

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2023

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<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 GEORGIA INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1559 JOHNSON ROAD NW</b> City or town, state or province, country, and ZIP or foreign postal code <b>ATLANTA, GA 30318</b> <b>F</b> Name and address of principal officer: <b>ALIEIZORIA REDD</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-3523561</b> <b>E</b> Telephone number <b>404-589-0163</b> <b>G</b> Gross receipts \$ <b>6,882,841.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <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.COVENANTHOUSEGA.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>1988</b> <b>M</b> State of legal domicile: <b>GA</b>

## Part I Summary

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>COVENANT HOUSE GEORGIA PROVIDES SHELTERS, PROTECTS AND ADVOCATES ON BEHALF OF HOMELESS, TRAFFICKED,</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>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>23</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>23</b>	
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a) .....	<b>5</b>	<b>130</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>2773</b>	
	<b>7 a</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, Part I, line 11 .....	<b>7b</b>	<b>0.</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>6,047,303.</b>	<b>Current Year</b> <b>6,647,772.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>15,732.</b>	<b>37,610.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>14,044.</b>	<b>26,685.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>-61,450.</b>	<b>-72,791.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>6,015,629.</b>	<b>6,639,276.</b>	
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>604,001.</b>	<b>477,979.</b>
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>4,727,639.</b>	<b>5,344,177.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>111,124.</b>	<b>33,924.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) .....	<b>754,434.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>2,354,908.</b>	<b>2,088,328.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>7,797,672.</b>	<b>7,944,408.</b>		
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-1,782,043.</b>	<b>-1,305,132.</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>20,470,036.</b>	<b>End of Year</b> <b>19,403,164.</b>	
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>7,913,224.</b>	<b>8,103,163.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>12,556,812.</b>	<b>11,300,001.</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 <b>ALIEIZORIA REDD, CHIEF EXECUTIVE OFFICER</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MELISSA MODELSON</b>	Preparer's signature <b>MELISSA MODELSON</b>
	Firm's name <b>PKF O'CONNOR DAVIES ADVISORY, LLC</b>	Date <b>05/15/25</b>
	Firm's address <b>500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01603524</b>
		Firm's EIN <b>33-1374517</b> Phone no. <b>914-381-8900</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>COVENANT HOUSE GEORGIA INC.</b>	Taxpayer identification number (TIN) <b>13-3523561</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1559 JOHNSON ROAD NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ATLANTA, GA 30318</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **ALIEIZORIA REDD**  
**1559 JOHNSON ROAD NW - ATLANTA, GA 30318**

Telephone No. **404-589-0163** Fax No. \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_ or  
 tax year beginning **JUL 1**, 20 **23**, and ending **JUN 30**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,414,785. including grants of \$ 171,201. ) (Revenue \$ 0. ) SHELTER AND CRISIS CARE

THE SHELTER PROVIDES EMERGENCY SERVICES; TEMPORARY, IMMEDIATE HOUSING; NUTRITIOUS FOOD; CLOTHING; MEDICAL CARE; AND MENTAL HEALTH SERVICES TO YOUNG PEOPLE AGES 18-24 WHO ARE EXPERIENCING HOMELESSNESS OR HUMAN TRAFFICKING. THESE HIGH-QUALITY PROGRAMS AND SERVICES MEET YOUTHS' IMMEDIATE NEEDS, STABILIZE THEIR SITUATION, AND HELP THEM CONSIDER THEIR LONGER-TERM GOALS FOR EDUCATION, EMPLOYMENT, AND CAREER PLANNING. THE ORGANIZATION IS EXPERTLY EQUIPPED TO RESPOND TO THE UNIQUE NEEDS OF YOUNG SURVIVORS OF HUMAN TRAFFICKING AND THOSE WHO IDENTIFY AS LGBTQ+. SHELTER DOORS ARE ALWAYS OPEN, 24/7, AND WE HAVE PROVIDED UNINTERRUPTED SERVICE TO CHILDREN AND YOUTH FOR 24 YEARS.

4b (Code: ) (Expenses \$ 1,742,349. including grants of \$ 110,239. ) (Revenue \$ 37,610. ) TRANSITIONAL LIVING - RIGHTS OF PASSAGE

COVENANT HOUSE'S TRANSITIONAL LIVING PROGRAMS, OFTEN REFERRED TO AS "RIGHTS OF PASSAGE" OR ROP, ARE WHERE YOUNG PEOPLE TAKE THEIR BOLDEST STEPS TOWARD INDEPENDENCE. YOUTH LIVE IN ROP FOR UP TO 24 MONTHS, WHERE THEY TAP THEIR POTENTIAL AND PLAN FOR THE FUTURE. HERE THEY BUILD BASIC LIFE SKILLS AND FINANCIAL LITERACY, PARTICIPATE IN EDUCATIONAL AND VOCATIONAL PROGRAMS, SEEK EMPLOYMENT WITH LONG-TERM ADVANCEMENT AND CAREER PROSPECTS, AND WORK TOWARD MOVING INTO THEIR OWN SAFE AND STABLE HOUSING. COVENANT HOUSE STAFF SUPPORT EACH YOUNG PERSON ON THEIR JOURNEY TOWARD SUSTAINABLE INDEPENDENCE AND A HOPE-FILLED FUTURE.

4c (Code: ) (Expenses \$ 582,841. including grants of \$ 7,035. ) (Revenue \$ 0. ) OUTREACH

THE OUTREACH PROGRAM ACTIVELY SEEKS OUT YOUNG PEOPLE EXPERIENCING HOMELESSNESS WHO MAY NEED HELP. IN VANS AND ON FOOT, OUTREACH WORKERS GO OUT TO THE NEIGHBORHOODS, RIVERFRONTS, PARKS, AND OTHER PLACES, WHERE YOUNG PEOPLE FACING HOMELESSNESS OFTEN SEEK REFUGE. TEAMS OFFER FOOD, WATER, HYGIENE KITS, CLOTHING, BLANKETS, COUNSELING, AND REFERRALS. THROUGH SUSTAINED CONTACT, THEY BUILD TRUST WITH THE YOUNG PEOPLE, THE FIRST STEP TOWARD ENCOURAGING THEM TO COME INTO SHELTERS AND CONNECT WITH SERVICES.

