrative & Financial Report (January/February/March) - May 1st

3rd Quarterly Narrative & Financial Report (April/May/June) - August 1st

4th Quarterly Narrative & Financial Report (July/August/September) - September 30<sup>th</sup>

If RECIPIENT receives a lump sum payment for a one-time event or an award amount of \$5,000 or less then the RECIPIENT shall be required to submit their narrative and financial report on a due date above as assigned by the CITY at a later date. The due date shall occur after the program or activity described in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description has concluded.

However, if any of the above dates fall on a weekend, then the due date shall be extended to the next business day, thereafter, as long as it does not exceed the term of this contract.

When submitting the quarterly narrative reports, RECIPIENT shall track and report to the CITY the following:

- a. Current and final outcomes for the program based on the objectives provided in the RECIPIENT's grant application
- b. Include all available statistics and/or numbers regarding the demographics of individuals served by the program; such as the number of CITY of Pompano Beach residents served (include tracking method used)
  - i. Age
  - ii. Race
  - iii. Gender
  - iv. Zip Codes
  - v. Household income (if applicable)
- c. Describe accomplishments of the program to date
- d. Summary of the impact the program has had on its intended target audience; to include challenges faced, photographs of the project and success stories (How did the CITY's funding make a difference in a resident/recipient's life?)

Failure to provide the quarterly narrative reports shall render an organization ineligible to receive future payouts.

- 3) The approved budget for the RECIPIENT, included in Exhibit "A" Recipients Requirements, Contractual Responsibilities and Program Description and any changes in the budget which would affect expenditure of funds provided under the terms of this contract, must be approved in writing by the City Manager or his/her designee prior to the expenditure of such funds; provided, that nothing herein shall authorize or allow any expenditure or obligation of funds in excess of the total sum aforesaid.

RECIPIENT shall submit financial reports with all required documentation of expenditures (including original receipts/proofs of payments and itemized list).

Failure to provide a narrative and financial report as assigned by the CITY and/or failure to utilize all of the prior allocated funds from the first six months of the contract shall render an organization ineligible to receive additional payouts and render the organization ineligible for current and future funding from the CITY.

Failure from the RECIPIENT to provide a Quarterly or Lump Sum narrative and financial report shall forfeit all outstanding project funding and shall render the RECIPIENT ineligible for additional funding from the CITY.

- 4) RECIPIENT agrees that any funds provided by the CITY for the operation of the program or activity during the current CITY's fiscal year, which are residual funds remaining unspent or unencumbered by any existing (not contingent) legal obligation shall be returned to the CITY.
- 5) RECIPIENT shall not use the CITY's logo, materials, or testimony for promotion of the RECIPIENT's program without written authorization from the CITY Manager or its designee.
- 6) RECIPIENTS shall attend a mandatory Orientation provided by the CITY at a date to be determined by the CITY. Failure to attend said Orientation shall be grounds for termination of the contract.
- 7) In cases where a contract is terminated by the CITY for default by RECIPIENT, the CITY reserves the right to deny RECIPIENT's future applications for new funding for a time to be determined by the City Manager, and/or his or her designee, and/or the City Commission.
- 8) For contracts awarded for multiple projects, RECIPIENT shall provide separate reports for each project as outlined under Paragraph 2 above. CITY reserves the right to withhold payment if RECIPIENT fails to provide the reports as requested.

Organization Name: COVENANT HOUSE FLORIDA, INC.

Program Funded: Workforce Development Program

Amount Funded: \$5,000.00

Program Description: The Workforce Development Program is designed to help disadvantaged and at-risk youth from Pompano Beach transition into full-time work. The Workforce Development program helps youth ages 16-21 develop skills by engaging them over time with robust learning experiences. The program incorporates career path assessments, job readiness training, clinical groups and life skills, as well as connection with employer/partner work-based learning experiences to increase the opportunity for youth to gain the skills and experience, to secure employment. The Workforce Development Program provides youth with soft skills training (communication, teamwork, creative thinking, work ethic, professionalism, etc.), along with online and in-person job readiness training (resume writing, job applications, finding and maintaining jobs, employment and interviewing, etc.). Youth then showcase their skills by presenting on the knowledge they have gained from their training.

Form Name: City of Pompano Beach Nonprofit Sponsorship Application  
Submission Time: May 6, 2022 11:30 am  
Browser: Chrome 101.0.4951.54 / Windows  
IP Address: 50.192.129.121  
Unique ID: 961709245  
Location: 26.139, -80.1214

## About Your Organization

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**Which Fiscal Year Is Your Organization Applying For?** 2022-2023

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**Full Name of Nonprofit:** Covenant House Florida, Inc.

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**Mission of Nonprofit:** Covenant House Florida is dedicated to serving all God's children, with absolute respect and unconditional love, to guide youth experiencing homelessness, and to protect and safeguard all youth in need.

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**Brief Overview of Nonprofit:** Covenant House Florida (CHF) opened its doors to its Fort Lauderdale shelter in 1985 and, 10 years later, expanded its services to serve youth experiencing homelessness in Orlando. The agency's vision is to be the leading expert in providing innovative, trauma-informed best practice services in order that youth may escape homelessness and go on to become productive adults. To realize its vision, CHF developed a unique strategic approach providing core services known as the Continuum of Care (Street Outreach, Emergency Shelter, and Transitional Housing). These core services are supported by in-house programs designed to provide each young person with a holistic approach to leaving the streets and achieving independence. Once the immediate need for shelter, food and security is met, CHF works with each young adult to develop a plan toward a stable living situation. CHF then provides each youth targeted services that include an on-site health clinic, life skills training, G.E.D. classes, college/career counseling and pathways, employment assistance, parenting education, individual/family counseling, and substance abuse intervention. To date, CHF has transformed the lives and fortunes of more than 43,000 unique youth.

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**Nonprofit Website:** [www.covenanthousefl.org](http://www.covenanthousefl.org)

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**Which Funding Priority Does Your Nonprofit Qualify For:** Workforce Readiness

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**Type of Organization - select the one that best applies:** Human Services

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**Executive Summary of How Nonprofit will use City of Pompano Beach Funding:**

CHF's Workforce Development Program will provide job readiness training, life and soft skills training, and employer-partner work-based learning opportunities to help up to 25 unemployed, youth ages 16-21 experiencing homelessness from the City of Pompano Beach (residing at CHF) gain skills, experience, and confidence to enter living wage or traditional jobs for workforce success and employment in Broward County. An amount of \$7,500 in funding is requested from the City of Pompano Beach to provide for partial salary of CHF's Workforce Development Coordinator.

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**How Does Your Nonprofit/Program Fit the Guidelines and Funding Interests?**

CHF's Workforce Development Program meets the City's guidelines and funding interests by addressing workforce readiness issues for youth from the City of Pompano Beach. The program will address the city's priority of workforce development and training and help meet the City's long-term challenges and complexity of addressing the homeless issue and the role of City government (Strategic Plan p.8). The population to be served, youth experiencing homelessness, are part of the national HUD primary objective - targeted as a 'presumed benefit.' [CDBG HUD National Objective: 24 CFR Part 570.208(a)(2), Limited Clientele Activities.]

Youth unemployment in Pompano Beach and Broward County continues to increase due to unskilled workers entering the labor force from high school. Employers report that young people are deficient in problem solving, communications, critical thinking, dependability, professionalism and work ethic. Young people need training and work experiences to develop "people skills" essential for the future workforce.

Workforce Development helps youth experiencing homelessness develop professional competencies through work-based learning opportunities to gain and maintain employment. The program provides an increase in work-based opportunities - connecting youth to employers (traditional jobs, paid or unpaid internships, job shadowing, and/or apprenticeships), with a comprehensive educational program for improving life and soft skills, interpersonal skills in job-seeking, and other support services to become employable and obtain/maintain employment. The program also provides access to vocational assistance, training, education, technical skills, job search assistance, and referrals for job placement for high school age students from Pompano Beach.

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**Statement of Need:**

According to the Broward County Public Schools - Homeless Education Assistance Resource Team, more than 3,000 youth under 21 experience homelessness annually in Broward County. Last year, CHF served 566 youth under 21 experiencing homelessness at its Fort Lauderdale emergency shelter. The population served is inclusive of LGBTQ/gender diverse youth and underserved minorities with 100% considered extremely-low income and below the federal poverty level ["Limited Clientele & Presumed Eligibility" (CDBG HUD National Objective: 24 CFR Part 570.208(a)(2)]. Youth served come from all areas of South Florida and are high-risk due to a lack of permanent housing, life skills, and education needed to break the cycle of substance abuse, poverty, and homelessness. All participating youth are eligible for government benefits including the free/reduced price lunch program, TANF, SNAP, etc. Of the 566-youth served, 78% were unemployed at intake and 71% were without a high school diploma or GED.

According to a study by Georgetown University, the economic penalty for not finishing high school is steep - almost \$9,000 a year or \$973,000 over a lifetime of earnings. Youth who enter the job market without a diploma are often confined to obtaining work in the service center (e.g. restaurants, hotels, child care services, retail trade, and transportation services). According to data compiled by the Pew Research Center, young adults compose nearly a quarter of all workers in the service center sector, which is the most likely to sustain permanent job loss, compared to 12% of the overall work force in the United States.

To be self-supporting and afford stable housing, individuals need employment. Employment opportunities increase as educational attainment increases. Youth experiencing homelessness are more adversely affected by the lack of living wage and unemployment in Broward County than their non-homeless peers due to a lack of skills to enter the labor force, a lack of job opportunities, and a lack of education and experience to compete in today's job market.

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**Include a Description of the Geographic Area You Serve:**

CHF serves all of South Florida, including Broward County in its entirety and the City of Pompano Beach. CHF will provide the Workforce Development Program for all youth experiencing homelessness [Limited Clientele & Presumed Eligibility (HUD 576.2)] from the City of Pompano Beach, FL (estimated 25 youth). Youth from the City of Pompano Beach experiencing homelessness will reside at CHF's Emergency Shelter. Program activities will be conducted at the CHF shelter located at 733 Breakers Avenue, Fort Lauderdale, FL 33304, and youth will participate in work-based opportunities at employer/partner facilities throughout Broward County.

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**About Your Board of Directors**

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<b>Board Disabled</b>	0
<b>Board Minorities</b>	2
<b>Board Seniors</b>	1
<b>Total Board Members</b>	15

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### **Program/Event Information #1**

<b>Will your organization be hosting an event on City property?</b>	No
<b>Which are you applying for? (Program/Event)</b>	Program
<b>Program/Event Name</b>	Workforce Development Program
<b>Type of Program/Event</b>	Nonprofit Program/Seminar/Workshop

**Describe the program/event succinctly:** The Workforce Development Program is designed to help disadvantaged and at-risk youth from Pompano Beach transition into full-time work. The Workforce Development program helps youth ages 16-21 develop skills by engaging them over time with robust learning experiences. The program incorporates career path assessments, job readiness training, clinical groups and life skills, as well as connection with employer/partner work-based learning experiences to increase the opportunity for youth to gain the skills and experience, to secure employment. The Workforce Development Program provides youth with soft skills training (communication, teamwork, creative thinking, work ethic, professionalism, etc.), along with online and in-person job readiness training (resume writing, job applications, finding and maintaining jobs, employment and interviewing, etc.). Youth then showcase their skills by presenting on the knowledge they have gained from their training.

