Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



AI	-or the	2015 calendar year, or tax year beginning and	enaing			
B	Check if applicable:	C Name of organization		D Employer identifie	cation number	
	Address change Name	THE COVERING HOUSE			372748	
	change	Doing business as	Doing business as			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final return/	PO BOX 12206		314-	865-1288	
_	termin- ated Amende	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	652,903.	
	lreturn	SAINI LOUIS, MO 03157		H(a) Is this a group re		
	Applica- tion pending			for subordinates		
		same as c above		H(b) Are all subordinates in		
		npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527		list. (see instructions)	
-		wWW.THECOVERINGHOUSE.ORG		H(c) Group exemption		
_		rganization: X Corporation Trust Association Other ►	L Year	of formation: 2009	State of legal domicile: MO	
Pa		Summary	<u> </u>			
e	1 B	riefly describe the organization's mission or most significant activities: THE	COVERI	NG HOUSE IS	A PLACE OF	
an		REFUGE AND RESTORATION FOR GIRLS UNDER T				
/ern		check this box 🕨 🛄 if the organization discontinued its operations or dispo				
Activities & Governance					9 8	
		lumber of independent voting members of the governing body (Part VI, line 1b)			-	
		otal number of individuals employed in calendar year 2015 (Part V, line 2a)			48 195	
	6 T	otal number of volunteers (estimate if necessary)		6		
		otal unrelated business revenue from Part VIII, column (C), line 12			0.	
	b N	let unrelated business taxable income from Form 990-T, line 34	<u> </u>		-	
				Prior Year 463,528.	Current Year 546,980.	
Iue		contributions and grants (Part VIII, line 1h)		10,372.	73,148.	
Revenue		Program service revenue (Part VIII, line 2g)		292.	545.	
Ве		hvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,217.	11,595.	
		other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		475,409.	632,268.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.000	
				0.	0.	
		enefits paid to or for members (Part IX, column (A), line 4)		361,516.	500,470.	
Ise	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		15,595.	0.	
Expenses	БТ	otal fundraising expenses (Part IX, column (D), line 25)	0.		•••	
Щ	17 C	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	142,139.	140,121.	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		519,250.	640,591.	
		levenue less expenses. Subtract line 18 from line 12		-43,841.	-8,323.	
or				ginning of Current Year	End of Year	
ets - lanc	20 T	otal assets (Part X, line 16)		269,442.	262,453.	
Ass Bal	20 T	otal liabilities (Part X, line 26)		18,430.	19,764.	
Net Assets or Fund Balances	21 I	let assets or fund balances. Subtract line 21 from line 20		251,012.	242,689.	
					212,0091	

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.

Sign Here	Signature of officer DEIDRE LHAMON, PRESIDE Type or print name and title	ENT & CEO		Date		
Paid	Print/Type preparer's name SHAWN WILLIAMSON	Preparer's signature	Date	Check PTIN if self-employed P01202759		
Preparer	Firm's name Fick, Eggemeyer			Firm's EIN 🔉 37-1231621		
Use Only	se Only Firm's address 6240 S. Lindbergh, Ste 101					
St. Louis, MO 63123 Phone no.314-845-7999						
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No		
532001 12-*	6-15 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2015)		

See Schedule O for Organization Mission Statement Continuation

Form	1990 (2015) THE COVERING HOUSE	27-1372748	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	THE COVERING HOUSE IS A PLACE OF REFUGE AND RESTORATION UNDER THE AGE OF 18 WHO HAVE BEEN SEXUALLY EXPLOITED OF		
	TRAFFICKED.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Ye	s 🛛 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	? Ye	s 🛛 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, a	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ners, the total expenses	, and
	revenue, if any, for each program service reported.		,794.)
4a	(Code:) (Expenses \$ 459,855. including grants of \$) (Reve THE COVERING HOUSE IS A PLACE OF REFUGE AND RESTORATION		
	THE COVERING HOUSE IS A PHACE OF REFORE AND RESIDNATION THE AGE OF 18 WHO HAVE BEEN SEXUALLY EXPLOITED OR SEXUA		
	THE AGE OF TO WHO HAVE BEEN SEKORDET EXTENTED ON SEKOR		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 459,855.		990 (2015)
		Form	ฮฮบ (2015)

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

Form **990** (2015)

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 Form 990 (2015)
 THE
 COVERING
 HOUSE

 Part IV
 Checklist of Required
 Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		┝──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		┣───
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of eaction 512(b)(12)2 /f "Yes" complete Schedule P. Part V. line 2	254		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		<u> </u>
01	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2015)