4d Other program services (Describe on Schedule O.)

(Expenses \$ 1,712,244. including grants of \$ 189,504. ) (Revenue \$ 0. )

4e Total program service expenses 6,452,219.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>2</b> X	
<b>3</b> 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> .....	<b>3</b>	X
<b>4 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> .....	<b>4</b>	X
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> 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> .....	<b>6</b>	X
<b>7</b> 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> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> 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> .....	<b>9</b>	X
<b>10</b> 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> .....	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> 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> .....	<b>11a</b> X	
<b>b</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> .....	<b>11b</b>	X
<b>c</b> 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> .....	<b>11c</b> X	
<b>d</b> 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> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b>	X
<b>f</b> 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> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b>	X
<b>b</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> .....	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</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> .....	<b>14b</b>	X
<b>15</b> 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> .....	<b>15</b>	X
<b>16</b> 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> .....	<b>16</b>	X
<b>17</b> 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> See instructions .....	<b>17</b> X	
<b>18</b> 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> .....	<b>18</b> X	
<b>19</b> 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> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> 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> .....	<b>21</b>	X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated 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

**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.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 23		
<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 on 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 on Schedule O how this was done	X	
<b>12c</b>			
<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 on 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 GA
- 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  
ALIEIZORIA REDD - 404-589-0163  
1559 JOHNSON ROAD NW, ATLANTA, GA 30318

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) WILLIAM BEDROSSIAN PRESIDENT & CEO	1.00 34.00			X			0.	473,206.	75,191.	
(2) ALIEIZORIA REDD CEO, CH-GA	40.00 0.00			X			201,514.	0.	20,351.	
(3) KIMBERLY JORDAN CHIEF FINANCIAL OFFICER	40.00 0.00			X			118,201.	0.	15,509.	
(4) SHALONDRA YOUNG CHIEF OPERATING OFFICER	40.00 0.00					X	118,846.	0.	10,945.	
(5) ALFRED GARNER CHIEF PROGRAMS OFFICER	40.00 0.00					X	114,220.	0.	10,083.	
(6) DAVID HOMRICH BOARD CHAIR	2.00 0.00	X		X			0.	0.	0.	
(7) BEN DEUTSCH SECRETARY	2.00 0.00	X		X			0.	0.	0.	
(8) ROBERT WALPOLE TREASURER	2.00 0.00	X		X			0.	0.	0.	
(9) CHRISTOPHER A. BIVINS DIRECTOR	2.00 0.00	X					0.	0.	0.	
(10) RUSSELL BONDS DIRECTOR	2.00 0.00	X					0.	0.	0.	
(11) RICK DAVIS DIRECTOR	2.00 0.00	X					0.	0.	0.	
(12) CLARK H. DEAN DIRECTOR	2.00 0.00	X					0.	0.	0.	
(13) KIMBERLEY EUSTON DIRECTOR	2.00 0.00	X					0.	0.	0.	
(14) KARA FINLEY DIRECTOR	2.00 0.00	X					0.	0.	0.	
(15) HAROLD FRANKLIN DIRECTOR	2.00 0.00	X					0.	0.	0.	
(16) ANGIE FRAZIER DIRECTOR	2.00 0.00	X					0.	0.	0.	
(17) CAROL GARCIA DIRECTOR	2.00 0.00	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JENNI HAWKINS DIRECTOR	2.00 0.00	X						0.	0.	0.
(19) JO ANN HEROLD DIRECTOR	2.00 0.00	X						0.	0.	0.
(20) ROBERT HOPE DIRECTOR	2.00 0.00	X						0.	0.	0.
(21) BRIGITTE KILLINGS DIRECTOR	2.00 0.00	X						0.	0.	0.
(22) STEVEN KORN DIRECTOR	2.00 0.00	X						0.	0.	0.
(23) DAVID LEWIS DIRECTOR	2.00 0.00	X						0.	0.	0.
(24) LILLIE LOUIS-FILS DIRECTOR	2.00 0.00	X						0.	0.	0.
(25) BRITTAIN PRIGGE DIRECTOR	2.00 0.00	X						0.	0.	0.
(26) JOHN RIDALL DIRECTOR THRU FEB 2024	2.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								552,781.	473,206.	132,079.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								552,781.	473,206.	132,079.

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 4

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
BRAYTHAM ASSET PROTECTION 4070 MAPLE CREST CT., WINSTRON, GA 30187	SECURITY SERVICES	278,531.
HOGAN CONSTRUCTION GROUP LLC, 5075 AVALON RIDGE PARKWAY, NORCROSS, GA 30071	CONSTRUCTION SERVICES	141,841.