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**Elaborate on your program/event objectives. How do you plan on using the funding to solve the problem?**

The goal of the Workforce Development Program is to develop critical life and soft skills for youth experiencing homelessness ages 16-21 through training and paid and unpaid work-based opportunities that will help them transition into full-time work. The relevance of providing workforce development to this targeted population is significant, in that their connection with the world outside of their homes and schools is significantly different from non-homeless youth. At intake, 75% of youth served by CHF this past year were unemployed, underemployed or unemployable.

The Workforce Development Program increases the opportunity for young people to gain the skills, experience, and confidence needed to find living wage or traditional jobs in Broward County, paid or unpaid internships, volunteer work, job shadowing, and apprenticeships. The program's key strategies include: skills to succeed learning exchange; educational workshops; clinical groups/individual life skills sessions; and work-based learning opportunities with the ultimate goal of youth obtaining employment. Additionally, youth are connected to additional education and vocational training opportunities as indicated in their Individualized Service Plan. The program integrates with other CHF's comprehensive support services including health care, substance abuse treatment/aftercare, parenting education and uses targeted case management with discharge planning. CHF believes that this unique and specialized array of services reduces barriers for youth and builds self-sufficiency, empowering young people experiencing homelessness to attain independent living and transition from unemployed to employed.

Funding requested from the City of Pompano Beach will help fund the program for Pompano Beach youth experiencing homelessness by providing for partial salary of CHF's Independent Living Coordinator. The Coordinator will finalize commitments with employer partners, secure additional partners, and connect youth with work-based learning opportunities.

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**What are the outcomes of your program/event?**

The Workforce Development Program will have the following outcomes:

Outcome 1: Job & Career Outcomes: Youth (ages 16-21) experiencing homelessness from the City of Pompano Beach will enter four-week work-based learning opportunities (volunteering, apprenticeships, paid/unpaid internships, career opportunities and traditional jobs) by CHF's employer partners to gain skills, experience, and confidence to enter living wage or traditional jobs for workforce success and employment in Broward County.

Outcome 2: Learn & Apply Life and Soft Skills: Endangered trafficked and/or at-risk youth (ages 16-21) experiencing homelessness from the City of Pompano Beach through participation in Independent will demonstrate improved life and soft skills as evidenced by pre-and post-test surveys.

Outcome 3: Endangered trafficked and/or at-risk youth (ages 16-21) experiencing homelessness from the City of Pompano Beach will become employable evidenced by the number of youths completing paid and unpaid work-based opportunities, the number of youths that gain employment or traditional jobs, based on statistical performance reports.

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**Estimated # of Attendees at the Program/Event (select the one that best applies)** 1-50

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**Please Specify the Number of City of Pompano Beach Residents Your Organization will Serve if the Program/Event is Funded:** 25

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**Describe the demographics of the population you are impacting with this program/event: Demographics: Socioeconomic characteristics of a population expressed statistically, such as age, sex, education level, income level, occupation.**

The program will serve 25 unaccompanied youth, male/female, under 21, (including LGBTQ, pregnant/parenting) who listed Pompano Beach as their last known address with 100% below federal poverty level, [Limited Clientele & Presumed Eligibility" (HUD 576.2)]. The population is high-risk due to extended periods of living on the streets, (physical, behavioral, substance and/or alcohol abuse, domestic violence and human trafficking victims, school failure) and lack the skills needed to break the cycle of poverty and homelessness.

Common Presenting Issues: Some of the presenting problems and/or special conditions (reported by the 5665 clients served at CHF between 7/1/2020 and 6/30/21) are as follows:

- Homelessness: 100% have run away from home or are experiencing homeless.
- Mental Health: 69% of youth report a mental health diagnosis.
- Low Educational Attainment; 71% have not completed high school or earned an equivalency degree.
- Unemployment: 78% are unemployed.
- Criminal Justice: 48% have had involvement in the justice system.
- Abuse Account: 29% have a history of domestic violence.

Of the 566 youth, 89% were minorities - 65% were African American: 19% were Latino, 11% were Caucasian and 5% were Multiracial, Bi-racial or Other. 47% were male; 50% were female; 2% identified as transgender and 1% identified as Other.

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<b>Start Date of Program/Event:</b>	Oct 01, 2022
<b>End Date of Program/Event:</b>	Sep 30, 2023
<b>Does your program/event have a start time/end time?</b>	No
<b>Name of Program/Event Venue:</b>	Covenant House Florida-Fort Lauderdale Emergency Shelter
<b>Address of Program/Event Venue Location:</b>	733 Breakers Avenue Fort Lauderdale, FL 33304
<b>Attire of Program/Event (select the one that best applies):</b>	Business Casual

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**List any Benefits or Amenities the City of Pompano Beach Receives:**

The overarching benefit to the City of Pompano Beach through this funding request is providing safe haven for 25 of its endangered, trafficked and/or at-risk youth who are then provided with safety, shelter, education, life skills and workforce development skills so that they may become employable and employed.

The City of Pompano Beach will be included in our quarterly e-newsletter reaching more than 10,000 donors, individuals, companies and foundations throughout the State of Florida -- with program updates, donor and grant announcements and check presentations. In addition, CHF will publicly thank the City of Pompano Beach on our social media platforms (Facebook, Instagram, LinkedIn), which reach thousands of individuals nationwide.

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**Amount Requested:** 7500

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**Are you applying for a second Program/Event?** No

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**Additional Activities**

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**Are there any additional activities associated with the primary sponsorship event (Examples include VIP event, Kickoff event, Awards Ceremony, Thank You/Recognition Party, etc...)** No

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**Additional Information**

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**What are your organization's credentials? Tell us why your organization does it better than anyone else.**

For more than 36 years, CHF has worked within the Broward Homeless Continuum of Care as the only provider of emergency housing in Broward County specifically for youth experiencing homelessness under the age of 21. CHF's Emergency Shelter and housing programs are administered with exceptional management capacity and an accomplishment of implementing and completing program activities, consistently met outcomes and expensing awarded funds appropriately.

Oversight of the agency, including all programs and activities, is provided by its skilled successful Executive Management Team. The team consists of the Chief Executive Officer (Licensed Clinical Social Worker with 20 years of experience at CHF), Chief Programs Officer (21 years of experience in supervision/case management, 18 at CHF), Community Engagement Administrator (MSW with 21 years of residential experience, 11 at CHF), and Chief Financial Officer (certified CPA with over 27 years of experience serving non-profit clients, four [4] at CHF).

CHF's Emergency Shelter program is guided by the U.S. Department of Health & Human Services Unaccompanied Youth Intervention Model through the use of evidenced-based screening and assessment tools to identify youth's risk and protective factors, and establishing individual plans to address risk factors while increasing protective factors. CHF uses a variety of evidence-based, culturally-appropriate approaches which include Motivational Interviewing, Positive Youth Development, Stages of Change, Cognitive Behavioral Therapy, Trauma Informed CBT, Solution Focused Therapy and the Transition to Independence Process model.

CHF is licensed by the Florida Department of Children & Families as a residential child caring facility and provider of residential level 2 substance abuse treatment and aftercare, and by the State of Florida and the Broward County Department of Health to provide vital health care services on-site and serve as the first point of contact for homeless and human trafficked youth. CHF has also been awarded Praesidium Accreditation™, the leader in abuse risk management. This accreditation is a prestigious honor that publicly demonstrates the organization has worked to achieve the highest industry standards in abuse prevention. Covenant House's accreditation was renewed in August 2017. CHF was fully accredited by the Council On Accreditation in September 2019 and is in the process of completing its 2022 renewal.

CHF has developed a comprehensive network of service providers and governmental programs to ensure adequate, holistic programming for youth served. In order to arrange for the full range of services to meet all clients' needs beyond those CHF can provide on-site CHF has developed collaborations with these providers, including, but are not limited to, the following:

Medical Care and HIV-Related Service Providers: Health Care for the Homeless; Children's Diagnostic & Treatment Center; Broward Health;



Primary Health Care; Sexual Assault Treatment Center; Memorial Health Care; Broward House; Broward County Health Department.

Behavioral Health: BARC; Care Resource; Spectrum; Henderson Behavioral Health; Starting Place; AA/NA/Parents' Anonymous.

Educational/Vocational: FLITE; School Board of Broward, Homeless Programs, Vocational Centers, etc.; CareerSource; Broward County Division of Vocational Rehabilitation; Whiddon Rogers Educational Center.

Pregnant/Parenting: Child Birth Education Association; Angelica House (Maternity Shelter); Family Central (day care).

Social Services: Family Success, Catholic Community Services; Family Service Agency.

Shelter: Lippman Family Shelter/Lutheran Services, North, Central, and South Homeless Assistance Centers, Salvation Army, Women In Distress.

**Any other information you wish to share?**

Covenant House International was incorporated in New York City in 1972, formalizing a faith-based ministry to street kids started in 1969 by a small group of volunteers with a simple vision: runaway and youth experiencing homelessness should not be alone and on the street, hungry and dirty-sleeping in alleys and abandoned buildings-prey to danger and exploitation. Since then, Covenant House has helped transform and save the lives of more than a million runaway and trafficked youth experiencing homelessness by offering housing and support services to young people in need. Covenant House builds a bridge to hope for young people facing homelessness and survivors of trafficking through unconditional love, absolute respect, and relentless support. Currently reaching 74,000 youth every year, Covenant House keeps its doors open 24/7 in 31 cities across six (6) countries, providing high-quality programs designed to empower youth to rise and overcome adversity, today and in the future.

In response to strong community concern for South Florida's problem of runaway and trafficked youth experiencing homelessness, CHF opened in Fort Lauderdale in September 1985, and expanded to Orlando in 1995. CHF is a private, not-for-profit community-based organization that provides shelter and services to children and youth who are experiencing homelessness or at great risk. Since opening the doors to the Ft. Lauderdale Emergency Shelter, CHF has provided a safe haven to more than 43,000 youth experiencing homelessness. Its vision is to be the leading expert in providing innovative, trauma-informed best practice services to vulnerable youth under age 25.

To achieve its mission and vision, CHF is guided by the following five principles:

**Immediacy** - CHF immediately meets the basic needs of youth experiencing homelessness through a nourishing meal, a shower, clean clothes, medical attention, and a safe place to sleep.

**Sanctuary** - CHF provides a safe haven from the hardships of homelessness. We recognize the fundamental worth of every human being, and create a safe setting where all youth - regardless of life experience or identity - are served without judgement

**Value communication** - CHF leads by example to demonstrate that caring relationships are based on love, trust, respect, and honesty.

**Structure** - CHF provides the stability and structure necessary to build a positive future.

**Choice** - CHF fosters confidence; encouraging young people to believe in themselves and make informed choices for their lives.