Part U Statements Regarding Other IRS Flings and Tax Compliance Check # Schedule C contains a response or note to any line in this Part V Yes a Enter the number or reported in Box 3 of Form 1008. Enter 0 if not applicable 1a 2 b Enter the number or forms W23 included in the 1a. Enter 0 if not applicable 1a 2a c D the organization comply with backup withholding rules for reportable payments to vendors and neportable gamming (gmbiling) winnings to prze winners? 2a 48 2a at least one is reported on line 2a, of the organization file an required to <i>b</i> (file central ce	Form	1 990 (2015) THE COVERING HOUSE 27-13	37274	8 1	Page 5
1a Enter the number reported in Box 3 of Form 1098. Enter 0- if not applicable 1a 2 1b Enter the number of forms W-3G included in line 1a. Enter 0- if not applicable 1b 2 1c Month and the number of forms W-3G included in line 1a. Enter 0- if not applicable 1b 2 2a Enter the number of entroloyes reported on Form W-3. Transmital of Wage and Tax Statements. 2a 48 2b If a test one is reported on line 2.a, did the organization file al required testinal employment tax returns? 2a 48 2b If a test one is reported on line 2.a, did the organization file al required testinal employment tax returns? 3a 3a 3b If a test one is reported on line 2.a, did the organization have an interest in, or a signature or other authonty over, a financial account in a toreign country? 3a 3b 3c If Yes, 'inter the name of the forsign country? So instructions for ling requirements to FinCEN Form 114, Report of Forsign Bank and Financial Accounts (FBAR). Sa X 3c Wast terogenization pave to a prohibit tax schelter transaction an any time during the capanization selecity to a prohibite tax schelter transaction and the tay year? Sa X 3c Wast terogenization analy receive deductible on the schelter transaction and yus during the tay year? Sa X					uge -
1a Enter the number operated in BOX 3 of Form 1096. Enter -0 if not applicable 11 2 b Enter the number of Form V20 included in the 1 kifter -0 in dapplicable 10 0 2a Enter the number of employable services on form V-3, Transmittat of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 2a 42 2a Enter the number of employable services on form V-3, Transmittat of Wage and Tax Statements, field for the calendar year ending with the year covered by this return 2a 42 b If a least one is reported on line 2, ad the organization file al required toderal employment tax returns? 3a X Note. If the sum of times 1, and a cale greater than 250, you may be required to e-file (see instructions) 3a X 4a At any time during the calendary year, dith or organization have an interest 1, or a signature or other authorty over, a financial account? 4a X b If 'Yes,' that is filed a form 900-Trot this year? If 'Ne,' to line 3b, provide an explanation in Schedule O 3b X See instructions for timing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (EBAR). 5a X 5b Was the organization avel that an onormally greater than 3100,000, and did the organization select at 3b, did the organization file from 88867? 6a X		Check if Schedule O contains a response or note to any line in this Part V			
1a Enter the number optical is Dox3 of Form 1006. Enter-0 ⁺ in a tapplicable 1a 2 b Enter the number of form W206 included in the 1a. Enter-0 ⁺ in the applicable 1b 0 c Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gaming the number of employees reported on Form W3. Transmittat of Wage and Tax Statements. 2a X b If at least on is reported on IBC, Ald the organization file all required tederal employment tax returns? 48 b If at least on is reported on IBC, Ald the organization file all required tederal employment tax returns? 3a X B Did the organization have unreaded business gamination file all required tederal employment tax returns? 3a X A tax y time of the organization have in interest (n, or a signatus or other authority over, a financial account)? 3b X B If "Yes," has if field a Form 900-Tfor this yar? If No, 10 in 3b, provide an explanation in Schedule O 3b X Se instructions for fing requirements for FinCEN Form 134, Report of Foreign Bank and Financial Accounts (FBAR). 5a X Se instructions for fing requirements for fincEN Form 134, Report of Foreign Bank and Financial Accounts (FBAR). 5a X D Id way tasable part portify the organization file Form 9868 T? 5a				Yes	No
b Enter the number of Porms W20 included in line 1a. Enter 0- if not applicable payments to venders and reportable gaming (gambling) winnings to pitze winners? 1 C X 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 2a 48 X 3a Did the organization may with or within the year covered by this return? 2a X X 3b Did the organization have unrelated business gross income during the year? 3a X X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a Did the organization country (Work 1as bas bank account, securities account, or other intancial account)? 4a X 3b If "Yes," netter the number of employees the state account (FBAR). 5a X 5a May take during the tay and the organization file for B886 TY. 5a X 5a May take during the tay and the organization file for B886 TY. 5a X 5b May take during the tay and the organization file for B886 TY. 5a X 5b May take during the tay and the organization file for B886 TY. 5a X 5c May take during the state during the state actorable take	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	2		
gambing winnings to pitze winner? 1c X 2a Enter the number of endproyes reported on form W3, Transmittal of Wage and Tax Statements. 2a 48 b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 48 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a X 3a Did the organization have an interest in, or a signature or other authority over, a financial accounts (FEMAR). 5a X 5a Was the organization for file group organization file Form 3896-17? 5a X 6a Vas bid vas the organization neuka deductibles and hard the contributions and escharable contributions or gifts were not tax deductibles on this devide the scharable contributions? 5a X 6b Did the organization neuka devide the contributions and escharable contributions? 5a X 7	-		0		
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 2a 48 If all decides on a seported on local within the year covered by this return. 2a 48 b If at least one is reported on lines 2a, did the organization file all required federal employment tax returns? 3a X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," that it filed a form 900 T for this year? If 'No, 'to line 3b, provide an explanation in X-shedule O 3b 4a At any time the name of the foreign country (such as a bank account, socurities account, or other financial account)? 4a X b If 'Yes, 'to line 6a or 5b, did the organization have an interest in, or a signature or other authorty over, a financial account)? 5a X C Dod by taxable pary notify the organization have an interest in, or a signature and the authorty over, a financial account)? 5a X D d any taxable pary notify the organization have the vary be a prohibited tax shelter transaction? 5c C G Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have are account and an express statement that such contributions or gifts were not tax deductible? 7a X 7 Organization select deductible accharitation eleaceton 170(c). 0b 17******	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
tied for the calendar year ending with or within the year covered by this return La La La b if at least on is reported on line 2a, did the organization if all required fedral employment tar returns? La La 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? La La 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? La La 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is a toring country (b- La La 5a Max La La La La La 5a Was the organization a party to a prohibited tax sheat transaction at any time during the tax year? Sa X 5a Max La X La X 5a Ut any taxable party notify the organization that it was or is a party to a prohibited tax sheat transaction? Sa X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheat transaction? Sa X 5a Did any taxable party notify the organization and tax or its mathet transaction? Sa X 5b T*ves, ' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sa		(gambling) winnings to prize winners?	1c	X	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e- <i>file</i> (see Instructions) 3a X b If "Yes," that if lind a Form 390.1 for this yea? <i>If "No," to line 30, provide an explanation in Schedule O</i> 3a X b If "Yes," that if lind a Form 390.1 for this yea? <i>If "No," to line 30, provide an explanation in Schedule O</i> 3a X b If "Yes," that if lind a Form 390.1 for this yea? <i>If "No," to line 30, provide an explanation in Schedule O</i> 3a X b If "Yes," enter the name of the foreign country, both as a bank account, securities account, or other financial accountin ? 4a X 5a X If an other and other and the draw and the ax pear? 5a X 5a Data my taxable party notify the organization that that as or a party to a prohibited tax shelter transaction? 5b X 5b Data my taxable party notify the organization the Both Bask6:7 5c X 6a Data my taxable party notify the organization new party to a prohibited tax shelter transaction? 6b 7c 7a Data my taxable party tax prohibited tax shelter transaction? 7a X 7a X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a X 3a Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b Diff the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest 1, or a signature or other authority year, a financial account 1, a conjuctions for filling requirements for FinCRI Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Us any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5a X 5a Did any taxable party notify the organization to that it was or is a party to a prohibited tax shelter transaction? 5a X 5a Did any taxable party notify the organization tax or that reductible as chartable contributions or gifts 5a X 5a Did any taxable party ontify the organization tax or that solutible organization a party to a party ba party bas party tax a contribution or glos		filed for the calendar year ending with or within the year covered by this return 2a	48		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 900-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b X b If "Yes," inter the name of the foreign country (such as a bank account, securities account, or other financial account? 4a X b If "Yes," inter the name of the foreign country. ► See instructions for ling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account? 5a X 5a Was the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions? 5a X 5b If "Yes," id due organization neice weight with every solicitation an express statement that such contributions or gifts 6a X 7 Organization neice weight be don't build be solaritable contributions? 6a X 7 Urganization neice weight due organization neice weight at are nowing greater than \$100,000, and did the organization solid any contributions that may receive deductible contributions? 6a X 7 Organization neice weight due to noming weight as a contributions or gifts 6a X 8 If "Yes," id due organization neice weight due to nort built was a contribution of partly to goods and services provided to the partly of provide to the partly of probin built was cont and partly to goods and ser	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
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financial account in a foreign country: 4a X b If 'Yes,' enter the name of the foreign country: 5e 5e See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a X 5 W as the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 6 Does the organization nave and using ross receipts that are normally greater than \$100,000, and did the organization solid any contributions and taxe docuttible as orharitable contributions? 6a X 7 Organizations that may roceive deductible as christable contributions? 6a X 8 If 'Yes,' did the organization notify the door of the value contributions? 7a X 9 If 'Yes,' did the organization notify the door of the value contributions? 7a X 9 If 'Yes,' idicate the number of Forms 8282 filed during the year 7d 7a X 9 If the organization receive a payment in excess disformade pathy as a contribution an a personal benefit contract? 7t 7t 9 If the organization receive a payment in excess disformade pathy as a contribution on a personal benefit contract? 7t 7t 9 If the organization neceive any tunds, directly or indirectly to indirectly or indirectly or indirectly or indirectly or indirectly or indirectly or in	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). Sa b Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction at any time during the tax year? Sa Xa c If "Yes," to line 5a or 5b, did the organization file Form 8866-1? Sa X c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible? Sa X 7 Organization netware anyment in excess \$155 made partly as a contribution and partly for goods and services provided to the payor? Ta X b If "Yes," indicate the number of Forms 8282 filed during the year Td Td Tc X d Did the organization neckle way, funds, during the year, any premiums on a personal benefit contract? Td Td Td d Did the organization neckle ed a contribution of cars, bass, anglanees, or the vehicles, did the organization file Form 8282? Te X Td Tc X d If "Yes," indicate the number of Forms 8282 filed during the year? Td Td Td Td	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 11b 12 Section 501(c)(12) organizations. Enter: 11a 11b 12a a Gross income from members or shareholders 11a 11b 12a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 13a 13 Section sol1(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a	8				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13b c Enter the amount of reserves on hand 13c 14a X					
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Note. See the instructions for additional information the organization must report on Schedule O. Image: Constraint of the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			12		
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	5				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	c				
		Did the environment of the second	14:		X
				-	