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 2

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b> 31,814.				
	<b>b</b>	Membership dues	<b>1b</b>				
	<b>c</b>	Fundraising events	<b>1c</b> 1,038,797.				
	<b>d</b>	Related organizations	<b>1d</b> 1,257,107.				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 1,093,022.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 3,227,032.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 102,365.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		6,647,772.			
	Program Service Revenue	<b>2 a</b>	<b>RIGHT OF PASSAGE RENTA</b>	<b>Business Code</b> 532000	37,610.	37,610.	
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue					
<b>g</b>		<b>Total.</b> Add lines 2a-2f		37,610.			
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		26,685.		26,685.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss)					
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses	<b>7b</b>				
	<b>c</b>	Gain or (loss)	<b>7c</b>				
<b>d</b>	Net gain or (loss)						
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,038,797. of contributions reported on line 1c). See Part IV, line 18		<b>8a</b> 145,673.				
			<b>8b</b> 243,565.				
<b>c</b>	Net income or (loss) from fundraising events		-97,892.		-97,892.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19		<b>9a</b>				
			<b>9b</b>				
<b>c</b>	Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances		<b>10a</b>				
			<b>10b</b>				
<b>c</b>	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	<b>OTHER INCOME</b>	<b>Business Code</b> 900099	21,653.		21,653.	
	<b>b</b>	<b>CASH REWARDS</b>	900099	3,448.		3,448.	
	<b>c</b>						
	<b>d</b>	All other revenue					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		25,101.			
<b>12</b>	<b>Total revenue.</b> See instructions		6,639,276.	37,610.	0.	-46,106.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	477,979.	477,979.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	362,140.	210,271.	79,177.	72,692.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	3,954,799.	3,292,235.	282,294.	380,270.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	109,616.	93,291.	6,637.	9,688.
<b>9</b> Other employee benefits .....	544,291.	447,662.	41,885.	54,744.
<b>10</b> Payroll taxes .....	373,331.	303,680.	30,792.	38,859.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	1,025.		1,025.	
<b>c</b> Accounting .....	56,250.		56,250.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	33,924.			33,924.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	433,043.	322,965.	58,713.	51,365.
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	239,665.	124,295.	25,265.	90,105.
<b>14</b> Information technology .....	52,117.	20,511.	30,761.	845.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	267,501.	261,012.	3,095.	3,394.
<b>17</b> Travel .....	29,736.	19,764.	8,808.	1,164.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	4,970.	551.	3,382.	1,037.
<b>20</b> Interest .....	110,964.	107,968.	1,221.	1,775.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	477,128.	393,451.	75,212.	8,465.
<b>23</b> Insurance .....	172,842.	168,176.	1,901.	2,765.
<b>24</b> 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.)				
<b>a</b> <b>REPAIR AND MAINTENANCE</b> .....	164,757.	160,309.	1,812.	2,636.
<b>b</b> <b>EQUIP. MAINTENANCE AND</b> .....	66,932.	43,190.	23,742.	
<b>c</b> <b>OTHER OPERATING EXPENSE</b> .....	7,064.	575.	5,783.	706.
<b>d</b> <b>STAFF DEVELOPMENT</b> .....	4,334.	4,334.		
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	7,944,408.	6,452,219.	737,755.	754,434.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	485,284.	<b>1</b>	386,373.
	<b>2</b> Savings and temporary cash investments .....	1,422,063.	<b>2</b>	1,308,729.
	<b>3</b> Pledges and grants receivable, net .....	1,358,934.	<b>3</b>	871,896.
	<b>4</b> Accounts receivable, net .....	12,804.	<b>4</b>	104,087.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	13,382.	<b>9</b>	11,284.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 12,490,608.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,767,256.		
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	5,677,928.	<b>13</b>	5,733,309.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	457,937.	<b>15</b>	264,134.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	20,470,036.	<b>16</b>	19,403,164.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	384,421.	<b>17</b>	503,777.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	3,021.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,525,782.	<b>23</b>	7,599,386.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,913,224.	<b>26</b>	8,103,163.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	12,457,457.	<b>27</b>	10,890,309.
	<b>28</b> Net assets with donor restrictions .....	99,355.	<b>28</b>	409,692.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	12,556,812.	<b>32</b>	11,300,001.
	<b>33</b> Total liabilities and net assets/fund balances .....	20,470,036.	<b>33</b>	19,403,164.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,639,276.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,944,408.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,305,132.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,556,812.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	48,321.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,300,001.

**Part XII Financial Statements and Reporting**

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

	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 on 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		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 checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	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 _____	X	

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

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

**2023**

Open to Public Inspection

<b>Name of the organization</b> COVENANT HOUSE GEORGIA INC.	<b>Employer identification number</b> 13-3523561
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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).)
- 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 on 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12165792.	6259164.	6948053.	6047303.	6647772.	38068084.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	12165792.	6259164.	6948053.	6047303.	6647772.	38068084.
<b>5</b> 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)						4605762.
<b>6 Public support.</b> Subtract line 5 from line 4.						33462322.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	12165792.	6259164.	6948053.	6047303.	6647772.	38068084.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	30,207.	42,526.	1,557.	14,044.	26,685.	115,019.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,240.	13,190.	4,714.	6,952.	25,101.	54,197.
<b>11 Total support.</b> Add lines 7 through 10						38237300.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	57,678.
<b>13 First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	<b>14</b>	87.51	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	88.56	%
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 5 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 2023 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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 0.85 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	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

**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:

OTHER REVENUE

2019 AMOUNT: \$ 2,010.

2022 AMOUNT: \$ 6,952.

2023 AMOUNT: \$ 21,653.

CREDIT CARD/CASH REWARD

2019 AMOUNT: \$ 2,230.

2020 AMOUNT: \$ 3,271.

2021 AMOUNT: \$ 4,714.

2023 AMOUNT: \$ 3,448.

REFUND

2020 AMOUNT: \$ 9,919.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

COVENANT HOUSE GEORGIA INC.