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## City of Pompano Beach Funding History

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Has your organization been funded before by City of Pompano Beach? Yes

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If yes, when was the most recent year? 2021-2022

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What was the name of program/event funded? Emergency Shelter for Pompano Beach Youth Experiencing Homelessness Under the Age of 21 (City of Pompano Beach CDBG); Youth Employment Services (YES) program for Pompano Beach Youth Under 21 Experiencing Homelessness (City of Pompano Beach Nonprofit Sponsorship)

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How much was the funding for this program/event? 22500

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## Requested Budget Information

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What is the total value your nonprofit is applying for? 7500

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If you are not awarded the full funding requested for your event/program, will you be able to complete your project? Yes

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Are you including the following:

- Itemized Budget - Please provide a budget for the program/event you are applying for vs. the agency's annual budget = Yes
- W9 = Yes
- IRS Letter = Yes
- List of Board of Directors = Yes
- Articles of Incorporation = Yes
- Most Recent 990 Form = Yes

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## Upload your documents: All items are mandatory.

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Itemized Budget - Please provide a budget ONLY for the program/event you are applying for. Annual agency budgets will not be accepted. <https://www.formstack.com/admin/download/file/12690745043>

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W9 <https://www.formstack.com/admin/download/file/12690745044>

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IRS Letter <https://www.formstack.com/admin/download/file/12690745045>

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List of Board of Directors <https://www.formstack.com/admin/download/file/12690745046>

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Articles of Incorporation <https://www.formstack.com/admin/download/file/12690745047>

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Most Recent 990 Form <https://www.formstack.com/admin/download/file/12690745049>

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## Upload your documents: Matching Gift Documentation

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**Does Your Organization Receive Matching Funds?** No

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### Primary Nonprofit Contact

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**Name** Renee' Trincanello

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**Title** Chief Executive Officer

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**Email** rtrincanello@covenanthousefl.org

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**Phone Number** (954) 568-7925

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**Mailing Address (If awarded, your payment will be mailed to this address)** 733 Breakers Avenue  
Fort Lauderdale, FL 33304

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### Secondary Nonprofit Contact

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**Name** Katina Caraganis

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**Title** Grants Writer

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**Email** kcaraganis@covenanthousefl.org

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**Phone Number** (954) 568-7931

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CINCINNATI OH 45999-0059

In reply refer to: 1000270751  
Jan. 15, 2020 LTR 4168C 0  
59-2323607 000000 00  
Input Op: 0256414820 00012043  
BODC: TE

COVENANT HOUSE FLORIDA INC  
% CARL ACKER  
733 BREAKERS AVE  
FT LAUDERDALE FL 33304-4116

014730

Employer ID number: 59-2323607  
Form 990 required: Yes

Dear Taxpayer:

We're responding to your request dated Jan. 08, 2020, about your tax-exempt status.

We issued you a determination letter in December 1983, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(03).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at [www.irs.gov/forms-pubs](http://www.irs.gov/forms-pubs) or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

1000270751

Jan. 15, 2020 LTR 4168C 0

59-2323607 000000 00

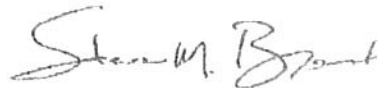
Input Op: 0256414820 00012044

COVENANT HOUSE FLORIDA INC  
% CARL ACKER  
733 BREAKERS AVE  
FT LAUDERDALE FL 33304-4116

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Steve M. Brown, Operations Manager  
Operations 3-CIN

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <b>Covenant House Florida, Inc.</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC    <input checked="" type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) <u>1</u></p> <p>Exemption from FATCA reporting code (if any) <u>A</u></p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <b>733 Breakers Avenue</b></p> <p><b>6</b> City, state, and ZIP code  <b>Fort Lauderdale, Florida 33304</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
5	9	-	2	3	2	3	6	0	7

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ <u>2/16/22</u>
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

# State of Florida



## Department of State

I certify that the attached is a true and correct copy of the Articles of Amendment, filed July 1, 1986, to the Articles of Incorporation for COVENANT HOUSE-FORT LAUDERDALE, INC., changing its name to COVENANT HOUSE FLORIDA, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is 767249.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
1st day of July, 1986



*George Firestone*

George Firestone  
Secretary of State



FILED

1986 JUL -1 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT

OF

COVENANT HOUSE-FORT LAUDERDALE, INC.

Pursuant to Section 607.181 of the General Corporation Act of Florida, the undersigned Corporation adopts these articles of amendment.

FIRST: The name of the corporation is COVENANT HOUSE-FORT LAUDERDALE, INC.

SECOND: The articles of incorporation of this corporation are amended by changing article "(a)" so that, as amended, said article shall read as follows:

(a) The name of the Corporation shall be  
COVENANT HOUSE FLORIDA, INC.

THIRD: The amendment to the articles of incorporation was adopted by the member of the corporation on the 6th day of June, 1986.

Signed this 26<sup>th</sup> day of June, 1986.

COVENANT HOUSE-FORT LAUDERDALE, INC.

By: Nancy Lee Matthews  
Nancy Lee Matthews  
Executive Director

John Joseph Spanier  
John Joseph Spanier, Secretary

STATE OF NEW YORK )  
 ) ss.:  
COUNTY OF NEW YORK )

The foregoing instrument was acknowledged before me this 26<sup>th</sup> day of June, 1986, by Nancy Lee Matthews, Executive Director, of COVENANT HOUSE-FORT LAUDERDALE, INC., on behalf of the Corporation.

My commission expires \_\_\_\_\_

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. DEC. 9, 1988  
BONDED THRU GENERAL INS. UND.

Nancy L. Michael

Notary Public

# State of Florida



Department of State

*I certify that the attached is a true and correct copy of Certificate of Amendment to the Articles of Incorporation for UNDER 21 OF FORT LAUDERDALE, INC., changing its name to CONVENANT HOUSE-FORT LAUDERDALE, INC., a Florida corporation, filed on September 13, 1984, as shown by the records of this office.*

*The charter number of this corporation is 767249.*

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
13th day of September, 1984.

George Firestone  
Secretary of State



CER-101

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ARTICLES OF AMENDMENT  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UNDER 21 OF FORT LAUDERDALE, INC.

Pursuant to Section 607.181 of the General Corporation Act of Florida, the undersigned Corporation adopts these articles of amendment.

FIRST: The name of the corporation is UNDER 21 OF FORT LAUDERDALE, INC.

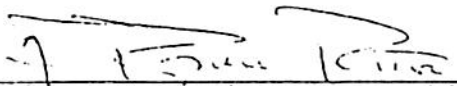
SECOND: The articles of incorporation of this corporation are amended by changing article "(a)" so that, as amended, said article shall read as follows:

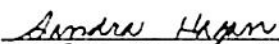
(a) The name of the Corporation shall be  
COVENANT HOUSE-FORT LAUDERDALE, INC.

THIRD: The amendment to the articles of incorporation was adopted by the shareholders of the corporation on the 14th day of August, 1984.

Signed this 29 day of August, 1984.

UNDER 21 OF FORT LAUDERDALE, INC.

BY   
Father Bruce Ritter, President

  
Sandra Hagaz, Secretary

STATE OF NEW YORK )

) ss.:

COUNTY OF NEW YORK )

The foregoing instrument was acknowledged before me this <sup>29<sup>th</sup></sup> day of August, 1984, by Father Bruce Ritter, President of UNDER 21 OF FORT LAUDERDALE, INC., on behalf of the Corporation.

My commission expires March 30, 1985.



Notary Public

WILLIAM A. CAHILL JR.  
Notary Public, State of New York  
No. 24-02CA4705197  
Qualified in Kings County  
Commission Expires March 30, 1985

# State of Florida



Department of State

I certify that the attached is a true and correct copy of the Articles of Incorporation of UNDER 21 OF FORT LAUDERDALE, INC., a corporation organized under the Laws of the State of Florida, filed on March 2, 1983.

The charter number for this corporation is 767249.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
4th day of March, 1983.

A handwritten signature in cursive script, appearing to read "George Firestone".

George Firestone  
Secretary of State



CER-101

delinquent, abandoned, neglected, dependent children and persons in need of supervision; to place out and board out children;

(3) To establish, maintain and operate a multi-service center for children and young adults, providing information, non-psychiatric counseling and referral services, food, non-residential shelter, medical, educational and vocational services, and related programs for those who are in need of such services; and

(4) To explore, study, encourage and participate in identifying the social, psychological and physical problems of destitute, delinquent, abandoned, neglected, dependent, nomadic and semi-nomadic children and persons in need of supervision, whether or not public charges;

(5) To stimulate public-awareness of the need for effective child caring facilities to deal with the problems and needs of destitute, delinquent, abandoned, neglected, dependent, nomadic and semi-nomadic children and persons in need of supervision, whether or not public charges;

(6) To receive and administer funds for the aforesaid purposes as hereinabove indicated;

(7) To acquire, collect, receive and hold, by gift, bequest, devise, grant or purchase real and

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

UNDER 21 OF FORT LAUDERDALE, INC.  
A NOT FOR PROFIT CORPORATION

\* \* \*

THE UNDERSIGNED, COVENANT HOUSE, a New York not-for-profit corporation, for the purpose of forming a corporation under the Not For Profit Corporation Law of the State of Florida, Chapter 617, Florida Statutes as amended, does hereby adopt the following Articles of Incorporation:

(a) The name of the corporation shall be:  
Under 21 of Fort Lauderdale, Inc.

(b) The purpose or purposes for which the corporation is organized, shall be:

(1) To care for, board out or place out children or to otherwise act as an authorized agency, without limitation of the foregoing, by establishing, maintaining and operating group homes, agency-operated boarding homes, residences and institutional programs for the care of abandoned, abused, defective, delinquent, dependent, destitute, neglected or physically handicapped children and persons in need of supervision;

(2) To establish, operate and maintain an institution for the care and maintenance of destitute,



personal property of every kind, nature and description and wheresoever situated and to use and dispose of the same for the purposes of the corporation; to borrow money from time to time for the purposes of the corporation and to secure the same by its note or notes and bond or bonds and by mortgage on the whole or on part of its properties; to lease, sell, convey, grant, assign, transfer, alien and dispose of any real or personal property of the corporation; and to exercise any and all lawful corporate powers necessary or proper to the carrying out of the above enumerated powers and to effect the purposes and objects of this corporation.

(c) The qualifications of members and the manner of their admission shall be as follows:

The membership of the corporation shall consist of the corporation executing this Certificate of Incorporation as an Incorporator, together with all persons who are hereafter received in or elected to membership as provided in the By-Laws of the corporation

(d) The street address of the corporation's initial registered agent office is:

Ben J. Weaver, Jr., Esq.  
Weaver, Weaver & Lardin, P.A.  
500 Southeast Sixth Street  
Fort Lauderdale, Florida 33302-4663

(e) The number of persons constituting the Board of Directors of the corporation shall be three (3).