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

	Check if Schedule O contains a response or note to any line in this Part VI			Χ
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			v
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10		
10	in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
15	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?	150		х
	The organization's CEO, Executive Director, or top management official	15a		X
u	Other officers or key employees of the organization	15b		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah	le	
	for public inspection. Indicate how you made these available. Check all that apply.		-	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
-	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:			
	The Organization - 314-865-1288			
	PO BOX 12206, SAINT LOUIS, MO 63157			

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensate	d
	Employees, and Independe	ent Contra	ctors					

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

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

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

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one			l than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					i/uus	(ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-1013C)	organization
	organizations	truste	al trus		yee	mpen		(11 2/1000 11100)		and related
	below	id ual 1	Institutional trustee	5	mplo	est co o yee	er			organizations
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former			-
(1) DEIDRE LHAMON	40.00									
PRESIDENT		Х		X				40,560.	0.	0.
(2) DANA BREWER	1.00									
SECRETARY		Х		X				0.	0.	0.
(3) CHRIS BURKE	1.00									
TREASURER		Х		X				0.	0.	0.
(4) STEPHANIE SACHS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) PAM STANSFIELD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) SISTER MARY ELLEN LACY	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) GARY JOHNSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SEAN DUGGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KARA KRAWZIK	1.00									
BOARD MEMBER		Х						0.	0.	0.
				<u> </u>						
					<u> </u>					