Employer identification number

13-3523561

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2023)

Name of organization  <b>COVENANT HOUSE GEORGIA INC.</b>	Employer identification number  <b>13-3523561</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
1	<u>COVENANT HOUSE</u>  <u>5 PENN PLAZA, 3RD FLOOR</u>  <u>NEW YORK, NY 10001</u>	\$ <u>1,257,107.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>THE GIFT OF HOPE FOUNDATION</u>  <u>3010 RIVERSIDE RD</u>  <u>ROSEWELL, GA 30076</u>	\$ <u>700,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>U.S. DEPARTMENT OF HEALTH &amp; HUMAN SERVICES</u>  <u>330 C STREET, S.W.</u>  <u>WASHINGTON, DC 20201</u>	\$ <u>583,216.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>GAS SOUTH</u>  <u>788 CIR 75 PKWY SE</u>  <u>ATLANTA, GA 30339</u>	\$ <u>261,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>FULTON COUNTY</u>  <u>141 PRYOR ST. SW</u>  <u>ATLANTA, GA 30303</u>	\$ <u>164,489.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>THE HOUSING AUTHORITY OF THE CITY OF ATLANTA</u>  <u>230 JOHN WESLEY DOBBS AVENUE, N.E.</u>  <u>ATLANTA, GA 30303</u>	\$ <u>157,998.</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 GEORGIA INC.</b>	Employer identification number  <b>13-3523561</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
7	THE ZEIST FOUNDATION INC  3715 NORTHSIDE PKWY NW #300-195  ATLANTA, GA 30327	\$ 150,000.	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 GEORGIA INC.</b>	Employer identification number  <b>13-3523561</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
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

Name of organization  <b>COVENANT HOUSE GEORGIA INC.</b>	Employer identification number  <b>13-3523561</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	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization COVENANT HOUSE GEORGIA INC. Employer identification number 13-3523561

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. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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. Rows include purpose of easements, total number and acreage, modified easements, states, monitoring policy, staff hours, expenses, and requirements for section 170(h)(4)(B)(i) and (ii).

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. Rows include elected reporting for art collections and required amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**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 in 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		700,000.		700,000.
b Buildings		10,846,758.	1,162,258.	9,684,500.
c Leasehold improvements				
d Equipment		907,947.	604,998.	302,949.
e Other		35,903.		35,903.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				<b>10,723,352.</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, line 12, col. (B))		

**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) INVESTMENT IN LLC (NMTC)	5,733,309.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))	5,733,309.	

**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, line 15, col. (B))	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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	6,718,580.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	55,381.	
b	Donated services and use of facilities	2b	7,650.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	71,654.	
e	Add lines 2a through 2d	2e		134,685.
3	Subtract line 2e from line 1	3		6,583,895.
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	55,381.	
c	Add lines 4a and 4b	4c		55,381.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		6,639,276.

**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	7,972,560.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	7,650.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	20,502.	
e	Add lines 2a through 2d	2e		28,152.
3	Subtract line 2e from line 1	3		7,944,408.
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		7,944,408.

**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, 2021.

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

RELATED PARTY REVENUE INCLUDED PER AUDIT - CHGA CHI  
 LEVERAGE LENDER, LLC 58,296.  
 SPECIAL EVENT EXPENSES INCLUDED IN PART VIII, LINE 8B 13,358.

**Part XIII** Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 71,654.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONSOLIDATING FINANCIAL ELIMINATIONS 55,381.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RELATED PARTY EXPENSES INCLUDED PER AUDIT - CHGA CHI

LEVERAGE LENDER, LLC 84.

SPECIAL EVENT EXPENSES INCLUDED IN PART VIII, LINE 8B 13,358.

WRITE-OFF OF UNCOLLECTIBLE PLEDGES 7,060.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 20,502.



**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))
		NOBS (event type)	CEO SLEEPOUT (event type)	NONE (total number)	
Revenue	1	Gross receipts	778,667.	405,803.	1,184,470.
	2	Less: Contributions	632,994.	405,803.	1,038,797.
	3	Gross income (line 1 minus line 2)	145,673.		145,673.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	14,466.		14,466.
	6	Rent/facility costs	59,278.		59,278.
	7	Food and beverages	73,465.		73,465.
	8	Entertainment	35,387.		35,387.
	9	Other direct expenses	47,611.	13,358.	60,969.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			243,565.
11	Net income summary. Subtract line 10 from line 3, column (d)			-97,892.	

**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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: COXE CURRY & ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 191 PEACHTREE STREET, NE, ATLANTA, GA 30303

**PART I, LINE 2B, COLUMN (V):**

COXE CURRY & ASSOCIATES OFFERS GRANT MANAGEMENT SERVICES AND

IDENTIFICATION OF PROSPECTS AND OPPORTUNITIES WHICH ARE IN SUPPORT OF AN INTERIM DEVELOPMENT MANAGER. THE FEE STRUCTURE FOR THIS ENGAGEMENT WOULD

**Part IV** Supplemental Information (continued)

BE BILLED AS FOLLOWS:

THE FEE FOR THE DECEMBER 2023 TO FEBRUARY 2024 CONTRACT WAS FOR \$100 PER HOUR AND AN ESTIMATED 60-80 HOURS BETWEEN THOSE MONTHS. FOR A TOTAL OF \$6,000-8,000.

THE FEE FOR MARCH 2024 THROUGH JUNE 2024 IS AT A FEE OF \$110 PER HOURS AND AN ESTIMATED 25-30 HOURS PER MONTH FOR A TOTAL OF \$26,000-31,500.

OUT OF POCKET EXPENSES FOR MILEAGE, PHOTOCOPIES, ETC. WILL BE INCLUDE ON INVOICES AS EXPENSES ARE INCURRED.