The names and addresses of the members of the Board of Directors who are to serve until the first election of Directors are:

<u>Name</u>	<u>Addresses</u>
Reverend Bruce Ritter	460 West 41st Street New York, New York 10036
Ms. Sandra Hagan	460 West 41st Street New York, New York 10036
Edmund J. Burns, Esq.	598 Madison Avenue New York, New York 10022

(f) The name and address of the Incorporator is:

<u>Name</u>	<u>Address</u>
COVENANT HOUSE	460 West 41st Street New York, New York 10036

(g) No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in paragraph (b) hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting, to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf

of any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on: (a) by a corporation exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law); or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law). Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of all of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the board of Directors shall determine. Any of such assets not so disposed of shall be used or distributed subject to the order of the Circuit Court of the State of Florida as provided by law exclusively for the purposes within those set forth in Paragraph (b) of this Certificate and

MAR 2 12 57 PM '83  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE DESIGNATING  
INITIAL REGISTERED OFFICE AND  
INITIAL REGISTERED AGENT  
FOR THE SERVICES OF PROCESS  
WITHIN FLORIDA, NAMING AGENT UPON WHOM  
PROCESS MAY BE SERVED

In compliance with Section 617.023, Florida  
Statutes, the following is submitted:

FIRST -- That UNDER 21 OF FORT LAUDERDALE, INC.,  
with its principle place of business at City of Fort  
Lauderdale, State of Florida, has named Ben J. Weaver, Jr.,  
Esq., located at Weaver, Weaver & Lardin, P.A., 500 South-  
east Sixth Street, Fort Lauderdale, Florida, 33302-4663, as  
its agent to accept service of process within Florida.

UNDER 21 OF FORT LAUDERDALE, INC.

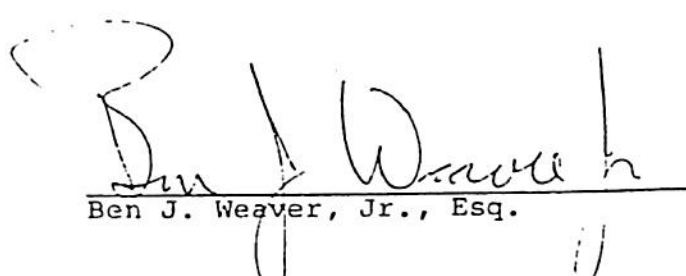
SIGNATURE



TITLE President

February , 1983

Ben J. Weaver, Jr., Esq., having been designated  
to act as registered agent hereby agrees to act in this  
capacity.




Ben J. Weaver, Jr., Esq.

1983 )  
COUNTY OF NEW YORK )

On this Fifteenth day of February, in the year one thousand nine hundred and eighty-three before me personally came Reverend Bruce Ritter to me known, who being by me duly sworn, did depose and say that he resides at 460 West 41st Street, New York, New York; that he is the President of Covenant House, the corporation described in, and which executed the above instrument; and that he signed his name thereto by order of the Board of Directors.

Witness my hand and official seal in the county and state aforesaid this Fifteenth day of February, A.D., 1983.

My commission expires March 30, 1984.



EDMUND J. BURNS  
Notary Public, State of New York  
No. 31112006  
Qualified in New York County  
Commission Expires March 30, 1984



**BOARD OF DIRECTORS**  
July 1, 2021 to June 30, 2022

<b>NAME</b>	<b>BUSINESS AFFILIATION</b>	<b>MEMBERSHIP</b>
<b>Scott Aaron</b>	<b>Cisco Systems</b> 954-226-9202 Email: scottmaaron00@gmail.com	<b>Member Since:</b> March 2020
<b>Aaron Abramoff</b>	<b>The Restaurant People</b> 305-301-4914 Email: aaron@therestaurantpeople.com	<b>Member Since:</b> June 2020
<b>Dr. Leonard Bass</b>	<b>Valencia College</b> 407-528-2745 Email: Lbass11@valenciacollege.edu	<b>Member Since:</b> March 2015
<b>Matthew Brennan</b>	<b>Professional Bank</b> 386-846-4482 Email: MBrennan@probankfl.com	<b>Member Since:</b> July 2014
<b>Patrick Cohen</b>	<b>Caprock Solutions</b> 917-482-7079 Email: patrick.cohen@caprockinc.org	<b>Member Since:</b> June 2021
<b>Mohamed (Mo) Khalil</b> (Board Chairman)	<b>Mathnasium</b> 866-243-6284 ext: 100 Email: Mo.Khalil@mathnasium.com	<b>Member Since:</b> September 2018
<b>Mark Knott</b>	<b>Project Management Advisors, Inc.</b> 407-625-1099 Email: markk@pmainc.com	<b>Member Since:</b> September 2016
<b>Greg Lonsway</b>	<b>Dimension Data</b> 954-242-8880 Email: greg.lonsway@global.ntt	<b>Member Since:</b> May 2018
<b>Christine Molloy</b>	<b>Accenture</b> 719-237-1885 Email: christine.molloy@accenture.com	<b>Member Since:</b> February 2016
<b>Josh Polsky</b>	<b>Bernstein   Polsky, P.A.</b> 954-997-9917 Fax: 954-301-2387 Email: josh@bpinjury.com	<b>Member Since:</b> September 2016

Page 2- Covenant House Florida/ Board of Directors List

<b>Susan Selimos</b>	<b>Accenture</b> 703-421-7723 Email: susan.k.selimos@accenture.com	<b>Member Since: May 2014</b>
<b>Scott Sherman</b>	<b>Tricera Capital</b> Cell: 954-815-4316 Email: scott@triceracap.com	<b>Member Since: January 2017</b>
<b>Dr. Chanda Torres</b>	<b>University of Central Florida</b> 407-823-3824 Email: Chanda.Torres@ucf.edu	<b>Member Since: February 2016</b>
<b>Sheela VanHoose</b>	<b>The Southern Group</b> 850-671-4401 Email: vanhoose@thesouthernngroup.com	<b>Member Since: June 2019</b>
<b>Jan Vrins</b> (Board Vice-Chairman)	<b>Guidehouse</b> 786-838-8088 Email: jan.vrins@guidehouse.com	<b>Member Since: November 2012</b>

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COVENANT HOUSE FLORIDA, INC.</b>		<b>D</b> Employer identification number <b>59-2323607</b>
	Doing business as		<b>E</b> Telephone number <b>954-561-5559</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>8,824,796.</b>
	<b>733 BREAKERS AVENUE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>FORT LAUDERDALE, FL 33304</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>RENEE TRINCANELLO</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.COVENANTHOUSEFL.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1983</b> <b>M</b> State of legal domicile: <b>FL</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO AID HOMELESS AND RUNAWAY YOUTH BY OFFERING SHELTER, FOOD, CLOTHING, COUNSELING, HEALTH</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>17</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>17</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>170</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>116</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>10,723,330.</b>	<b>8,695,169.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>9,975.</b>	<b>22,838.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>-100,709.</b>	<b>-100,124.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>10,632,596.</b>	<b>8,617,883.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>1,100,252.</b>	<b>1,042,894.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>6,003,987.</b>	<b>5,808,322.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>764,443.</b>	<b>24,000.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,489,456.</b>	<b>1,287,960.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>8,617,695.</b>	<b>8,139,176.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,014,901.</b>	<b>478,707.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>5,613,433.</b>	<b>6,911,868.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>658,999.</b>	<b>2,056,286.</b>
		<b>4,954,434.</b>	<b>4,855,582.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>RENEE TRINCANELLO, CHIEF EXECUTIVE OFFICER</b> Type or print name and title				
<b>Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>GARRETT M. HIGGINS</b>	<b>GARRETT M. HIGGINS</b>	<b>05/17/21</b>		<b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b>	Firm's EIN ▶ <b>27-1728945</b>			
	Firm's address ▶ <b>500 MAMARONECK AVENUE</b> <b>HARRISON, NY 10528-1633</b>	Phone no. <b>914-381-8900</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No



Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,077,241. including grants of \$ 493,272. ) (Revenue \$ ) SHELTER AND CRISIS CARE:

COVENANT HOUSE FLORIDA, INC. PROVIDED SHELTER AND CRISIS CARE TO A TOTAL OF 646 UNDUPLICATED YOUTH (491 IN FORT LAUDERDALE AND 155 IN ORLANDO) WHO RECEIVED 29,296 DAYS OF CRISIS CARE (FOOD, SHELTER, CLOTHING, CASE MANAGEMENT, HEALTH SERVICES, PARENTING EDUCATION, INDEPENDENT LIVING SKILLS INSTRUCTION, INDIVIDUAL/FAMILY COUNSELING, JOB READINESS TRAINING, EDUCATION, ETC.) 22,188 DAYS OF CARE AT THE FORT LAUDERDALE SHELTER AND 7,108 DAYS AT THE ORLANDO SHELTER.

4b (Code: ) (Expenses \$ 935,433. including grants of \$ 166,601. ) (Revenue \$ ) MOTHER/CHILD PROGRAM:

THE MOTHER/CHILD PROGRAM PROVIDES EMERGENCY SHELTER, FOOD, AND COUNSELING TO RUNAWAY AND HOMELESS YOUTH WITH INFANTS/TODDLERS. A TOTAL OF 119 MOMS & BABIES WERE HELPED (32 MOTHERS, 40 BABIES IN FT. LAUDERDALE AND 23 MOTHERS, 24 BABIES IN ORLANDO).

4c (Code: ) (Expenses \$ 887,936. including grants of \$ 376,117. ) (Revenue \$ ) RIGHTS OF PASSAGE:

THE RIGHTS OF PASSAGE PROGRAM PROVIDES TRANSITIONAL AND RAPID REHOUSING IN SCATTERED SITE APARTMENTS FOR UP TO 24 MONTHS TO YOUTHS, INCLUDING INDIVIDUAL COUNSELING AND HELP WITH COMPLETING EDUCATION AND FINDING/MAINTAINING JOBS AND HOUSING. A TOTAL OF 89 YOUTHS (56 IN FORT LAUDERDALE AND 33 IN ORLANDO) RECEIVED 15,702 DAYS OF TRANSITIONAL HOUSING (10,987 IN FT. LAUDERDALE AND 4,715 IN ORLANDO).

4d Other program services (Describe on Schedule O.) (Expenses \$ 396,241. including grants of \$ 6,904. ) (Revenue \$ )

4e Total program service expenses 6,296,851.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	17	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	17	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	X	
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website   
  Another's website   
  Upon request   
  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **RENEE TRINCANELLO, CEO - 954-561-5559**  
**733 BREAKERS AVENUE, FORT LAUDERDALE, FL 33304**