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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,			ghe	st C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week (list any	box offic	not cl , unle:	ss per	ition more rson	than is bot pr/trus	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estima amoun othe compens	t of r
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	;)	from ti organiza and rela organiza	he ation ated
											-		
											+		
											_		
											+		
											-		
											+		
с	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A \cdot							40,560. 0. 40,560.		0. 0. 0.		0. 0. 0.
2	Total number of individuals (including but no compensation from the organization								eceived more than \$100	,000 of reportable	L		0
3	Did the organization list any former officer,			e, ke	y en	nplc	oyee,	or	highest compensated e	mployee on	ſ	Yes	
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i> For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportab	le co	ompe	ensa	atior	n and	ot		the organization		3	x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i>	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv			5	x
Sec	tion B. Independent Contractors				- 1								
1	Complete this table for your five highest con the organization. Report compensation for t										ensa	ation from	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Co	(C) ompensati	on
								_					
								-					
	Total number of independent contractors (ot 15-	mita	d + 2	the	80 li		t abovo) who received -	oro then			
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	UL III	nite	u 10		se iis D	siec	a above, who received f				

 Form 990 (2015)
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 Part VIII
 Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 ;	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	I	b Membership dues	1b					
A ^m o,		c Fundraising events						
ar ,		d Related organizations						
nil S,		e Government grants (contribut		2,504.				
r Si	1	f All other contributions, gifts, gran	ts, and					
the		similar amounts not included abo		544,476.				
i o di	(g Noncash contributions included in lines		13,818.				
aŭ C		h Total. Add lines 1a-1f			546,980.			
				Business Code				
e c	2 8	a		900099	73,148.	73,148.		
le ri	1	b						
en S	(c						
Tan Sev		d						
Program Service Revenue	(e						
₽		f All other program service reve						
		g Total. Add lines 2a-2f			73,148.			
	3	Investment income (including			F 4 F	- 4 -		
		other similar amounts)			545.	545.		
	4	Income from investment of ta		F				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 8	a Gross rents						
		b Less: rental expenses						
		c Rental income or (loss)						
	7 8	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	I	b Less: cost or other basis						
		and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)		····· •				
e	8 8	a Gross income from fundraisin	g events (not					
/en		including \$	of					
Other Reven		contributions reported on line	,					
er		Part IV, line 18		32,129.				
Oth		b Less: direct expenses		20,635.	11 404			11 404
		c Net income or (loss) from fund	-	▶	11,494.			11,494.
	9 8	a Gross income from gaming ac						
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gam		▶				
	10 8	a Gross sales of inventory, less						
	-	and allowances						
		b Less: cost of goods sold						
	(c Net income or (loss) from sale						
ŀ		Miscellaneous Revenu a INVENTORY SALES		Business Code 900099	101.	101.		
	11 :		1	900099	101.	101.		
		b						
		d All other revenue			101.			
	12	e Total. Add lines 11a-11d Total revenue. See instructions.			632,268.	73,794.	0	. 11,494.

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	Check if Schedule O contains a respons	e or note to any line in (A)	this Part IX (B)	(C)	<u>L</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(D) Program service expenses	Management and general expenses	(ط) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			10 070	
	trustees, and key employees	40,560.	29,690.	10,870.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)	450 010	226 962	102 047	
7	Other salaries and wages	459,910.	336,863.	123,047.	
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (non-employees):				
a		2,050.		2,050.	
b		3,045.		3,045.	
с с	y h	5,045.		5,045.	
d	Destaurised for desision services. One Dest IV/ line 47				
e f	Investment management fees				
g					
Э	column (A) amount, list line 11g expenses on Sch O.)	148.	148.		
12	Advertising and promotion				
3	Office expenses	8,884.		8,884.	
4	Information technology				
5	Royalties				
16	Occupancy				
7	Travel	2,412.	2,412.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	3,278.		3,278.	
3	Insurance	19,427.	15,115.	4,312.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) (
а	FACILITIES AND EQUIPMEN	29,910.	13,759.	16,151.	
b	RESIDENTIAL HOME EXPENS	23,008.	23,008.		
С	CLINICAL EXPENSES	19,484.	19,484.		
d	CONTRIBUTIONS IN-KIND	10,983.	10,983.	0 000	
е	· · · · · · · · · · · · · · · · · · ·	17,492.	8,393.	9,099.	
25	Total functional expenses. Add lines 1 through 24e	640,591.	459,855.	180,736.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (20

THE	COVERING	HOUSE

Check if Schedule O contains a response or note to any line in this Part X . (A) (B) Beginning of year End of year 224,670. 218,128. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 6 7 Notes and loans receivable, net 7 8 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 43,692. basis. Complete Part VI of Schedule D _____ 10a 38,385. 5,909. 37,783. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 12,929. 0. Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 269,442. 262,453. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, _iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 18,430. 19,764. 25 Schedule D 19,764. 18,430. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. Vet Assets or Fund Balances Unrestricted net assets 27 27 Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗴 and complete lines 30 through 34. Capital stock or trust principal, or current funds 0. Ο. 30 30 0. 0. 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0. -8,323. 32 Retained earnings, endowment, accumulated income, or other funds 32 242,689. 251,012. Total net assets or fund balances 33 33 269,442. 262,453. Total liabilities and net assets/fund balances 34 34

Form **990** (2015)

Part X | Balance Sheet

Form	990	(201	5
1 01111	330	(201	υ,

Form	n 990 (2015) THE COVERING HOUSE	27-137	2748	Pa	ge 12
	rt 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			68.
2	Total expenses (must equal Part IX, column (A), line 25)	2			91.
3	Revenue less expenses. Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	251	L,0	12.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	242	2,6	89.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	iedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2015)

SCHEDULE A	
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(Form	990	or	990	·ΕΖ
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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.