**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, SUPPLIES, TRANSPORTATION, HEALTH AND MENTAL HEALTH SERVICES	1244	0.	477,979.	COST	FOOD, CLOTHING, SUPPLIES, TRANSPORTATION, HEALTH AND MENTAL HEALTH SERVICES

**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:**

COVENANT HOUSE GEORGIA INC. MAINTAINS ADEQUATE FINANCIAL ACCOUNTING SYSTEMS AND IS IN COMPLIANCE WITH ALL APPLICABLE REGULATIONS. THEY HAVE A WRITTEN SET OF ALL ACTIVITIES AND POLICIES AND PROCEDURES THAT DEFINE STAFF QUALIFICATIONS AND DUTIES, LINES OF AUTHORITY, SEGREGATION OF DUTIES AND ACCESSIBILITY. THE ORGANIZATION MAINTAINS ALL ACCOUNTING RECORDS ON A TIMELY BASIS, INCLUDING CHARTS OF ACCOUNTS, CASH RECEIPTS JOURNALS, CASH DISBURSEMENTS, JOURNAL ENTRIES, ACCOUNTS RECEIVABLE LEDGERS, ACCOUNTS PAYABLE LEDGERS AND OTHER FINANCIAL INFORMATION. THE ORGANIZATION HAS A

**Part IV** Supplemental Information

CLEAR AND DEFINED SET OF STANDARDS AND CONTROLS FOR DETERMINING THE REASONABLENESS, ALLOWABILITY AND ALLOCABILITY OF COSTS INCURRED THAT IS CONSISTENT WITH GRANT AGREEMENTS AND OMB CIRCULAR SYSTEM IS ABLE TO PROVIDE ACCURATE, CURRENT AND COMPLETE DISCLOSURE OF ALL GRANTS RECEIVED AND ITS USES.

Multiple horizontal lines for supplemental information.

**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

**2023**

Open to Public  
Inspection

Name of the organization

**COVENANT HOUSE GEORGIA INC.**

Employer identification number

**13-3523561**

**Part I Questions Regarding Compensation**

**1a** 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.

- |  |  |
|--|--|
| <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) |

**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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

**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 and/or 1099-NEC 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) WILLIAM BEDROSSIAN PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	462,156.	0.	11,050.	19,328.	55,863.	548,397.	0.
(2) ALIEIZORIA REDD CEO, CH-GA	(i)	201,514.	0.	0.	11,166.	9,185.	221,865.	0.
	(ii)	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

**2023**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization **COVENANT HOUSE GEORGIA INC.** Employer identification number **13-3523561**

**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				
5 Clothing and household goods	X		79,419.	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	1	2,511.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>ELECTRONIC</u> )	X	2	20,435.	COST
26 Other ( _____ )				
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 V, Donee Acknowledgement ..... **29** **0**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 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? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2023

**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.

**SCHEDULE O  
(Form 990)**

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

COVENANT HOUSE GEORGIA INC.

Employer identification number

13-3523561

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

RUNAWAY AND SEXUALLY EXPLOITED YOUTH.

FORM 990, PART III, LINE 3, MISSION STATEMENT:

IN 34 CITIES ACROSS FIVE COUNTRIES, COVENANT HOUSE BUILDS BRIDGES TO

HOPE FOR YOUNG PEOPLE FACING HOMELESSNESS AND SURVIVORS OF HUMAN

TRAFFICKING. WE MEET THEIR IMMEDIATE NEEDS FOR FOOD, CLOTHING,

PROTECTION, AND MEDICAL CARE; SUPPORT THEM TO ADVANCE THEIR GOALS OF

EDUCATION AND EMPLOYMENT; AND OFFER HOMELESSNESS PREVENTION AND

AFTERCARE SERVICES TO REDUCE THE RISK OF A YOUNG PERSON BECOMING

HOMELESS IN THE FIRST PLACE AND THE LIKELINESS OF RECURRING

HOMELESSNESS. 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 COMES TO 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, DROP-IN, PREVENTION, AND

AFTERCARE PROGRAMS. OUR DEDICATED STAFF ACROSS THE UNITED STATES,

GUATEMALA, HONDURAS, MEXICO, AND CANADA EMPLOY A STRENGTH-BASED,

TRAUMA-INFORMED PROGRAM MODEL THAT HELPS YOUNG PEOPLE DISCOVER AND

DEVELOP THEIR POWER TO OVERCOME ADVERSITY NOW AND INTO THE FUTURE. OUR

NORTH STAR IS TO END YOUTH HOMELESSNESS AS WE KNOW IT TODAY.

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE WITH AN ARRAY OF LIVED

EXPERIENCES, INCLUDING FOSTER CARE, FAMILY TRAUMA, SUBSTANCE USE,

MENTAL HEALTH ISSUES, DOMESTIC VIOLENCE, SEXUAL ABUSE, DISPLACEMENT,

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization COVENANT HOUSE GEORGIA INC.	Employer identification number 13-3523561
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AND HUMAN TRAFFICKING. YOUTH MAY COME TO US SCARRED BY ANTI-LGBTQ+ DISCRIMINATION AND VIOLENCE, OR AS PARENTS OF SMALL CHILDREN, OR PREGNANT. OUR STAFF MEET THEM WHERE THEY ARE, HELP THEM STABILIZE THEIR SITUATION, AND ACCOMPANY THEM, THROUGH OUR HIGH-QUALITY SERVICES, ON THEIR JOURNEY TO WHOLENESS AND INDEPENDENCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
TIME-LIMITED PERMANENT SUPPORTIVE HOUSING - GIFT OF HOPE

THE TIME-LIMITED PERMANENT SUPPORTIVE HOUSING PROGRAM, GIFT OF HOPE, OFFERS AFFORDABLE-TO-YOUTH HOUSING AND THE OPPORTUNITY TO DEVELOP CREDIT AND RENTAL HISTORIES TO YOUNG PEOPLE EXITING HOMELESSNESS. RESIDENTS RECEIVE ONGOING ACCESS TO CASE MANAGEMENT AND THE COMPREHENSIVE SUPPORT SERVICES OFFERED BY THE ORGANIZATION WHILE ALSO EXERCISING INDEPENDENT LIVING AND NAVIGATING COMMUNITY SERVICES.