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES GRESS CAPITAL CAMPAIGN DIRECTOR	40.00				X			190,369.	0.	24,438.
(2) KEVIN RYAN PRESIDENT & CEO	1.00 34.00			X				0.	184,691.	29,147.
(3) RENEE TRINCANELLO, SECRETARY CHIEF EXECUTIVE OFFICER	40.00			X				163,641.	0.	21,519.
(4) DAVID GRABOSKY BOARD CHAIRMAN	1.00	X		X				0.	0.	0.
(5) JAN VRINS BOARD VICE-CHAIRMAN	1.00	X		X				0.	0.	0.
(6) SCOTT AARON TRUSTEE	1.00	X						0.	0.	0.
(7) AARON ABRAMOFF TRUSTEE	1.00	X						0.	0.	0.
(8) CRISSY ARSENEAU TRUSTEE THRU JULY 2019	1.00	X						0.	0.	0.
(9) DR. LEONARD BASS TRUSTEE	1.00	X						0.	0.	0.
(10) MATTHEW BRENNAN TRUSTEE	1.00	X						0.	0.	0.
(11) ANDREW FISHCER TRUSTEE	1.00	X						0.	0.	0.
(12) LAVERN KELLY TRUSTEE	1.00	X						0.	0.	0.
(13) MOHAMENT (MO) KHALIL TRUSTEE	1.00	X						0.	0.	0.
(14) MARK KNOTT TRUSTEE	1.00	X						0.	0.	0.
(15) GREG LONSWAY TRUSTEE	1.00	X						0.	0.	0.
(16) DONALD J. LUNNY JR. TRUSTEE THRU DEC. 2019	1.00	X						0.	0.	0.
(17) CHRISTINE MOLLOY TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOSH POLSKY TRUSTEE	1.00	X						0.	0.	0.
(19) SUSAN SELIMOS TRUSTEE	1.00	X						0.	0.	0.
(20) SCOTT SHERMAN TRUSTEE	1.00	X						0.	0.	0.
(21) DR. CHANDA TORRES TRUSTEE	1.00	X						0.	0.	0.
(22) SHEELA VANHOOSE TRUSTEE	1.00	X						0.	0.	0.
(23) STEVEN HENRIQUEZ OUTSOURCED CFO	40.00			X				0.	0.	0.
<b>1b Subtotal</b> .....								354,010.	184,691.	75,104.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								354,010.	184,691.	75,104.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FOOD MANAGEMENT ASSOCIATES, 22349 LA PALMA AVENUE SUITE 115, YORBA LINDA, CA 92887	FOOD MANAGEMENT	540,993.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a 28,176.			
	b	Membership dues	1b			
	c	Fundraising events	1c 367,091.			
	d	Related organizations	1d 1,994,409.			
	e	Government grants (contributions)	1e 2,591,778.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,713,715.			
	g	Noncash contributions included in lines 1a-1f	1g \$ 119,640.			
	<b>h Total. Add lines 1a-1f</b>			<b>8,695,169.</b>		
<b>Program Service Revenue</b>			<b>Business Code</b>			
	2 a					
	b					
	c					
	d					
	e					
	<b>g Total. Add lines 2a-2f</b>					
<b>Other Revenue</b>	3		Investment income (including dividends, interest, and other similar amounts)	22,187.		22,187.
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6 a		Gross rents			
	6 b		Less: rental expenses			
	6 c		Rental income or (loss)			
	d		Net rental income or (loss)			
	7 a		Gross amount from sales of assets other than inventory			
	7 b		Less: cost or other basis and sales expenses			
	7 c		Gain or (loss)			
	d		Net gain or (loss)	651.		651.
	8 a		Gross income from fundraising events (not including \$ 367,091. of contributions reported on line 1c). See Part IV, line 18	8a 11,727.		
	8 b		Less: direct expenses	8b 111,851.		
	c		Net income or (loss) from fundraising events	-100,124.		-100,124.
9 a		Gross income from gaming activities. See Part IV, line 19	9a			
9 b		Less: direct expenses	9b			
c		Net income or (loss) from gaming activities				
10 a		Gross sales of inventory, less returns and allowances	10a			
10 b		Less: cost of goods sold	10b			
c		Net income or (loss) from sales of inventory				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
	11 a					
	b					
	c					
	<b>e Total. Add lines 11a-11d</b>					
<b>12 Total revenue. See instructions</b>			<b>8,617,883.</b>	<b>0.</b>	<b>0.</b>	<b>-77,286.</b>



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,042,894.	1,042,894.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	365,333.	270,560.	49,826.	44,947.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	63,600.		63,600.	
7 Other salaries and wages	4,027,814.	2,982,935.	549,335.	495,544.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	567,301.	402,057.	108,322.	56,922.
9 Other employee benefits	420,773.	298,647.	79,595.	42,531.
10 Payroll taxes	363,501.	272,004.	47,978.	43,519.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,039.		8,039.	
c Accounting	43,000.		43,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	123,096.	84,196.	7,011.	31,889.
12 Advertising and promotion				
13 Office expenses	244,155.	199,915.	26,834.	17,406.
14 Information technology	59,451.	46,382.	6,476.	6,593.
15 Royalties				
16 Occupancy	470,969.	428,954.	26,002.	16,013.
17 Travel	43,216.	25,674.	14,800.	2,742.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,224.	3,805.	701.	718.
20 Interest	45,108.	19,611.	25,120.	377.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	177,510.	168,080.	6,947.	2,483.
23 Insurance	25,191.	22,975.	1,777.	439.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>EQUIPMENT, REPAIR &amp; MAI</b>	23,704.	15,893.	7,361.	450.
b <b>OTHER DIRECT OPERATING</b>	19,152.	12,165.	5,132.	1,855.
c <b>STAFF RECRUITMENT</b>	145.	104.	26.	15.
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>8,139,176.</b>	<b>6,296,851.</b>	<b>1,077,882.</b>	<b>764,443.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	220,049.	1	310,633.
	2	Savings and temporary cash investments	207,628.	2	2,240,876.
	3	Pledges and grants receivable, net	3,693,127.	3	2,768,719.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	5,005.	9	27,056.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,469,008.		
	b	Less: accumulated depreciation	10b 2,945,597.	10c	1,523,411.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	50,473.	15	41,173.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,613,433.	16	6,911,868.	
Liabilities	17	Accounts payable and accrued expenses	531,174.	17	395,610.
	18	Grants payable		18	
	19	Deferred revenue		19	91,449.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	127,825.	25	1,569,227.
	26	<b>Total liabilities.</b> Add lines 17 through 25	658,999.	26	2,056,286.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	2,024,847.	27	2,624,864.
	28	Net assets with donor restrictions	2,929,587.	28	2,230,718.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	4,954,434.	32	4,855,582.
33	<b>Total liabilities and net assets/fund balances</b>	5,613,433.	33	6,911,868.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,617,883.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,139,176.
3	Revenue less expenses. Subtract line 2 from line 1	3	478,707.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,954,434.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	-517,559.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-60,000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,855,582.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization <b>COVENANT HOUSE FLORIDA, INC.</b>	Employer identification number <b>59-2323607</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

**g Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7750184.	8637827.	7561907.	10723330.	8695169.	43368417.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	7750184.	8637827.	7561907.	10723330.	8695169.	43368417.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						981,899.
6 Public support. Subtract line 5 from line 4.						42386518.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4 .....	7750184.	8637827.	7561907.	10723330.	8695169.	43368417.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,860.	5,176.	4,310.	4,771.	22,187.	41,304.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....			145,375.	146.		145,521.
11 Total support. Add lines 7 through 10 .....						43555242.
12 Gross receipts from related activities, etc. (see instructions) .....					12	

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	14	97.32	%
15 Public support percentage from 2018 Schedule A, Part II, line 14 .....	15	99.04	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			



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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

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

GAIN FROM INSURANCE CLAIMS

2017 AMOUNT: \$ 76,876.

OTHER INCOME

2017 AMOUNT: \$ 68,499.

2018 AMOUNT: \$ 146.

**Schedule B**

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

**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

**COVENANT HOUSE FLORIDA, INC.**

Employer identification number

**59-2323607**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>COVENANT HOUSE FLORIDA, INC.</b>	Employer identification number <b>59-2323607</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	<hr/> <hr/> <hr/>	\$ <u>1,994,409.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,269,058.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>780,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>601,681.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	<hr/> <hr/> <hr/>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	<hr/> <hr/> <hr/>	\$ <u>290,930.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>COVENANT HOUSE FLORIDA, INC.</b>	Employer identification number <b>59-2323607</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>7</u>	_____ _____ _____	\$ <u>221,946.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>8</u>	_____ _____ _____	\$ <u>199,169.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>COVENANT HOUSE FLORIDA, INC.</b>	Employer identification number <b>59-2323607</b>
---	---

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

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

Name of organization <b>COVENANT HOUSE FLORIDA, INC.</b>	Employer identification number <b>59-2323607</b>
---	---

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

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



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2019 Open to Public Inspection

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

Name of the organization COVENANT HOUSE FLORIDA, INC. Employer identification number 59-2323607

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 and 5-6 regarding donor advised funds.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2 regarding art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

932051 10-02-19

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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) Unrelated organizations | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  **3b**

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		404,800.		404,800.
b Buildings		1,656,184.	1,030,965.	625,219.
c Leasehold improvements		1,160,688.	862,910.	297,778.
d Equipment		863,807.	786,929.	76,878.
e Other		383,529.	264,793.	118,736.
<b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must equal Form 990, Part X, column (B), line 10c.)</i>				<b>1,523,411.</b>

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASES	92,518.
(3) DUE TO PARENT	463,639.
(4) PAYCHECK PROTECTION PROGRAM LOAN	1,013,070.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,569,227.	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,617,883.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	8,617,883.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,617,883.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements		1	8,716,735.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	517,559.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	60,000.	
e	Add lines 2a through 2d	2e		577,559.
3	Subtract line 2e from line 1		3	8,139,176.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,139,176.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2017.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

WRITE OFF OF PLEDGE RECEIVABLE 60,000.



**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**COVENANT HOUSE FLORIDA, INC.**

Employer identification number

**59-2323607**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

**a**  Mail solicitations

**e**  Solicitation of non-government grants

**b**  Internet and email solicitations

**f**  Solicitation of government grants

**c**  Phone solicitations

**g**  Special fundraising events

**d**  In-person solicitations

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			

**Total** .....

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		GOLF AND FISHING TOUR (event type)	EXECUTIVE SLEEPOUT (event type)	2 (total number)		
Revenue	1	Gross receipts	168,610.	95,294.	114,914.	378,818.
	2	Less: Contributions	160,173.	95,294.	111,624.	367,091.
	3	Gross income (line 1 minus line 2)	8,437.		3,290.	11,727.
Direct Expenses	4	Cash prizes	480.			480.
	5	Noncash prizes	1,330.	5,149.		6,479.
	6	Rent/facility costs	13,409.	1,590.	257.	15,256.
	7	Food and beverages	18,600.	9,832.	2,765.	31,197.
	8	Entertainment	150.			150.
	9	Other direct expenses	23,433.	6,112.	28,744.	58,289.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				111,851.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-100,124.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

11 Does the organization conduct gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer     Employee     Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

**COVENANT HOUSE FLORIDA, INC.**

Employer identification number  
**59-2323607**

**Part I** General Information on Grants and Assistance

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD, CLOTHING, AND MEDICAL SUPPLIES	1520	0.	1,042,894.	COST	FOOD, CLOTHING, AND MEDICAL SUPPLIES

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

**PART I, LINE 2:**

IN PURSUIT OF ITS TAX-EXEMPT MISSION OF AMELIORATING THE CONDITION OF THE POOR AND NEEDY, COVENANT HOUSE MAY MAKE SPECIFIC GRANTS OF ASSISTANCE TO INDIVIDUALS IN THE FORM OF FOOD AND/OR CLOTHING. NON CASH ASSISTANCE IS PROVIDED DIRECTLY TO YOUTH ON AN AS NEED BASIS. THESE ITEMS ARE INTENDED FOR THE PURPOSE OF MEETING OUR MISSION GOALS AND ARE PROVIDED TO ALL YOUTH IN OUR PROGRAMS WHO COULD USE SUCH ITEMS. THE PROGRAM STAFF IS RESPONSIBLE FOR IDENTIFYING YOUTH NEEDS AND DETERMINING WHAT NON CASH ASSISTANCE WE HAVE AVAILABLE AT THAT TIME THAT CAN BE USED BY THE YOUTH.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization

COVENANT HOUSE FLORIDA, INC.