2015	
Open to Public	

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

iternal Reve	enue Service	Informati	on about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at W	ww.irs.gov/form990.	Inspection
lame of t	the organizat							er identification number
			COVERING H					27-1372748
Part I				All organizations must c			e instructions.	
ie organ		•		(For lines 1 through 11, o		,		
	-			on of churches describe			l)(A)(i).	
2 <u> </u>	A school des	cribed in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forr	n 990 or 9	90-EZ).)		
<u>ا</u> د	A hospital or	a cooperative	hospital service org	anization described in s	ection 170)(b)(1)(A)(ii	i).	
	A medical re	search organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	n 170(b)(1)(A)(iii). Ente	r the hospital's name,
	city, and stat	:e:						
5	An organizat	ion operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a go	overnmental unit descr	ibed in
	section 170	(b)(1)(A)(iv). (C	Complete Part II.)					
		-	-	mental unit described in				
7	An organizat	ion that norma	lly receives a substa	antial part of its support	from a gov	rernmental	unit or from the generation	al public described in
			omplete Part II.)					
3	A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
X	An organizat	ion that norma	Ily receives: (1) more	e than 33 1/3% of its su	oport from	contributio	ons, membership fees,	and gross receipts from
	activities rela	ited to its exen	npt functions - subje	ct to certain exceptions	, and (2) no	o more tha	n 33 1/3% of its suppo	ort from gross investment
	income and	unrelated busir	ness taxable income	e (less section 511 tax) fr	rom busine	esses acqu	ired by the organizatio	n after June 30, 1975.
	See section	509(a)(2). (Cor	mplete Part III.)					
	An organizat	ion organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).	
	An organizat	ion organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to carry out the	ne purposes of one or
	more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2). S	See section 509(a)(3).	Check the box in
_	_lines 11a thre	ough 11d that	describes the type o	of supporting organization	on and con	nplete lines	s 11e, 11f, and 11g.	
a	Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	anization(s), typically b	by giving
	the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect	a majority	of the dired	ctors or trustees of the	supporting
_	organizatio	n. You must c	complete Part IV, Se	ections A and B.				
b 🗌	Type II. A	supporting org	anization supervised	d or controlled in connec	tion with it	ts supporte	ed organization(s), by h	aving
	control or I	nanagement o	f the supporting org	anization vested in the s	same perso	ons that co	ontrol or manage the su	ipported
	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.				
c 🗋	Type III full	nctionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functionally integra	ited with,
	its support	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d 🗌	_ Type III no	n-functionally	/ integrated. A supp	oorting organization ope	rated in co	nnection v	vith its supported orga	nization(s)
	that is not	functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an atter	ntiveness
	requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Section	s A and D,	, and Part	V.	
e 🗋	Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	a Type I, Type II, Type I	II
	functionally	y integrated, or	r Type III non-functio	nally integrated support	ting organi	zation.		
f Ente	er the number	of supported of	organizations					
g Pro	vide the follow	ing information	about the supporte	ed organization(s).				
((i) Name of supp		(ii) EIN	(iii) Type of organization		rganization in your	(v) Amount of monetary	(vi) Amount of
	organizatio	1		(described on lines 1-9 above (see instructions))		document?	support (see	other support (see
					Yes	No	instructions)	instructions)
				i	1	1		1

Total

Schedule A (Form 990 or 990-EZ) 2015

5		10	,u	u	<u>_</u>
F	כ	aı	rt	T	I

art 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ons)	•		12	
	First five years. If the Form 990 is for		,				
	organization, check this box and stop						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
-	Public support percentage for 2015 (I			column (f))		14	%
	Public support percentage from 2014					15	%
	33 1/3% support test - 2015. If the c						ox and
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2014. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check t	his box
	and stop here. The organization qual	ifies as a publicly	supported organi	zation			
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	d organization	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	imstances" test, o	check this box and	l stop here. Explair	n in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publ	licly supported org	anization	▶□
18	Private foundation. If the organizatio						

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 THE COVERING HOUSE

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and		. ,			. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	85,572.	121,722.	244,118.	414,515.	546,980.	1,412,907.
2	Gross receipts from admissions,	-		-	-		
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose				49.013.	105,378.	154.391.
2	Gross receipts from activities that				15,0101	20070701	101/0010
3	are not an unrelated trade or bus-						
	incon under contion E10						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	85,572.	121,722.	244,118.	463,528.	652,358.	1,567,298.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						1,567,298.
	ction B. Total Support						, ,
	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	85,572.	121,722.	244,118.	(d) 2014 463,528.	652,358.	1,567,298.
	Gross income from interest,					,	_ / `` / _ ``
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources			383.	292.	545.	1,220.
L.	Unrelated business taxable income			505.	272.	545.	1,220.
D	(less section 511 taxes) from businesses						
	acquired offer June 20, 1075						
				383.	292.	545.	1,220.
	Add lines 10a and 10b			505.	292.	545.	1,220.
	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital			10	1 01-		10 800
	assets (Explain in Part VI.)	0.5 5 5 5	104 500	18,576.	1,217.	(50.000	19,793.
13	Total support. (Add lines 9, 10c, 11, and 12.)	85,572.	121,722.	263,077.	465,037.	652,903.	1,588,311.
14	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
							▶∟_
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2015 (I	line 8, column (f) di	vided by line 13, c	olumn (f))		15	98.68 %
16	Public support percentage from 2014	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest						
17	Investment income percentage for 20	15 (line 10c, colun	nn (f) divided by lin	ne 13, column (f))		17	.08 %
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						► X
Ь	33 1/3% support tests - 2014. If the						
L.	line 18 is not more than 33 1/3%, che	•					
20				•		•	
	Private foundation. If the organizatio	in did not check a		a, or 190, check th			PL