RAPID REHOUSING

AS YOUTH ARE PLACED INTO APARTMENTS OF THEIR OWN ACROSS THE COMMUNITY, COVENANT HOUSE HELPS YOUTH BY COVERING A PORTION OF THEIR RENT, A PORTION THAT DWINDLES AS THEIR CAPACITY FOR INDEPENDENCE INCREASES. COMMUNITY APARTMENTS AND RAPID REHOUSING PROGRAMS ARE EMERGING AS AN INCREASINGLY IMPORTANT PART OF THE CONTINUUM OF CARE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
SUPPORT SERVICES PROVIDES THE FOLLOWING:

Name of the organization COVENANT HOUSE GEORGIA INC.	Employer identification number 13-3523561
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DROP-IN SERVICES (FORMERLY COMMUNITY SERVICE CENTER)

DROP-IN SERVICES ARE ANOTHER FORM OF OUTREACH. YOUTH IN THIS PROGRAM ARE NOT RECEIVING RESIDENTIAL SERVICES, BUT ARE PROVIDED ACCESS TO NUTRITIOUS MEALS, HOT SHOWERS, HYGIENE PRODUCTS, LAUNDRY SERVICES, AND NEW CLOTHING AND SHOES. YOUTHS, AGES 16 TO 24, CAN REQUEST AND RECEIVE MEDICAL AND MENTAL HEALTH SERVICES, CASE MANAGEMENT SERVICES, TRANSITIONAL AND PERMANENT HOUSING ASSISTANCE, AND THEY MAY TAKE PART IN THE EDUCATION AND EMPLOYMENT PROGRAM.

EDUCATION AND WORKFORCE DEVELOPMENT SUPPORT

YOUNG PEOPLE ARRIVE AT COVENANT HOUSE GEORGIA WITH DREAMS THAT HAVE BEEN DISRUPTED BY HOMELESSNESS. ONLY ABOUT 21% ARE ENROLLED IN SCHOOL AT THE TIME OF INTAKE. ADVANCING EDUCATIONALLY AND PREPARING FOR A CAREER ARE KEY TO A YOUNG PERSON'S PROSPECTS FOR LEAVING HOMELESSNESS BEHIND. EITHER DIRECTLY OR THROUGH PARTNERSHIPS, WE GUIDE YOUTH TO APPROPRIATE EDUCATIONAL AND WORK FORCE OPPORTUNITIES, MATCHING EACH YOUNG PERSON'S STRENGTHS AND ABILITIES WITH THEIR CAREER INTERESTS. WE HELP THEM HONE THE SKILLS THEY NEED TO JOIN THE WORKFORCE, BECOME INDEPENDENT, AND TURN THEIR BACK ON HOMELESSNESS AND ESCAPE TRAFFICKING.

HUMAN TRAFFICKING SURVIVORS

OF THE THOUSANDS OF YOUNG PEOPLE WHO FIND SAFETY AND SANCTUARY AT COVENANT HOUSE, OUR RESEARCH INDICATES THAT APPROXIMATELY ONE IN FIVE ARE SURVIVORS OF HUMAN TRAFFICKING. YOUNG PEOPLE EXPERIENCING HOMELESSNESS ARE VULNERABLE TO TRAFFICKERS, WHO PREY ON THEIR NEED FOR LOVE, SUPPORT, A SAFE PLACE TO SLEEP, AND FOOD TO CREATE A TRAUMA BOND WITH THEM. COVENANT HOUSE HAS PIONEERED INTAKE SCREENING TOOLS TO

Name of the organization COVENANT HOUSE GEORGIA INC.	Employer identification number 13-3523561
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QUICKLY REVEAL A HISTORY OF TRAFFICKING THAT YOUNG PEOPLE, OTHERWISE, MAY FIND DIFFICULT TO NAME. WE MEET TRAFFICKING SURVIVORS' IMMEDIATE NEEDS FOR NUTRITIOUS FOOD, CLOTHING, SHELTER, SAFETY, AND MEDICAL CARE. AND WE RECOGNIZE THEIR UNIQUE NEEDS FOR EXTRA LEVELS OF PROTECTION, INCLUDING SAFE SPACES AT ALL OUR SITES AND SAFE HOUSES AT OUR SITES IN NEW YORK, TORONTO, TEGUCIGALPA, AND GUATEMALA CITY, AS WELL AS FOR RIGOROUS MENTAL HEALTH CARE TO HELP THEM SORT THROUGH THEIR EXPERIENCES AND RECLAIM THEIR POTENTIAL. COVENANT HOUSE ADVOCATES AT THE LOCAL, STATE, AND NATIONAL LEVELS FOR TRAFFICKING SURVIVORS, PROMOTING LEGISLATION TO PROTECT THEM AND THEIR RIGHTS AND BRINGING CRIMINAL CASES AGAINST THEIR TRAFFICKERS WHENEVER POSSIBLE.

HEALTH AND WELL-BEING (FORMERLY MEDICAL)  
HOMELESSNESS IMPACTS YOUNG PEOPLE'S PHYSICAL AND MENTAL WELL-BEING IN MANY WAYS, AND BECAUSE YOUTH ARE STILL DEVELOPING COGNITIVELY, PHYSICALLY, PSYCHOLOGICALLY, AND EMOTIONALLY, THOSE IMPACTS CAN HAVE DEEP EFFECTS. TRAUMA-INFORMED HEALTH AND WELL-BEING SERVICES RANGE FROM MEDICAL CARE AT ON-SITE HEALTH CENTERS TO YOGA CLASSES, ART AND MUSIC THERAPY, COUNSELING, RELIGIOUS AND SPIRITUAL SERVICES, AND PHYSICAL FITNESS. IN THESE ACTIVITIES, YOUNG PEOPLE HEAL FROM THE HARM DONE TO THEM WHILE LIVING UNHOUSED AND TAKE CONTROL OF THEIR LIVES, BUILD ON THEIR STRENGTHS, AND NOURISH THEIR SELF-CONFIDENCE.