Employer identification number

59-2323607

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....</p>	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p>	<b>4a</b>	X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	X								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	X								
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	X								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>	X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	X								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES GRESS CAPITAL CAMPAIGN DIRECTOR	190,149.	0.	220.	17,377.	7,061.	214,807.	0.
(i)							
(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KEVIN RYAN PRESIDENT & CEO	181,222.	0.	3,469.	0.	29,147.	213,838.	0.
(i)							
(ii)	163,419.	0.	222.	9,232.	12,287.	185,160.	0.
(1) RENEE TRINCANELLO, SECRETARY CHIEF EXECUTIVE OFFICER	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **COVENANT HOUSE FLORIDA, INC.** Employer identification number **59-2323607**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		1,230.	DONOR ESTIMATION
5 Clothing and household goods .....	X		60,046.	DONOR ESTIMATION
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	4	50,654.	AVG. SELLING PRICE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....	X	55	4,785.	DONOR ESTIMATION
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>ELECTRONICS</u> ) .....	X	10	1,475.	DONOR ESTIMATION
26 Other ▶ ( <u>FURNITURES</u> ) .....	X	10	1,450.	DONOR ESTIMATION
27 Other ▶ ( ) .....				
28 Other ▶ ( ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN PART I,  
COLUMN (B) OF SCHEDULE M.

Multiple horizontal lines for supplemental information.



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**  
Open to Public  
Inspection

Name of the organization

COVENANT HOUSE FLORIDA, INC.

Employer identification number  
59-2323607

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

SEVICES, CRISIS INTERVENTION AND OTHER SERVICES.

FORM 990, PART III, LINE 1:

IN 31 CITIES ACROSS SIX COUNTRIES, COVENANT HOUSE BUILDS BRIDGES TO  
HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN  
TRAFFICKING, MEETING THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING,  
PROTECTION, AND MEDICAL CARE AND SUPPORTING THEM TO ADVANCE THEIR GOALS  
OF EDUCATION AND EMPLOYMENT. COVENANT HOUSE ENCOMPASSES A ROBUST  
NETWORK OF "HOUSES," WITH BEST-IN-CLASS SERVICES AND A SHARED  
COMMITMENT TO UNCONDITIONAL LOVE, ABSOLUTE RESPECT, AND RELENTLESS  
SUPPORT FOR EACH YOUNG PERSON WHO WALKS THROUGH OUR DOORS. FOUNDED AS A  
DROP-IN CENTER IN NEW YORK CITY IN 1972, COVENANT HOUSE NOW SERVES TENS  
OF THOUSANDS OF CHILDREN AND YOUTH EVERY YEAR IN OUR RESIDENTIAL,  
OUTREACH, AND DROP-IN PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED  
STATES, GUATEMALA, HONDURAS, MEXICO, NICARAGUA, AND CANADA EMPLOY A  
STRENGTHS-BASED, TRAUMA-INFORMED PRACTICE MODEL THAT HELPS YOUNG PEOPLE  
DISCOVER AND DEVELOP THEIR RESILIENCE TO OVERCOME ADVERSITY NOW AND  
INTO THE FUTURE.

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH AN ARRAY OF LIVED  
EXPERIENCES, INCLUDING FOSTER CARE, SUBSTANCE USE, MENTAL HEALTH  
ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, AND MORE. OUR STAFF MEET THEM  
WHERE THEY ARE AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY CONTINUUM  
OF SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.

Name of the organization COVENANT HOUSE FLORIDA, INC.	Employer identification number 59-2323607
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MEDICAL SERVICES:

THIS PROGRAM PROVIDES AN ON-SITE HEALTH PROGRAM WHICH RECOGNIZES AND RESPONDS TO THE ACTUAL AND POTENTIAL HEALTH AND MEDICAL PROBLEMS OF THE HOMELESS YOUTH RESIDING AT ITS CRISIS SHELTER. THE NURSES, SUPPORTED BY A VOLUNTEER MEDICAL DIRECTOR, WORK CLOSELY WITH CHF CASE MANAGEMENT AND CLINICAL STAFF TO HELP IMPROVE AND ENSURE THE HEALTH, WELFARE AND SAFETY OF EACH YOUTH AND THEIR BABIES/CHILDREN.

DURING FY2020 MEDICAL SERVICES AT ON-SITE HEALTH CLINIC (FORT LAUDERDALE) PROVIDED 1,791 VISITS. EXPENSES \$ 205,766. INCLUDING GRANTS OF \$ 1,292. REVENUE \$ 0.

OUTREACH:

TRAINED OUTREACH COUNSELORS TRAVEL BY FOOT AND VAN TO AREAS WHERE STREET KIDS CONGREGATE OFFERING: AN INTRODUCTION TO COVENANT HOUSE FLORIDA THROUGH INFORMAL DIALOGUE THAT AFFIRMS EACH YOUTH, NON-PERISHABLE FOOD, CLEAN CLOTHING, HYGIENE SUPPLIES, FIRST AID, AND COUNSELING ABOUT ISSUES THAT AFFECT THE YOUTH'S CURRENT SITUATION, REFERRALS TO SAFE SHELTER, MEDICAL CARE, OR OTHER SERVICES. IF REQUESTED BY THE YOUTH, THE TEAM WILL PROVIDE TRANSPORTATION TO THE CRISIS SHELTER.

DURING FY2020, OUTREACH MADE 695 UNDUPLICATED CONTACTS WITH TROUBLED YOUTH (166 IN ORLANDO AND 529 IN FT. LAUDERDALE)

Name of the organization COVENANT HOUSE FLORIDA, INC.	Employer identification number 59-2323607
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EXPENSES \$ 133,842. INCLUDING GRANTS OF \$ 696. REVENUE \$ 0.

COMMUNITY SERVICE CENTERS:

THE COMMUNITY SERVICES PROGRAM PROVIDES AN ARRAY OF SERVICES TO HOMELESS YOUTH AGES 18 TO 21 LIVING ON THE STREETS, WHO FEEL THEY ARE NOT READY TO ACCEPT THE STRUCTURE OF A RESIDENTIAL SHELTER OR FOR YOUTH WHO HAVE ACHIEVED STABLE HOUSING BUT ARE IN NEED OF ON-GOING SUPPORTIVE SERVICES IN AN AFTERCARE ENVIRONMENT. SERVICES PROVIDED INCLUDE CASE MANAGEMENT, COUNSELING, FOOD PANTRY, HYGIENE SUPPLIES, CLOTHING, LAUNDRY SERVICES, FAMILY REUNIFICATION, TRANSPORTATION ASSISTANCE, AND ACCESS TO EDUCATION.

DURING FY2020, COMMUNITY SERVICE CENTER PROVIDED 378 YOUTH WITH DROP IN SERVICES.

EXPENSES \$ 51,513. INCLUDING GRANTS OF \$ 4,830. REVENUE \$ 0.

PUBLIC EDUCATION:

THIS PROGRAM INFORMS AND EDUCATES THE PUBLIC ON HOW TO IDENTIFY POTENTIAL "RUNAWAY" AND "THROWAWAY" ADOLESCENTS; PUBLIC AND PRIVATE RESOURCES ARE AVAILABLE TO HELP SUCH ADOLESCENTS BEFORE THEY LEAVE HOME AND PUBLIC SUPPORT SERVICES ARE ALSO AVAILABLE TO THESE FAMILIES TO IMPROVE THEIR HOME ENVIRONMENT.

DURING FY2020, PUBLIC EDUCATION PRESENTED TO 285 YOUTH (5 IN FT. LAUDERDALE & 280 IN ORLANDO)

EXPENSES \$ 5,120. INCLUDING GRANTS OF \$ 86. REVENUE \$ 0.

Name of the organization COVENANT HOUSE FLORIDA, INC.	Employer identification number 59-2323607
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FORM 990, PART VI, SECTION A, LINE 3:

THE ORGANIZATION HIRED STEVEN J. HENRIQUEZ CPA, LLC AS A MANAGEMENT COMPANY WHICH PERFORMS THE FOLLOWING SERVICES:

- SUPERVISING PERSONNEL,
- AID IN THE PROCESS OF PREPARING THE BUDGET,
- OVERSEE DAY TO DAY ACCOUNTING ACTIVITIES OF THE ORGANIZATION

DURING FY2020, TOTAL MANAGEMENT FEE PAID TO STEVEN J. HENRIQUEZ CPA, LLC WAS \$63,600.

STEVEN HENRIQUEZ, OUTSOURCED CFO, WAS COMPENSATED \$10,783 BY STEVEN J. HENRIQUEZ CPA, LLC IN FY2020 FOR THE MANAGEMENT SERVICE PROVIDED TO THE ORGANIZATION.

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

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

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

COVENANT HOUSE FLORIDA'S (CHF) PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL HAS THE RIGHT TO ELECT OR APPOINT OFFICERS OF CHF'S BOARD OF DIRECTORS.

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

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

Name of the organization COVENANT HOUSE FLORIDA, INC.	Employer identification number 59-2323607
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AND APPOINT/REMOVE MEMBERS OF THE BOARD AND THE OFFICERS.

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

THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL, THE CFO AND THE COVENANT HOUSE FLORIDA BOARD FINANCE COMMITTEE FOR COMPLETION AND ACCURACY PRIOR TO FILING. THE FINAL FORM 990 IS ELECTRONICALLY PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION REQUIRES ANNUAL DISCLOSURE AND AFFIRMATION OF THE CONFLICT OF INTEREST POLICY BY ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES. THE DISCLOSURE STATEMENT REQUIRED EACH OFFICER, DIRECTOR, AND KEY EMPLOYEE TO DISCLOSE ANY BUSINESS OR PERSONAL INTERESTS, DIRECT OR INDIRECT, THAT THE PERSON MAY HAVE IN AN ORGANIZATION THAT COMPLETES WITH OR DOES BUSINESS WITH COVENANT HOUSE INTERNATIONAL OR ANY OTHER ORGANIZATION BUSINESS/ AGENCY AFFILIATED WITH COVENANT HOUSE INTERNATIONAL. IF A CONFLICT IS DETERMINED TO EXIST, IT MUST BE REPORTED AND ADDRESSED TO THE SATISFACTION OF THE ORGANIZATION. ANY OTHER PERSON HAVING A CONFLICT, AND ATTENDING SAID MEETING, SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD OR COMMITTEE IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION. ANY INTERESTED DIRECTOR SHALL ALSO ABSTAIN DURING SUCH VOTE. THE MINUTES OF THE MEETING OF THE BOARD OR COMMITTEE SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. A SUMMARY OF THE ANNUAL CONFLICTS OF INTEREST AND COPIES OF THE CONFLICTS OF INTEREST REPORTS FROM THE DIRECTORS, EXECUTIVE DIRECTOR, AND OFFICERS OF THE ORGANIZATION ARE ALSO SENT TO THE PARENT

Name of the organization COVENANT HOUSE FLORIDA, INC.	Employer identification number 59-2323607
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ORGANIZATION, COVENANT HOUSE INTERNATIONAL. THE PARENT, COVENANT HOUSE INTERNATIONAL ALSO ENSURES THE ANNUAL CONFLICTS OF INTEREST REPORTS ARE ACCOMPLISHED FOR EACH AFFILIATE AND THAT THE REQUIRED INFORMATION IS SENT TO THEM.