Schedule A (Form 990 or 990-EZ) 2015

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1		Yes	No
	4		
	1		
	2		
	3a		
	0 h		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	U		
	7		
	8		
	0-		
	9a		
	9b		
	55		
	9c		
	10a		
	10b		

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			•
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	.)	
2	Activities Test. Answer (a) and (b) below.	laotione	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	20		
b		2a		
a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	~		
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015 THE COVERING HOUSE

 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. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ated Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2015

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions		1	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii) Underdietrikustiene	(iii) Distributshis
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2015	Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
<u>a</u>				
b				
<u> </u>	From 2013			
	From 2014			
-	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2015 distributions of phot years			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
b				
	Excess from 2013			
	Excess from 2014			
e	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 THE COVERING HOUSE

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

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2015

Employer identification number

27-1372748

Name of the organ	ization
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Organization type (check one):

THE COVERING HOUSE

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

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

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

General Rule

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

Special Rules

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

27-1372748

THE COVERING HOUSE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>	JEFFERSON MEMORIAL COMMUNITY FOUNDATION PO BOX 519 FESTUS, MO 63028	\$56,707.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE JOURNEY 7701 MARYLAND AVE SAINT LOUIS, MO 63105	\$34,667.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	ASCENSION HEALTH MINISTRY 4040 VINCENNES CIRCLE INDIANAPOLIS, IN 46268	\$29,850.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ROBLEE FOUNDATION 642 ELMWOOD AVE WEBSTER GROVES, MO 63119	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MICHAEL WRENN 8509 N SYCAMORE AVE KANSAS CITY, MO 64157	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	WHITE FLAG CHRISTIAN CHURCH 7531 TELEGRAPH RD SAINT LOUIS, MO 63129	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

THE COVERING HOUSE

Employer identification number

27 - 1372748

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMERICAN DIRECT MARKETING RESOURCES LLC PO BOX 4339 CHESTERFIELD, MO 63006	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GREG AND DEIDRE LHAMON 8311 MEADOWFIELD WATERLOO, IL 62298	\$7,675.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	TASTE OF THE SOUTH PO BOX 2826 WASHINGTON, DC 20013	\$7,292.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	MARGARETTE SCHRADER 702 WILLOW LANE WATERLOO, IL 62298	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	MARTHA WARD <u>301 HARTMAN ST</u> <u>WATERLOO, IL 62298</u>	\$5,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	GRACE CHURCH 2695 CREVE COEUR MILL RD MARYLAND HEIGHTS, MO 63043	\$5,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

THE COVERING HOUSE

27-1372748

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		
13	NEW LIFE CHURCH OF THE NAZARENE PO BOX 804 ST PETERS, MO 63376	\$5,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
<u>14</u>	VATTEROTT FOUNDATION 10449 ST CHARLES ROCK ROAD ST ANN, MO 63074	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15	ROBERT E JONES FOUNDATION 2144 ALAQUA LAKES BLVD LONGWOOD, FL 32779	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)		(d)		
<u>No.</u>	Name, address, and ZIP + 4 GREATER ST LOUIS COMMUNITY FOUNDATION 319 N 4TH ST #300 SAINT LOUIS, MO 63102	Total contributions \$5,000.	Type of contribution Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17	WILLIAM BUELL 1747 SAN MARTIN DR FENTON, MO 63026	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18	EMERSON CHARITABLE TRUST 8000 W FLORRISSANT AVE SAINT LOUIS, MO 63136	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organiza	ation
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27 - 1372748

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		
19	SHANE RUSSELL 691 W WASHINGTON AVE KIRKWOOD, MO 63122	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	GIBBS TECHNOLOGY 12163 PRICHARD FARM ROAD MARYLAND HEIGHTS, MO 63034	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

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THE COVERING HOUSE

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

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
(a) No. rom vart I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	

ame of organ			
'HE COV Part III	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the foll s, charitable, etc., contributions of \$1,000	$\frac{27 - 1372748}{ed in section 501(c)(7), (8), or (10) that total more than $1,000 that total more total more than $1,000 that total more t$
	Use duplicate copies of Part III if additiona	al space is needed.	· · · ·
(a) No. from Part I –	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of g	gift Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of g d ZIP + 4	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of g	gift Relationship of transferor to transferee
-	1 4113161 66 3 Hallie, aug 635, al		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of g	gift Relationship of transferor to transferee
-	······, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ·····, ······		