AFTERCARE AND PERMANENT HOUSING  
COVENANT HOUSE SUPPORTS YOUNG PEOPLE ON THEIR JOURNEY FROM CRISIS CARE TO INDEPENDENCE WHILE CULTIVATING A RELATIONSHIP THAT BOLSTERS THEIR CAPACITY FOR INDEPENDENT LIVING AND PREVENTS THEIR RETURN TO HOMELESSNESS OR TRAFFICKING. OUR DROP-IN SERVICES FOR PHYSICAL AND

Name of the organization COVENANT HOUSE GEORGIA INC.	Employer identification number 13-3523561
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MENTAL HEALTH CARE AND EDUCATIONAL, WORKFORCE DEVELOPMENT, AND LEGAL SUPPORT REMAIN AVAILABLE TO MANY. WE ALSO HELP YOUTH SECURE PERMANENT HOUSING BY SUPPLEMENTING THEIR RENT, A PORTION THAT INCREMENTALLY DECLINES AS THEIR CAPACITY FOR INDEPENDENCE INCREASES. RAPID REHOUSING IS EMERGING AS AN INCREASINGLY IMPORTANT PART OF OUR CONTINUUM OF CARE.

PUBLIC EDUCATION AND PREVENTION

PUBLIC EDUCATION AND PREVENTION USES A VARIETY OF PLATFORMS TO INFORM AND EDUCATE THE PUBLIC, GOVERNMENT OFFICIALS, AND YOUNG PEOPLE ABOUT YOUTH HOMELESSNESS AND HUMAN TRAFFICKING. COVENANT HOUSE EMPLOYS WEBSITES, SOCIAL MEDIA, PUBLIC SERVICE ANNOUNCEMENTS, BILLBOARDS, NEWSLETTERS, SCHOOL-BASED PROGRAMS, COMMUNITY ENGAGEMENT AND TRAINING, TALKS, LECTURES, AND PEER-TO-PEER EVENTS TO RAISE AWARENESS OF THE CAUSES AND IMPACTS OF YOUTH HOMELESSNESS AND OF THE SIGNS THAT A YOUNG PERSON MIGHT BE EXPERIENCING HOMELESSNESS OR HUMAN TRAFFICKING.

YOUNG FAMILIES (FORMERLY MOTHER/CHILD PROGRAM)

THE YOUNG FAMILIES PROGRAM PROVIDES EMERGENCY SERVICES, SHORT- AND LONG-TERM HOUSING, NOURISHING FOOD, AND MEDICAL AND MENTAL HEALTH CARE TO PREGNANT AND PARENTING YOUTH AND THEIR CHILDREN. THE ORGANIZATION ALSO OFFERS YOUNG FAMILIES ACCESS TO CHILDCARE SERVICES, PARENTING SUPPORT, AND A FULL RANGE OF EDUCATIONAL, VOCATIONAL, AND JOB PLACEMENT SERVICES. THIS HOLISTIC PLAN PROVIDES YOUNG PARENTS WITH THE SUPPORT THEY NEED TO GROW INTO RESPONSIBLE AND CARING PARENTS, CAPABLE OF SUPPORTING THEIR FAMILIES FINANCIALLY AND EMOTIONALLY.  
EXPENSES \$ 1,712,244. INCLUDING GRANTS OF \$ 189,504. REVENUE \$ 0.

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

Name of the organization COVENANT HOUSE GEORGIA INC.	Employer identification number 13-3523561
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THE SOLE CORPORATE MEMBER OF COVENANT HOUSE GEORGIA, INC. IS ITS PARENT ORGANIZATION, COVENANT HOUSE, D/B/A COVENANT HOUSE INTERNATIONAL.

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

PURSUANT TO THE ORGANIZING DOCUMENTS, COVENANT HOUSE INTERNATIONAL (PARENT) HAS THE RIGHT TO APPOINT OFFICERS OF COVENANT HOUSE GEORGIA'S BOARD OF DIRECTORS.

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

COVENANT HOUSE GEORGIA'S ORGANIZING DOCUMENTS HAVE RESERVED RIGHTS TO ITS PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL. PURSUANT TO THE ORGANIZING DOCUMENTS, THE FOLLOWING DECISIONS ARE SUBJECT TO THE APPROVAL OF THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL - REMOVAL THE EXECUTIVE DIRECTOR, BOARD CHAIR, OTHER OFFICERS, AND DIRECTORS OF THE ORGANIZATION, AND AMENDMENT OR REPEAL OF THE BY-LAWS.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED BY THE PARENT ORGANIZATION, COVENANT HOUSE INTERNATIONAL, AND THE FINANCE COMMITTEE. THE FINAL FORM IS ELECTRONICALLY PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS FOR FURTHER REVIEW AND COMMENTS PRIOR TO ITS FILING. ONCE APPROVED, THE FORM 990, IT IS ELECTRONICALLY FILED WITH THE INTERNAL REVENUE SERVICE.