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

THE CHIEF EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE COMPENSATION COMMITTEE WORKING IN CONJUNCTION WITH THE PRESIDENT OF COVENANT HOUSE INTERNATIONAL (PARENT). A SALARY STRUCTURE AND RANGE WERE DETERMINED USING A COMPENSATION COMMITTEE AND INDEPENDENT CONSULTANT FOR THE CHIEF EXECUTIVE DIRECTOR. FACTORS CONSIDERED WERE THE SIZE OF THE AGENCY BUDGET, PROGRAM SIZE AND COMPLEXITY, LOCAL MARKET COMPATIBILITY, AND THE COST OF LIVING, WITH COMPENSATION APPROVED BY THE CH FL BOARD OF DIRECTORS.

RECORDS OF EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED IN THE COVENANT HOUSE INTERNATIONAL (PARENT) HUMAN RESOURCES DEPARTMENT RECORD. THIS PROCESS WAS LAST UNDERTAKEN IN FISCAL YEAR 2020.

HUMAN RESOURCES CONDUCTS SALARY SURVEYS IN THE COMMUNITY OF COMPARABLE ORGANIZATIONS TO DETERMINE COMPENSATION RANGES FOR THE COMPENSTATION OF OTHER OFFICERS. THE SURVEY WAS LAST PERFORMED IN 2020. IN ADDITION TO THE SURVEY, THE BOARD FINANCE COMMITTEE REVIEWS THE PAY SCALE ON AN ANNUAL BASIS. RECORDS OF THE COMPENSATION DECISIONS ARE MAINTAINED IN THE FINANCE COMMITTEE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A

Name of the organization COVENANT HOUSE FLORIDA, INC.	Employer identification number 59-2323607
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COPY AT ITS PLACE OF BUSINESS AS WELL AS POSTING IT ON ITS WEBSITE. THE FORM 990 IS ALSO UPLOADED BY THE ORGANIZATION ONTO WWW.GUIDESTAR.ORG. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AT 733 BREAKERS AVENUE, FORT LAUDERDALE, FL 33304.

FORM 990, PART VIII, LINE 1D:  
 COVENANT HOUSE INTERNATIONAL (PARENT) PROVIDES FINANCIAL SUPPORT AS WELL AS MANAGEMENT AND ORGANIZATIONAL SUPPORT FOR ITS AFFILIATED ORGANIZATIONS. THE PARENT CONDUCTS FUNDRAISING ACTIVITIES FOR ITS OWN PROGRAMS AND THE PROGRAMS OF THE AFFILIATES INCLUDING THE SLEEP OUT EVENT. THE PARENT COLLECTS THE FUNDS FROM THE SLEEP OUT EVENT THAT EACH AFFILIATE HOLDS IN THEIR CITY ONLINE THROUGH SOFTWARE THAT THEY MANAGE/OPERATE. THE FUNDS ARE THEN DISBURSED TO EACH AFFILIATE THAT RAISED THE FUNDS THROUGH A GRANT FROM THE PARENT. THE PARENT COMBINES CONTRIBUTIONS RECEIVED FROM INDIVIDUALS, CORPORATIONS AND FOUNDATIONS, THE SLEEP OUT EVENT, PLUS A PARENT SUBSIDY AND APPROPRIATES FUNDS CLASSIFIED AS "BRANDING DOLLARS" TO EACH COVENANT HOUSE AFFILIATE. THE PARENT REPORTS THE SLEEP OUT EVENT IN SCHEDULE G, PART II OF THEIR FORM 990. THE FILING ORGANIZATION REPORTS THE SLEEP OUT EVENT INCOME ON PART VIII, LINE 1D AS A CONTRIBUTION FROM A RELATED ORGANIZATION.

FORM 990, PART X, LINE 25:  
 ON APRIL 14, 2020, THE ORGANIZATION RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$1,013,070 UNDER THE PAYCHECK PROTECTION PROGRAM (THE "PPP"). THE PPP, ESTABLISHED AS PART OF THE CORONAVIRUS AID, RELIEF AND ECONOMIC SECURITY ACT (THE "CARES ACT"), PROVIDES FOR LOANS TO

Name of the organization

COVENANT HOUSE FLORIDA, INC.

Employer identification number

59-2323607

QUALIFYING ENTITIES FOR AMOUNTS UP TO 2.5 TIMES THE 2019 AVERAGE MONTHLY PAYROLL EXPENSES OF THE QUALIFYING ENTITY. THE PPP LOAN BEARS AN INTEREST RATE OF 1% PER ANNUM. ALL OR A PORTION OF THE PPP LOAN PRINCIPAL AND ACCRUED INTEREST ARE FORGIVABLE AS LONG AS THE BORROWER USES THE LOAN PROCEEDS FOR ELIGIBLE PURPOSES, AS DESCRIBED IN THE CARES ACT, OVER A PERIOD OF EITHER EIGHT OR TWENTY-FOUR WEEKS (THE "COVERED PERIOD"). THE AMOUNT OF LOAN FORGIVENESS COULD BE REDUCED IF THE BORROWER TERMINATES EMPLOYEES OR REDUCES SALARIES BELOW A CERTAIN THRESHOLD DURING THE COVERED PERIOD AND DOES NOT QUALIFY FOR CERTAIN SAFE HARBORS. THE UNFORGIVEN PORTION OF THE PPP LOAN, IF ANY, IS PAYABLE WITHIN FIVE YEARS FROM THE DATE OF THE LOAN. LOAN PAYMENTS OF PRINCIPAL OR INTEREST ARE DEFERRED UNTIL THE AMOUNT OF LOAN FORGIVENESS IS DETERMINED BY THE UNITED STATES SMALL BUSINESS ADMINISTRATION ("SBA"). IF THE ORGANIZATION DOES NOT APPLY FOR FORGIVENESS, PAYMENTS BEGIN APPROXIMATELY 16 MONTHS AFTER THE LOAN DATE.

THE ORGANIZATION INTENDS TO USE ALL PROCEEDS RECEIVED IN ACCORDANCE WITH REGULATIONS ESTABLISHED BY THE PPP. MANAGEMENT BELIEVES ITS USE OF THE PROCEEDS, INCLUDING AMOUNTS EXPENDED THROUGH JUNE 30, 2020, WILL BE FORGIVEN. THE ENTIRE AMOUNT RECEIVED UNDER THE PPP IS REPORTED AS A FORGIVABLE LOAN IN THE STATEMENT OF FINANCIAL POSITION AT JUNE 30, 2020.

SUBSEQUENT TO YEAR END, ON JANUARY 31, 2021 THE ORGANIZATION RECEIVED AN ADDITIONAL PPP LOAN IN THE AMOUNT OF \$1,013,069. THE LOAN BEARS AN INTEREST RATE OF 1% PER ANNUM AND THE TERMS AGREE TO THE INITIAL LOAN RECEIVED DURING THE YEAR ENDED JUNE 30, 2020.



Name of the organization COVENANT HOUSE FLORIDA, INC.	Employer identification number 59-2323607
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

WRITE OFF OF PLEDGE RECEIVABLE -60,000.

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR SELECTING AN INDEPENDENT ACCOUNTANT AND ESTABLISHING A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS.



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COVENANT HOUSE ILLINOIS - 81-2061485							
30 WEST CHICAGO AVENUE, 5TH FLOOR CHICAGO, IL 60654	HUMANITARIAN	ILLINOIS	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE MICHIGAN - 38-3351777							
2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	HUMANITARIAN	MICHIGAN	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE MISSOURI - 43-1821599							
2727 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63113	HUMANITARIAN	MISSOURI	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE NEW JERSEY - 13-3537710							
330 WASHINGTON STREET NEWARK, NJ 07102	HUMANITARIAN	NEW JERSEY	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE NEW ORLEANS - 58-1669937							
611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	HUMANITARIAN	LOUISIANA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE PENNSYLVANIA - 23-3003176							
31 EAST ARMAT STREET PHILADELPHIA, PA 19144	HUMANITARIAN	PENNSYLVANIA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE TEXAS - 76-0050882							
1111 LOVETT BLVD HOUSTON, TX 77006	HUMANITARIAN	TEXAS	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE WASHINGTON - 13-3537709							
2001 MISSISSIPPI AVENUE SE WASHINGTON, DC 20020	HUMANITARIAN	DISTRICT OF COLUMBIA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE WESTERN AVENUE - 95-4395845							
1325 N WESTERN AVENUE HOLLYWOOD, CA 90027	HOLDING CO	CALIFORNIA	501(C)3	LINE 12A, I	COVENANT HOUSE		X
COVENANT INTERNATIONAL FOUNDATION - 13-3124706, 5 PENN PLAZA, NEW YORK, NY							
10001 TESTAMENTUM - 23-7326634	HOLDING CO	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE		X
5 PENN PLAZA NEW YORK, NY 10001	HOLDING CO	NEW YORK	501(C)3	LINE 10	COVENANT HOUSE		X
UNDER 21 COVENANT HOUSE NEW YORK - 13-3076376, 550 10TH AVENUE, NEW YORK, NY							
10018	HUMANITARIAN	NEW YORK	501(C)3	LINE 7	COVENANT HOUSE		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

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





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

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

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

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

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

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





**Part VII** Supplemental Information

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

Lined area for supplemental information.

**Covenant House Florida  
Workforce Development Program for  
Youth Under 21 Experiencing Homelessness**

<b>Provider:</b> Covenant House Florida	<b>Service:</b> 10/01/2022 - 9/30/2023		
<b>Program:</b> YES			
	<b>Covenant House Florida/Others</b>	<b>City of Pompano Beach</b>	<b>TOTAL BUDGET</b>
<b>REVENUE</b>			
<b>City of Pompano Beach</b>		<b>\$7,500</b>	<b>\$7,500</b>
CHF Board of Directors	\$24,500		\$24,500
Government & Foundations: Committed	\$3,750		\$3,750
Government & Foundations: To Be Raised	\$42,500		\$42,500
Public Contributions - Unrestricted (Individual Donor Giving Program)	\$13,923		\$13,923
Special Events	\$17,000		\$17,000
U.S. Dept. of Housing & Urban Development	\$78,908		\$78,908
<b>Total</b>	<b>\$180,581</b>	<b>\$7,500</b>	
	<b>TOTAL REVENUE</b>		<b>\$188,081</b>
<b>EXPENDITURES</b>			
<b>Personnel Services</b>			
1 Program Director/Director of Support Services 20% x \$68,741	\$13,748		\$13,748
1 Life Skills Case Manager 25% of \$32,781	\$8,195		\$8,195
1 Independent Living Coordinator @25% \$34,091	\$2,871	\$5,652	\$8,523
4 Case Managers 1 shift per floor, 4 @ 25% = \$28,496)	\$28,296		\$28,296
<b>Subtotal of Salaries</b>	<b>\$53,110</b>	<b>\$5,652</b>	<b>\$58,762</b>
Payroll Taxes for above positions @ 7.65%	\$4,063	\$432	\$4,495
Benefits for above positions @ 25.05%	\$13,304	\$1,416	\$14,720
<b>Subtotal Salaries and Wages</b>	<b>\$70,477</b>	<b>\$7,500</b>	<b>\$77,977</b>
<b>Program Operating Expenses</b>			
<b>Assistance to Youth</b>			
Bus Passes for Participants 6,000 daily bus passes @ \$1.25 each	\$7,500		\$7,500
<b>Supplies</b>			
Computer Internet @ \$100 per month x 12 months	\$1,200		\$1,200
Office Supplies & Printing/Copying allocated expense @ 2.5% of total (\$52,500 x .025)	\$1,312		\$1,312
Postage @ \$66.66 per month x 12 months	\$800		\$800
<b>Facilities</b>			
<b>Facilities Allocated @18% of total costs (5,378 sq. ft. out of 25,590 sq. ft.)</b>			
Insurance 18% of Annual Costs \$90,000	\$16,200		\$16,200
Telephone 18% of Annual Costs \$12,568	\$2,263		\$2,263
Building: 18% of Annual Building Costs \$237,929	\$42,827		\$42,827
Utilities: 18% of Annual Utilities Costs \$90,000	\$25,600		\$25,600
Maintenance/Housekeeping: 18% of \$68,900	\$12,402		\$12,402
<b>Subtotal Program Operating</b>	<b>\$110,104</b>	<b>\$0</b>	<b>\$110,104</b>
<b>TOTAL BUDGET</b>	<b>\$180,581</b>	<b>\$7,500</b>	<b>\$188,081</b>

## **Exhibit “B” Payment Schedule**

### **A. AWARD DISBURSEMENTS**

The awards disbursement process will begin in October, 1 and end in September, 30 for the fiscal year that this contract is approved.