(Forr	m 990) Part IV, tment of the Treasury	pplemental Financial Statemen mplete if the organization answered "Yes" on Form 9 , line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or ▶ Attach to Form 990. t Schedule D (Form 990) and its instructions is at www	90, 12b.	orm99(OMB No. 1545-0047
	e of the organization				loyer identification number
	THE COVER				27-1372748
Pa		Donor Advised Funds or Other Similar Fur	nds or A	ccou	nts.Complete if the
	organization answered "Yes" on For				
		(a) Donor advised funds	1) (1) Func	is and other accounts
1	Total number at end of year		_		
2	Aggregate value of contributions to (during		_		
3	Aggregate value of grants from (during yea				
4	Aggregate value at end of year				
5	-	donor advisors in writing that the assets held in donor ad			□ □
•		the organization's exclusive legal control?			Yes L No
6	.	phors, and donor advisors in writing that grant funds can			
		nefit of the donor or donor advisor, or for any other purpo		•	
Pa		Complete if the organization answered "Yes" on Form 99			Yes No
	Purpose(s) of conservation easements held		o, Fantiv,	mer.	
1	Preservation of land for public use (e		historically	import	ant land area
	Protection of natural habitat	Preservation of a c		•	
	Preservation of open space			510110 3	
2		zation held a qualified conservation contribution in the fo	orm of a co	nserva	tion easement on the last
-	day of the tax year.				Held at the End of the Tax Year
а				2a	
b		asements		2b	
с		ertified historic structure included in (a)		2c	
d		ed in (c) acquired after 8/17/06, and not on a historic stru	Г		
	listed in the National Register	······		2d	
3		ed, transferred, released, extinguished, or terminated by		ization	during the tax
	year ►				
4	Number of states where property subject to	o conservation easement is located \blacktriangleright			
5	Does the organization have a written policy	regarding the periodic monitoring, inspection, handling	of		
	violations, and enforcement of the conserv	ation easements it holds?			Yes 📖 No
6	Staff and volunteer hours devoted to monif	toring, inspecting, handling of violations, and enforcing o	conservatio	on ease	ements during the year
	►				
7		g, inspecting, handling of violations, and enforcing conse	ervation ea	semen	ts during the year
	►\$				
8	-	d on line 2(d) above satisfy the requirements of section 1			
•					
9		reports conservation easements in its revenue and expe			
	conservation easements.	te to the organization's financial statements that describ	les the org	jai iizati	on a accounting for
Pa		Collections of Art, Historical Treasures, or	Other S	Simila	ar Assets.
		red "Yes" on Form 990, Part IV, line 8.			
1a	· •	nder SFAS 116 (ASC 958), not to report in its revenue sta	atement an	nd bala	nce sheet works of art
		held for public exhibition, education, or research in furth			
	the text of the footnote to its financial state	-		•	,, , ,,
b		nder SFAS 116 (ASC 958), to report in its revenue statem	nent and ba	alance	sheet works of art, historical
	•	ublic exhibition, education, or research in furtherance of			
	relating to these items:				-
	-	(III, line 1		▶ \$	S
2	If the organization received or held works c	of art, historical treasures, or other similar assets for finar	ncial gain, j	provide)
	the following amounts required to be repor	ted under SFAS 116 (ASC 958) relating to these items:			

b	Assets included in Form 990, Part X
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
532051 11-02-	

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2015

▶ \$

▶ \$

Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Sche	dule D (Form 990) 2015 THE COV	ERING HOUS	E				2	7-13	7274	8 Pa	age 2
cleack at that apply: d Loan or exchange programs a Poble exhibition d Loan or exchange programs b Scholarly research 0 Other	Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simila	r Asse	ts (contir	nued)	
a Public exhibition d □ an or exchange programs b Scholarly research 0 □ Other	3	Using the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following that	at are a sig	gnificant u	se of its	collectio	n item	iS
b Scholarly research 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 social or receive donations of art, historical treasures, or other similar assets to be social to inask undix attratined as part of the organization answered "Ves" on Form 990, Part IV, line 9, or responded an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization anagement in Part XIII and complete the following table: Amount c Beginning balance 1 1 Is the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No D If Yes, explain the arrangement in Part XIII. Check here if the organization has been provided on Part XII Total assets to the organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No D If Yes, explain the arrangement in Part XIII. Check here if the organization answered "Yes" on Form 990, Part X, line 21. for escrow or custodial account liability? Yes No D If Yes, explain the arrangement in Part XIII. Check here if the organ		(check all that apply):										
c Preservision for future generations 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's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Decret WI Scorew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV. line 80, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account itability? 1b These, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 2 Doting balance Intell 4 Endowment Funds. Complete if the organization has been provided on Part XIII Part V 2 Ded morganization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 2 Dating balance (a) Current year (b) Proryear (c) Two years back (d) Three years back (e) four years back Intell 3 Dating balance (a) Current year (b) Proryear (c) Two years back (d) Four years back </th <th>а</th> <th>Public exhibition</th> <th>c</th> <th>1 🛄</th> <th>Loan or excl</th> <th>hange progr</th> <th>ams</th> <th></th> <th></th> <th></th> <th></th> <th></th>	а	Public exhibition	c	1 🛄	Loan or excl	hange progr	ams					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection? Part W 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. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X2 Is difficult and complete the following table: Celling balance Is difficult and complete the following table: Amount It di Distributions during the year It di Distributions It organization include an amount on Form 990, Part X, line 21, for escrow or custodial acount liability? Yes No b (fr'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part W Endowment Funds. Complete if the organization include and amount on Form 990, Part X, line 21. Administrative explanes A constructions A wit investment earnings, gains, and losses A constructions Administrative explanes Administrative explanes Administrative explanes Administrative explanes Administrative explanes A different endowment I	b	Scholarly research	e	,	Other							
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e Other					1	0,930.		3,72	5.		7,2	05.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0c.)				3	7,7	83.

Schedule D (Form 990) 2015

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)							
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨							
Part VIII Investments - Program Related							

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

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

Part IX Other Assets.

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

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

Other Liabilities. Part X

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)	CREDIT CARD PAYABLE	2,122.
(3)	PAYROLL LIABILITIES	17,642.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	19.764.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 2. organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🚺

Sche	dule D (Form 990) 2015 THE COVERING HOUSE			27-	1372748	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With				
	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	652	,903.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)		20,635.			
е	Add lines 2a through 2d			2e		<u>,635.</u>
3	Subtract line 2e from line 1			3	632	,268.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		,268.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		h Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total expenses and losses per audited financial statements			1	661	,226.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	_ 2a				
b	Prior year adjustments	_ 2 b				
С	Other losses	_ 2c				
d	Other (Describe in Part XIII.)	. 2d	20,635.			
е	Add lines 2a through 2d			2e		,635.
3	Subtract line 2e from line 1			3	640	,591.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				-
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	640	,591.
Pa	rt 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 adopted the provisions of Accounting for Uncertainty in
Income Taxes on January 1, 2013. The adoption of that guidance resulted
in no change to the financial statements for prior periods. As of
December 31, 2015, no amounts have been recognized for uncertain tax
positions. The Organization's tax returns filed prior to 2013 are closed.