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

Name of the organization COVENANT HOUSE GEORGIA INC.	Employer identification number 13-3523561
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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 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 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE EXECUTIVE COMMITTEE WORKING IN CONJUNCTION WITH THE PRESIDENT OF COVENANT HOUSE INTERNATIONAL (PARENT). OUR PARENT COMPANY, COVENANT HOUSE INTERNATIONAL (CHI) HIRED A CONSULTANT TO DO A SALARY COMPARISON, CREATE A FORMULA AND RECOMMENDATIONS FOR IMPLEMENTING SALARY STRUCTURE FOR THE EXECUTIVE DIRECTORS THROUGHOUT THE COVENANT HOUSE NETWORK. THE BOARD OF COVENANT HOUSE GEORGIA APPROVED THE PROPOSED SALARY CHANGES FOR OUR EXECUTIVE

Name of the organization COVENANT HOUSE GEORGIA INC.	Employer identification number 13-3523561
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DIRECTOR. ANY INCREASE IN THE OVERALL SALARIES FOR THE ORGANIZATION ARE REVIEWED IN THE BUDGETING PROCESS WITH THE FINANCE COMMITTEE AND PRESENTED TO THE BOARD OF DIRECTORS FOR FINAL APPROVAL.

THE DETERMINATION OF OTHER OFFICERS COMPENSATION IS BASED ON THE PERFORMANCE EVALUATION THAT FACTORS INTO ACCOUNT INTERNAL EQUITY, COMPETITIVE REMUNERATION, EFFECTIVENESS, PERFORMANCE, AND ACHIEVEMENT OF GOALS.

RECORDS OF EXECUTIVE COMMITTEE'S COMPENSATION DECISIONS ARE MAINTAINED IN COVENANT HOUSE INTERNATIONAL (PARENT) HUMAN RESOURCES DEPARTMENT RECORD. THIS PROCESS WAS LAST UNDERTAKEN IN FY2024.

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

CHGA'S FORM 990 IS POSTED ON ITS WEBSITE. CHGA ALSO MAKES ITS FORM 990, FORM 1023, GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN.

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

SHARE OF LEVERAGE LENDER INCOME	55,381.
WRITE-OFF OF UNCOLLECTIBLE PLEDGES	-7,060.
TOTAL TO FORM 990, PART XI, LINE 9	48,321.

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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **COVENANT HOUSE GEORGIA INC.** Employer identification number **13-3523561**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COVENANT HOUSE - 13-2725416 5 PENN PLAZA NEW YORK, NY 10001	HUMANITARIAN	NEW YORK	501(C)3	LINE 7	N/A		X
COVENANT HOUSE ALASKA - 13-3419755 755 A STREET ANCHORAGE, AK 99501	HUMANITARIAN	ALASKA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE CALIFORNIA - 13-3391210 1325 NORTH WESTERN AVENUE HOLLYWOOD, CA 90027	HUMANITARIAN	CALIFORNIA	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE FLORIDA - 59-2323607 733 BREAKERS AVENUE FORT LAUDERDALE, FL 33304	HUMANITARIAN	FLORIDA	501(C)3	LINE 7	COVENANT HOUSE		X

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

Schedule R (Form 990) 2023

**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 2934 W. LAKE STREET CHICAGO, IL 60612	HUMANITARIAN	ILLINOIS	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE MICHIGAN - 38-3351777 2959 MARTIN LUTHER KING JR BLVD DETROIT, MI 48208	HUMANITARIAN	MICHIGAN	501(C)3	LINE 7	COVENANT HOUSE		X
COVENANT HOUSE MISSOURI - 43-1821599 2727 NORTH KINGSHIGHWAY BLVD ST. LOUIS, MO 63113	HUMANITARIAN	MISSOURI	501(C)3	LINE 7	COVENANT HOUSE		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	HOLDING CO	DELAWARE	501(C)3	LINE 7	COVENANT HOUSE		X
TESTAMENTUM - 23-7326634 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, 460 WEST 41ST STREET, NEW YORK, NY 10036	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
CH PENNSYLVANIA UNDER-21 HOLDINGS, INC. - 82-1519205, 31 EAST ARMAT STREET, PHILADELPHIA, PA 19144	HOLDING CO	PENNSYLVANIA	501(C)3	LINE 12A, I	COVENANT HOUSE PENNSYLVANIA		X
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 INTERNATIONAL FOUNDATION		X
COVENANT HOUSE VANCOUVER 575 DRAKE STREET VANCOUVER, CANADA, CANADA V6B 4K8	HUMANITARIAN	CANADA			COVENANT INTERNATIONAL FOUNDATION		X
ASOCIACION LA ALIANZA GUATEMALA 13 AVENIDA 00-37 ZONA 2 COLONIA LA ESCUADRIL MIXCO, GUATEMALA, GUATEMALA	HUMANITARIAN	GUATEMALA			COVENANT INTERNATIONAL FOUNDATION		X
CASA ALIANZA DE HONDURAS CORNER OF ARDA CERVANTES Y MORELOS TEGUCIGALPA, HONDURAS, HONDURAS	HUMANITARIAN	HONDURAS			COVENANT INTERNATIONAL FOUNDATION		X
CASA ALIANZA NICARAGUA EDIFFICIO CONRAD N HILTON COSTADO ESTE DEL M MANAGUA, NICARAGUA, NICARAGUA	HUMANITARIAN	NICARAGUA			COVENANT INTERNATIONAL FOUNDATION		X
FUNDACION CASA ALIANZA MEXICO IAP PLAZA DE LAS FUENTES 116 COL MEXICO DF, MEXICO, MEXICO	HUMANITARIAN	MEXICO			COVENANT INTERNATIONAL FOUNDATION		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
COVENANT HOUSE ILLINOIS QALICB LLC - 85-3857238, 2934 W. LAKE STREET, CHICAGO, IL 60612	DEVELOP PROPERTY	IL	COVENANT HOUSE ILLINOIS	RELATED	0.	0.		X	N/A		X	.00%
CHGA CHI LEVERAGE LENDER, LLC - 85-3539993, 1559 JOHNSON ROAD NW, ATLANTA, GA 30318	DEVELOP PROPERTY	GA	COVENANT HOUSE GEORGIA	RELATED	55,301.	5732906.		X	N/A		X	95.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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.

Multiple horizontal lines for supplemental information.