### **B. PAYMENT SCHEDULE**

The total amount awarded for the COVENANT HOUSE FLORIDA, INC. for Workforce Development Program for the current fiscal year is: \$5,000.

There will be a lump sum payment issued in advance equal to \$5,000. For any funds advanced the RECIPIENT agrees to provide the CITY with an itemization report of how funds advanced were spent, along with invoices and proof of payment. Such an accounting must be provided to the CITY, in the lump sum narrative and financial report as indicated in Exhibit “A” Recipients Requirements, Contractual Responsibilities and Program Description. Failure to comply with this requirement shall result in the denial of the future requests for payments.

All payments and reporting requirements apply for each project which is a part of the awarded contract.

## **EXHIBIT C**

### **INSURANCE REQUIREMENTS: NON PROFIT ORGANIZATION**

ORGANIZATION shall not commence services under the terms of this Agreement until certification or proof of insurance detailing terms and provisions has been received and approved in writing by the CITY's Risk Manager. If you have questions regarding the insurance requirements hereunder, please contact the City's Purchasing Department at (954) 786-4098. If the contract has already been awarded, please direct any queries and proof of the requisite insurance coverage to City staff responsible for oversight of the subject project/contract.

ORGANIZATION is responsible to deliver to the CITY for timely review and written approval/disapproval Certificates of Insurance which evidence that all insurance required hereunder is in full force and effect and which name on a primary basis, the CITY as an additional insured on all such coverage. Such policy or policies shall be issued by United States Treasury approved companies authorized to do business in the State of Florida. The policies shall be written on forms acceptable to the City's Risk Manager, meet a minimum financial A.M. Best and Company rating of no less than Excellent, and be part of the Florida Insurance Guarantee Association Act. No changes are to be made to these specifications without prior written approval of the City's Risk Manager.

Throughout the term of this Agreement, CITY, by and through its Risk Manager, reserve the right to review, modify, reject or accept any insurance policies required by this Agreement, including limits, coverages or endorsements. CITY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of poor financial condition or failure to operate legally.

Failure to maintain the required insurance shall be considered an event of default. The requirements herein, as well as CITY's review or acceptance of insurance maintained by ORGANIZATION, are not intended to and shall not in any way limit or qualify the liabilities and obligations assumed by ORGANIZATION under this Agreement.

Throughout the term of this Agreement, ORGANIZATION and all subcontractors or other agents hereunder, shall, at their sole expense, maintain in full force and effect, the following insurance coverages and limits described herein, including endorsements.

A. Worker's Compensation Insurance covering all employees and providing benefits as required by Florida Statute, Chapter 440, regardless of the size of the company (number of employees) or the state in which the work is to be performed or of the state in which the ORGANIZATION is obligated to pay compensation to employees engaged in the performance of the work. ORGANIZATION further agrees to be responsible for employment, control and conduct of its employees and for any injury sustained by such employees in the course of their employment.

B. Liability Insurance.

(1) Naming the City of Pompano Beach as an additional insured as City's interests may appear, on General Liability Insurance only, relative to claims which arise from

ORGANIZATION'S negligent acts or omissions in connection with Contractor's performance under this Agreement.

(2) Such Liability insurance shall include the following checked types of insurance and indicated minimum policy limits.

<b>Type of Insurance</b>	<b>Limits of Liability</b>	
<b>GENERAL LIABILITY:</b>	Minimum \$1,000,000 Per Occurrence and \$2,000,000 Per Aggregate	
* Policy to be written on a claims incurred basis		
XX comprehensive form	bodily injury and property damage	
XX premises - operations	bodily injury and property damage	
___ explosion & collapse hazard		
___ underground hazard		
XX products/completed operations hazard	bodily injury and property damage combined	
XX contractual insurance	bodily injury and property damage combined	
XX broad form property damage	bodily injury and property damage combined	
XX independent contractors	personal injury	
XX personal injury		
XX sexual abuse/molestation	Minimum \$1,000,000 Per Occurrence and Aggregate	
___ liquor legal liability	Minimum \$1,000,000 Per Occurrence and Aggregate	
-----		
<b>AUTOMOBILE LIABILITY:</b>	Minimum \$10,000/\$20,000/\$10,000	
XX comprehensive form		
XX owned		
XX hired		
XX non-owned		
-----		
<b>REAL &amp; PERSONAL PROPERTY</b>		
___ comprehensive form	Agent must show proof they have this coverage.	
-----		
<b>EXCESS LIABILITY</b>		Per Occurrence    Aggregate
___ other than umbrella	bodily injury and property damage combined	\$1,000,000    \$1,000,000
-----		
<b>PROFESSIONAL LIABILITY</b>		Per Occurrence    Aggregate
___ * Policy to be written on a claims made basis	\$1,000,000	\$1,000,000
-----		

(3) If Professional Liability insurance is required, Contractor agrees the indemnification and hold harmless provisions of Section 12 of the Agreement shall survive the termination or expiration of the Agreement for a period of three (3) years unless terminated sooner by the applicable statute of limitations.

C. Employer's Liability. ORGANIZATION and all subcontractors shall, for the benefit of their employees, provide, carry, maintain and pay for Employer's Liability Insurance in the minimum amount of One Hundred Thousand Dollars (\$100,000.00) per employee, Five Hundred Thousand Dollars (\$500,000) per aggregate.

D. Policies. Whenever, under the provisions of this Agreement, insurance is required of the ORGANIZATION, the ORGANIZATION shall promptly provide the following:

- (1) Certificates of Insurance evidencing the required coverage;
- (2) Names and addresses of companies providing coverage;
- (3) Effective and expiration dates of policies; and
- (4) A provision in all policies affording CITY thirty (30) days written notice by a carrier of any cancellation or material change in any policy.

E. Insurance Cancellation or Modification. Should any of the required insurance policies be canceled before the expiration date, or modified or substantially modified, the issuing company shall provide thirty (30) days written notice to the CITY.

F. Waiver of Subrogation. ORGANIZATION hereby waives any and all right of subrogation against the CITY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then ORGANIZATION shall notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy which includes a condition to the policy not specifically prohibiting such an endorsement, or voids coverage should ORGANIZATION enter into such an agreement on a pre-loss basis.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/23/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Waldorf Risk Solutions, LLC PO Box 590 Huntington NY 11743	<b>CONTACT NAME:</b> PHONE (A/C, No., Ext): 631-423-9500      FAX (A/C, No.): 631-424-3610 E-MAIL ADDRESS: info@wrs1928.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> Covenant House Florida 733 Breakers Avenue Ft. Lauderdale, FL 33304	<b>INSURER A:</b> Certain Underwriters at Lloyds, London - AA1122000	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** 994874493      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		22W1321	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ Included Fire Damage \$ 50,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			22XS025	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability (E&O/D&O/EPLI)			22W1321	7/1/2022	7/1/2023	Limit - Per Claim: \$1,000,000 Aggregate: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 City of Pompano Beach is listed as additional insured when required by written contract.

<b>CERTIFICATE HOLDER</b>  City of Pompano Beach 100 W. Atlantic Blvd., Suite 220 PO Box 1300 Pompano Beach FL 33061	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/21/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Waldorf Risk Solutions, LLC PO BOX 590 Huntington NY 11743	<b>CONTACT NAME:</b> _____
	<b>PHONE (A/C, No, Ext):</b> 631-423-9500 <b>FAX (A/C, No):</b> 631-424-3610 <b>E-MAIL ADDRESS:</b> info@wrs1928.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A : Certain Underwriters at Lloyds, London - AA1122000	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

**INSURED** COVHOU  
 Covenant House Florida  
 733 Breakers Avenue  
 Ft. Lauderdale, FL 33304

**COVERAGES**      **CERTIFICATE NUMBER:** 749246579      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____	Y	Y	22W1321	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$		Y	22XS025	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Sexual Misconduct Liability Professional Liability (E&O, D&O, EPLI)		Y	22W1321	7/1/2022	7/1/2023	Limit \$1,000,000 Limit \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of Pompano Beach is listed as additional insured when required by written contract.  
 The Excess Liability will follow the terms and conditions of the General, Professional, and Sexual Misconduct Liability policies.

**CERTIFICATE HOLDER**      **CANCELLATION**

City of Pompano Beach 100 W. Atlantic Blvd., Suite 220 PO Box 1300 Pompano Beach FL 33061	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/19/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Arthur J. Gallagher Risk Management Services, Inc 300 Madison Avenue 28th Floor New York NY 10017	<b>CONTACT NAME:</b> _____	
	<b>PHONE (A/C, No, Ext):</b> 212-994-7100	<b>FAX (A/C, No):</b> 212-994-7047
<b>E-MAIL ADDRESS:</b> _____		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> Church Mutual Insurance Company		18767
<b>INSURER B:</b> _____		
<b>INSURER C:</b> _____		
<b>INSURER D:</b> _____		
<b>INSURER E:</b> _____		
<b>INSURER F:</b> _____		

**INSURED** COVEHOU-02  
 Covenant House Florida  
 733 Breakers Avenue  
 Ft Lauderdale, FL 33304

**COVERAGES** **CERTIFICATE NUMBER:** 980854594 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ _____ \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			0500114 09-424001	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ 0 PROPERTY DAMAGE (Per accident) \$ Comp/Coll Ded. \$ 5,000
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ _____ RETENTION \$ _____						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			0500114 07-423999	7/1/2022	7/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Physical Damage is only on vehicles year 2012 and newer - \$5,000 deductible comprehensive and collision.  
 City of Pompano Beach is included as Additional Insured (Blanket Endorsement) with respect to Automobile Liability Coverage as evidenced herein as required by written contract. Notice of Cancellation: 30 days written notice / 10 days for non-pay

<b>CERTIFICATE HOLDER</b>  City of Pompano Beach 100 W. Atlantic Blvd., Suite 220 PO Box 1300 Pompano Beach FL 33061 USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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