FORM 990 PAGE 12 PART XII LINE 2B

The Organization adopted the provisions of Accounting for Uncertainty in

Income Taxes on January 1, 2013. The adoption of that guidance resulted

in no change to the financial statements for prior periods. As of

December 31, 2015, no amounts have been recognized for uncertain tax ⁵³²⁰⁵⁴ ⁵³²⁰⁵⁴ ⁵³²⁰⁵⁴ ⁵³²⁰⁵⁴ Schedule D (Form 990) 2015

Schedule D (Form 990) 2015	\mathbf{THE}	COVERING	HOUSE
Part XIII Supplemental Info	rmotion	(a a a time a al)	

Part XIII Supple	ementa	I Information	(continued)								
positions.		Organiza		tax	returns	filed	prior	to	2013	are	closed.

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization THE COV	ental Information Regarding e organization answered "Yes" on organization entered more than \$1 ▶ Attach to Form 990 about Schedule G (Form 990 or 990-EZ) ERING HOUSE Complete if the organization answet	Form 9 5,000) or Fo) and its	990, P on Fo rm 99 <u>s instru</u>	art IV, lines 17, 18, rm 990-EZ, line 6a. 0-EZ. .ctions is at <i>www.irs</i> .g	or 19, or if the gov/form990. Employer 27-13					
 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. 										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	aiser ustody	(iv) Gross receipts from activity	(v) Amount pa to (or retained l fundraiser listed in col. (i	by) to (or retained by)				
		Yes	No							
Total	1	1								
 List all states in which the organization or licensing. 	on is registered or licensed to solicit	contrib	outions	l s or has been notifie	l d it is exempt fro	m registration				
-										

Schedule G (Form 990 or 990-EZ) 2015 THE COVERING HOUSE

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fundraising event contributions and gr		FLZ, III IES T ATU OD. LISU	events with gross receip	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RACE FOR	ROCK AND		(add col. (a) through
			REFUGE	ROLL	4	
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	13,550.	9,390.	9,189.	32,129.
щ						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	13,550.	9,390.	9,189.	32,129.
	4	Cash prizes				
Sč	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	=	7,950.	6,795.	20,635.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	20,635.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		🕨	11,494.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			· · · · · · · · · · · · · · · · · · ·
er			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billy0/progressive billy0		col. (a) through col. (c))
Re						
	1	Gross revenue				
	~					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor		□ ⁷⁰ □ No		
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
9		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
40	<u></u>					
		ere any of the organization's gaming licenses re	evokea, suspended or te	erminated during the tax	year?	Yes No
a	П."	Yes," explain:				

Sch	nedule G (Form 990 or 990-EZ) 2015 THE COVERING HOUSE 27-	1372	748	Page 3
11	Does the organization conduct gaming activities with nonmembers?	· 🗌 ·	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	· ·	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	• An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			70
14	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[] `	Yes	L No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party $ ightarrow \$$			
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:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	,	Yes	
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
De	organization's own exempt activities during the tax year s art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III,	line O	0 - 1	
Fd	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9,	96, 10	JD, 15D,

l'art l'ouppionien			

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

THE COVERING HOUSE

Employer identification number 27-1372748

OMB No 1545-0047

Open to Public

Inspection

5

Form 990, Part I, Line 1, Description of Organization Mission:

SEXUALLY EXPLOITED OR SEXUALLY TRAFFICKED.

Form 990, Part VI, Section B, line 11:

A COPY OF THE 990 RETURN IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO

FILING.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION'S DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE

AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

2015 DEPRECIATION AND AMORTIZATION REPORT

Form 990 Page 10

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	Buildings											
	RESIDENTIAL											
10		09091	4SL	30.00	16	32,762.			32,762.	1,092.		1,092.
	* 990 Page 10 Total Buildings					32,762.		0.	32,762.	1,092.	Ο.	1,092.
	Machinery &					52,702.		0.	52,702.	1,092.	0.	1,092.
	Equipment											
	REFRIGERATOR -											
1	SAMSUNG	06301	4SL	5.00	16	3,299.			3,299.	659.		660.
2	SAMSUNG STOVE	06301	4SL	5.00	16	698.			698.	139.		140.
3	FRIGIDAIRE FREEZER	06301	4SL	5.00	16	700.			700.	140.		140.
	BACK-UP					6.0.0			600	100		100
	REFRIGERATOR WASHER - AMANA	06301	4SL	5.00	16	600.			600.	120.		120.
		06301	4SL	5.00	16	499.			499.	100.		100.
	DRYER - AMANA											
6	NEW4600	06301	4SL	5.00	16	499.			499.	100.		100.
7	ELECTRIC HEATER	06301	4SL	5.00	16	800.			800.	160.		160.
	USED COMMERCIAL			_								
8	REFRIGERATOR	06301	4SL	5.00	16	600.			600.	120.		120.
9	NEW DISHWASHER	01011	5SL	5.00	16	400.			400.			80.
11	2002 DODGE CARAVAN	01011	5SL	5.00	16	1,220.			1,220.			244.
	2003 DODGE CARAVAN											
12	SPORT (D)DISHWASHER -	01011	5SL	5.00	16	1,615.			1,615.			323.
13		06301	4ST	5.00	16	700.			700.	140.		0.
	* 990 Page 10 Total					,				110.		.
	Machinery & Equipm					11,630.		0.	11,630.	1,678.	0.	2,187.
	* Grand Total 990					44 202		0	44 202	2 770	0	2 270
	Page 10 Depr					44,392.		0.	44,392.	2,770.	0.	3,279.

528102 04-01-15

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction