## **COPY OF FORM 990**

(TO BE USED, OR COPIED, FOR)

# \*\*PUBLIC INSPECTION ONLY\*\*

## **NOTE**

Under Internal Revenue Regulations, tax-exempt charitable organizations generally must provide requesters with <u>COPIES</u> of:

- > Its approved exemption applications, all required attachments and any related correspondence with the IRS, and
- ➤ Its three most recent annual information returns (Form 990), including all schedules and attachments (but not the names and addresses of contributors).

<u>In-person requests:</u> A member of the public may request to inspect the documents at any principal office of the organization. The entity must provide the information requested that same day. However, if the request places an "unreasonable burden" on the organization, the staff must provide copies of the requested information no later than the next business day after the unusual circumstances cease to exist (limited to a maximum of five business days after the request).

<u>Written requests:</u> Written requests made by fax, mail, email, or overnight service, which include the requester's address, must be honored within 30 days of receipt.

Website alternative: Instead of providing copies, an organization may make the documents available on either its own or another organization's website. If it uses this option, it has to: (1) provide an exact replica of the document as was filed with the IRS; (2) advise requesters how to access the forms on the web; (3) the site should charge no access fee and require no special software or hardware to download. Organizations that post this information on the Internet still must honor in-person requests to view the applicable documents.

<u>Permissible charges</u>: Tax-exempt organizations may charge a reasonable copying fee, up to \$1 for the first page and 15 cents for each additional page, plus actual postage costs.

**Penalties:** An organization that fails to comply with the new disclosure requirements may be subject to the following penalties:

- Annual Information Return Form 990 \$20 per day for as long as the failure continues, up to a maximum of \$10,000 for each failure to provide an annual return.
- Exemption Application \$20 per day with no maximum.
- An organization that willfully fails to comply with these public inspection rules can be subject to an additional \$5,000 penalty.

**Private foundation exempt:** The new disclosure rules don't yet apply to private foundations. They must still make a copy of their annual return available for public inspection at their principal office for a period of 180 days after publishing a notice of availability.

**Donor Information:** Please note that donor information is not open to public inspection and has been excluded from this copy.

# \*\* Public Disclosure Copy \*\*

# **Return of Organization Exempt From Income Tax**

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

Department of the Treasury Internal Revenue Service

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

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

ΑI	or th	e 2020 calendar year, or tax year beginning JUL 1, 2020 and endi	ing JU	N 30, 2021	•			
В	Check if applicab	C Name of organization		D Employer identific	cation number			
â	applicab	e:						
	Addre	Covenant College						
	Name chang	Doing business as		43-0719506				
	Initial return		n/suite	E Telephone number	,			
Ē	Final return	14040 Gamia Highway	.,	706-820-1560				
	termir ated		t	G Gross receipts \$	48,753,736.			
	Amen		Ī	H(a) Is this a group re				
F	Applic	,		for subordinates				
_	Ition pendi	same as C above		H(b) Are all subordinates in				
$\overline{}$	Toy ov	empt status: $\boxed{X}$ 501(c)(3) $$ 501(c) ( ) $$ (insert no.) $$ 4947(a)(1) or $$	527					
		te: $\triangleright$ www.covenant.edu			list. See instructions			
				H(c) Group exemption				
	art I	Summary	L Year o	f formation: 1955	State of legal domicile; GA			
F	_	<del>-</del>	- Ghi					
e	1	Briefly describe the organization's mission or most significant activities: To provide	chri	st-centered				
ă		higher educational services.						
Governance	1	Check this box  if the organization discontinued its operations or disposed of		1 1				
Š	1	Number of voting members of the governing body (Part VI, line 1a)			27			
∞		Number of independent voting members of the governing body (Part VI, line 1b)			27			
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			996			
Activities		Total number of volunteers (estimate if necessary)			27			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
Revenue				Prior Year	Current Year			
	8	Contributions and grants (Part VIII, line 1h)		10,332,332.	7,732,076.			
	9	Program service revenue (Part VIII, line 2g)		39,162,725.	38,393,270.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,096,929.	1,214,514.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		132,781.	43,769.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		50,724,767.	47,383,629.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		18,897,785.	18,181,544.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		17,254,008.	17,715,017.			
Jse		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 1,971,892.						
й		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		11,968,020.	11,601,382.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
		Revenue less expenses. Subtract line 18 from line 12		2,604,954.	47,497,943.			
or es	1.0	Trevenue 1000 expensees. Cubitate into 10 from into 12		inning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		98,255,603.	105,869,402.			
Ass Bal	21	Total liabilities (Part X, line 16) Total liabilities (Part X, line 26)		3,691,914.	3,241,267.			
Vet,	22	Net assets or fund balances. Subtract line 21 from line 20	94,563,689.	102,628,135.				
	art II	Signature Block	••	31,303,003.	102,020,133.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	l etateme	nte and to the heet of my	/ knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pi			r Knowledge and bellet, it is			
uuu	, сопте	t, and complete. Declaration of preparer (other than officer) is based on an information of which p	лерагегі	I I I I I I I I I I I I I I I I I I I				
٥.		Signature of officer		I Date				
Sig				Duto				
Her	e	Fred Verwoerd, VP Operations & Finance, CFO Type or print name and title						
			in	ate Check	PTIN			
D-'	_	Print/Type preparer's name Preparer's signature	Λ	4/4/2022 Check Lift and sold a				
Pai		Ted R. Batson, Jr. Led R. Batson	p.	Sen-employe				
	parer	Firm's name Capin Crouse LLP	V	Firm's EIN	36-3990892			
Use Only   Firm's address ▶ 1255 Lakes Parkway, Suite 105								
		Lawrenceville, GA 30043		Phone no.505				
May	tha I	RS discuss this return with the preparer shown above? See instructions			X Ves No			

Covenant College 43-0719506 Form 990 (2020) Page 2 Part III Statement of Program Service Accomplishments Х

	Official in defined the definition of the country line in this rate in	·····
1	Briefly describe the organization's mission:	
	To explore and express the preeminence of Jesus Christ in all things;	
	to educate Christians to engage culture and cultures; to examine and	
	unfold creation; and to pursue biblical justice and mercy in community	
	with the student-faculty relationship, (continued on Schedule 0)	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 26,100,902. including grants of \$ 18,181,544.) (Revenue \$	24,271,050.)
	Instructional expenses: These expenses relate directly to the academic	
	disciplines of the College. With approximately thirty majors, two	
	master's programs, and more than fifty minors and concentrations,	
	Covenant College provided nearly 900 students with a well-rounded	
	liberal arts education while simultaneously preparing them for careers	
	or advanced degrees in theology, medicine, business, art, music,	
	engineering, education, psychology, international relations, and much	
	more.	
4h	(Code: ) (Expenses \$ 6,961,156. including grants of \$ ) (Revenue \$	6,473,132.)
4b	(Code:) (Expenses \$6,961,156. including grants of \$) (Revenue \$)  Auxiliary enterprises and independent operations: The College's four	0,473,132.
	residence halls, student apartments, and dining hall compose the	
	auxiliary enterprises. While all of the halls offer a close, supportive	
	·	
	community of students, each building has its own distinctive	
	personality and each floor has its own identity and traditions.	
	Additionally, the College hosts camps and conferences and has an onsite	
	gift shop filled with Covenant apparel, classroom supplies, snacks and	
	other items. The camps and conferences as well as the gift shop are	
	included in independent operations.	
_	6 540 845	6 055 005
4c		6,057,087.
	Student services: Student services at Covenant help create a rich	
	learning environment for our students. From the moment a student	
	becomes interested in attending Covenant, the admissions office	
	provides him or her with resources and personalized attention to help	
	each student make an informed and thoughtful decision about where to	
	attend college.	
	The student development office fosters a positive residential	
	experience through intentional training with resident assistants, hall	
	presidents, and dorm councils. (continued on schedule 0)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 1,765,798. including grants of \$ ) (Revenue \$ 1,642,004	1.)
4e	Total program service expenses ► 41,341,601.	
		Form <b>990</b> (2020)

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# Form 990 (2020) Covenant College Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Х	
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	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	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)? If "Yes," complete Schedule D, Part X	11f		Х
	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?			
40	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  Did the organization maintain an office, employees, or agents outside of the United States?	13	^	Х
14a h	Did the organization maintain an office, employees, or agents outside of the office States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		<del>                                     </del>
J	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		Х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		Х
18	1c and 8a? If "Yes," complete Schedule G, Part II	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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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	21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>4</b> i		L 4\

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# Form 990 (2020) Covenant College Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
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		Х
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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		Х
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			
	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			
	Part V, line 1	34	X	-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		77	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
07	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38		38	х	
Pai		_ 30	23	—
	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is doctional of doctions a response of flote to any line in this fact v		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1283		163	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	Х	
	(O O) O := [c=			

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 996			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	lied for the calendar year ending with or within the year covered by this return  2 a 996  2 bote: If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file (see instructions)  3 bid the organization have unrelated business gross income of \$1,000 or more during the year?  3 bid the organization have unrelated business gross income of \$1,000 or more during the year?  3 bid the organization have unrelated business gross income of \$1,000 or more during the year?  3 bid the organization have unrelated business gross income of \$1,000 or more during the year?  3 bid the organization have unrelated business gross income of \$1,000 or more during the year?  3 bid the organization have unrelated business gross income of \$1,000 or more during the year?  3 bid the relation of the properties of the year?  4 bid any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nancial account in a foreign country?  4 bid any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a nancial account in a foreign country?  5 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5 bid day taxable party notify the organization file Form 8886-17?  5 bid day taxable party notify the organization file Form 8886-17?  5 bid only the properties of the thing of the properties of the organization shell of the properties of the top organization shell of the properties of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5 braganizations that may receive deductible contributions under section 170(c).  5 braganizations that may receive deductible contributions under section 170(c).  6 braganization receive any parties in excess of \$75 made party as a contribution of property for which it was required of the organizations in excess of \$75 made party as a contribution of pr			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
5a		5a		X
b				Х
		5c		
6a		•		
		ба		Х
D		Ch		
7		do		
7 a		72	х	
a h			Х	
C		7.5		
·		7c		х
d	1 1			
е		7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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				
а				
11				
a L				
D				
1 <b>2</b> 9		122		
		IZU		
13				
		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

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ı u	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	100 1	espon	30				
	Check if Schedule O contains a response or note to any line in this Part VI			Х				
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	_						
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1						
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	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
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		Х				
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	Х					
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		Х				
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								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O9							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
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						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	in Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
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?							
а	The organization's CEO, Executive Director, or top management official	15a	Х					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		Х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶GA							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s)s only	) avai	lable				
	for public inspection. Indicate how you made these available. Check all that apply.							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	nd finar	ncial					
	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							
	Jennifer Black-Patel - 706-419-1136							

14049 Scenic Highway, Lookout Mountain, GA 30750

Form 990 (2020) Covenant College 43-0719506 Page **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	T		((	C)			(D)	(E)	(F)
Name and title	Average	(-1-		Pos	ition	1		Reportable	Reportable	Estimated
	hours per	box	not c , unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ao			ated		organization	(W-2/1099-MISC)	from the
	related	stee	truste		a)	bens		(W-2/1099-MISC)		organization
	organizations below	ual tru	onal		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Dr. J. Derek Halvorson	40.00	=	=	0	ž	工品	프			
President	1.00			х				270,706.	0.	22,838.
(2) Marc Erickson	35.00							,		
VP for Development/CCF Pres.	5.00	1				х		178,723.	0.	17,662.
(3) Fred Verwoerd	40.00									
VP Operations & Finance, CFO	1.00			х				140,000.	0.	21,213.
(4) Jeff Hall	40.00									
VP of Academic Affairs						Х		134,873.	0.	24,298.
(5) Brad Voyles	40.00									
VP for Student Development						Х		128,099.	0.	20,411.
(6) Jeff Sandhoff	40.00									
Major Gift Officer						Х		115,944.	0.	22,446.
(7) Brian Fikkert	40.00									
Professor of Econ. & Community Dev.						Х		106,386.	0.	24,657.
(8) Craig Wood	1.00									
Chairman	1.00	Х		Х				0.	0.	0.
(9) Robert Wilkinson	1.00									
Vice Chairman	1.00	Х		Х				0.	0.	0.
(10) Dr. Robert Rayburn	1.00									
Secretary		Х		Х				0.	0.	0.
(11) Martin Moore	1.00									
Treasurer	1.00	Х		Х				0.	0.	0.
(12) Dr. Bill Barcley	1.00									
Trustee		Х						0.	0.	0.
(13) Richard Bowser	1.00	1								
Trustee	1.00	Х						0.	0.	0.
(14) Rev. Howard Brown	1.00	1								
Trustee		Х						0.	0.	0.
(15) David Caines	1.00	1								
Trustee		Х	<u> </u>	_				0.	0.	0.
(16) Dr. Render Caines	1.00	1								
Trustee		Х	<u> </u>	_				0.	0.	0.
(17) Bob Curtis	1.00									
Trustee	1.00	Х						0.	0.	0.

Form 990 (2020) Covenant College 43-0719506 Page **8** 

Form 990 (2020) Covenant Co									43-0719506	Page <b>o</b>
Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per		(do not che		Position check more than one ess person is both an			Reportable compensation	Reportable compensation	Estimated amount of
	week	offic	cer an					from	from related	other
	(list any hours for	ndividual trustee or director						the	organizations	compensation
	related	e or d	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	mpen		(** 2) 1000 (**100)		and related
	below	idual	ution	 	Key employee	est co oyee	Je .			organizations
	line)	Indiv	Instit	Officer	Key e	High emp	Form			
(18) Rev. Matt Fray	1.00									
Trustee		Х						0.	0.	0.
(19) Gary Haluska	1.00									
Trustee		Х						0.	0.	0.
(20) Dr. Bradley Harris	1.00									
Trustee		Х						0.	0.	0.
(21) Rev. Eric Hausler	1.00									
Trustee		Х						0.	0.	0.
(22) Duncan Highmark	1.00									
Trustee		Х						0.	0.	0.
(23) Rob Jenks	1.00									
Trustee		Х						0.	0.	0.
(24) Rev. Ralph Kelley	1.00									
Trustee		Х						0.	0.	0.
(25) Rev. Lance Lewis	1.00									
Trustee		Х						0.	0.	0.
(26) David Lucas	1.00									
Trustee		Х					<u> </u>	0.	0.	0.
1b Subtotal								1,074,731.	0.	153,525.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								1,074,731.	0.	153,525.

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

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Chartwells Dining Services		
PO Box 417632, Boston, MA 02241-7632	Food Services	2,582,987.
Creative Dining Services, Inc., 1 Royal		
Park Drive, Suite #3, Zeeland, MI 49464	Food Services	1,004,885.
Capture, LLC, 2303 River Road, Suite 201,	Lead Nurturing Software &	
Louisville, KY 40206	Analysis	153,549.
PCE LLC		
810 Dominican Drive, Nashville, TN 37228	General Contractor	145,279.
Ellucian Company LP		
4 Country View Road, Malvern, PA 19355	Software Vendor	113,498.
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ▶ 6	sted above) who received more than	

Form 990 Covenant College 43-0719506

Form 990 Covenant Co.									43-071950	ь
Part VII Section A. Officers, Directors, T	rustees, Key E	mple	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	e Position						Reportable	Reportable	Estimated
	hours	(c	heck	k all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	<u>_</u>				loyee		the	organizations	compensation
	(list any hours for	lirecto				Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e 0 r (	stee			satec		(***2/1099*****130)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	mpe				organizations
	below	idual	tution	-ia	Key employee	estoc	le.			
	line)	Indi	Insti	Officer	Key	High	Former			
27) Wills Ryan	1.00									
rustee		х						0.	0.	
(28) Towner Scheffler	1.00									
rustee		Х						0.	0.	
(29) Steve Sligh	1.00									
[rustee		Х						0.	0.	
(30) Dr. Gordon Sluis	1.00									
Trustee		Х						0.	0.	
(31) Sam R. Smartt, Jr.	1.00									
Trustee	1.00	Х						0.	0.	
(32) Rev. Kevin Smith	1.00									
Trustee		Х						0.	0.	
(33) John Truschel	1.00									
Trustee	1.00	Х						0.	0.	
(34) J. Allen Wright	1.00	1								
Trustee	1.00	Х						0.	0.	
		_								
		4								
		4								
		-								
		1								
					<u> </u>					
		1								
		1								
		1								
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		1								
	+									
		1								

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Form 990 (2020) Covenant Co
Part VIII Statement of Revenue

		Check if Schedule O	conta	ains a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	<b>(D)</b> Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
							- Tantonon Toronao		sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
g a	b	Membership dues		1b					
s, ( Am	С	Fundraising events		1c	16,795.				
ar Ja	d	Related organizations		1d	717,721.				
ini.	е	Government grants (conti	ributi	ions) 1e	1,589,647.				
rion S	f	All other contributions, gifts,	grant	ts, and					
盲		similar amounts not included			5,407,913.				
	g	Noncash contributions included in			68,069.				
a C	_	Total. Add lines 1a-1f			<b></b>	7,732,076.			
					Business Code				
e l	2 a	Tuition and fees			611310	30,988,149.	30,988,149.		
Program Service Revenue	b	Auxiliary enterpris	es		611310	6,733,319.	6,733,319.		
Sci	С	Independent operati	ons		611310	481,672.	481,672.		
eve	d								
Pg R	е								
Ą.	f	All other program service	reve	nue	611310	190,130.	190,130.		
	g	Total. Add lines 2a-2f				38,393,270.			
	3	Investment income (include							
		other similar amounts)		<b>&gt;</b>	884,432.			884,432.	
	4	Income from investment of							
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a	54,064.					
	b	Less: rental expenses	6b	51,120					
	С	Rental income or (loss)	6с	2,944.					
	d	Net rental income or (loss	)			2,944.			2,944.
	7 a	Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory	7a	1,633,126					
	b	Less: cost or other basis							
e		and sales expenses	7b	1,280,190.	. 22,854.				
ther Revenue	С	Gain or (loss)		352,936.	-22,854.				
Re		Net gain or (loss)				330,082.			330,082.
Je		Gross income from fundraisi							
₹		including \$	16	,795. of					
		contributions reported on							
		Part IV, line 18		8a	6,765.				
	b	Less: direct expenses			15,943.				
		Net income or (loss) from				-9,178.			-9,178.
		Gross income from gamin		· -					
		Part IV, line 19							
	b	Less: direct expenses							
	С	Net income or (loss) from	gam	ing activities					
		Gross sales of inventory,							
		and allowances		a					
	b	Less: cost of goods sold							
		Net income or (loss) from							
s					Business Code				
Miscellaneous Revenue	11 a								
an Ju	b	•							
e G	С								
Ajs.	d All other revenue		900099	50,003.	50,003.				
		Total. Add lines 11a-11d				50,003.			
	12	Total revenue. See instruction	ns		<b>&gt;</b>	47,383,629.	38,443,273.	0.	1,208,280.

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# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	1,200.	1,200.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	18,180,344.	18,180,344.		
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,	454 744	400 007	252 452	100 005
_	trustees, and key employees	464,744.	102,287.	260,170.	102,287.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	12 570 550	11 220 163	1 152 520	1 100 075
7	Other salaries and wages	13,570,558.	11,228,163.	1,153,520.	1,188,875.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	2,794,164.	2,114,228.	440,085.	220 051
9	Other employee benefits	885,551.	687,645.	109,660.	239,851. 88,246.
10 11	Payroll taxes Fees for services (nonemployees):	005,551.	007,045.	109,000.	00,240.
	Management	20,342.		20,342.	
	Legal	88,013.		88,013.	
	Accounting	00,013.		00,013.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	192,095.		192,095.	
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	1,255,457.	792,452.	367,000.	96,005.
12	Advertising and promotion	212,027.	45,391.	156,360.	10,276.
13	Office expenses	1,073,895.	789,034.	218,651.	66,210.
14	Information technology	409,890.	152,721.	257,169.	, -
15	Royalties	,	,	,	
16	Occupancy	1,393,123.	1,032,272.	342,197.	18,654.
17	Travel	474,024.	392,668.	20,672.	60,684.
18	Payments of travel or entertainment expenses	·	·	·	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	154,375.	77,624.	22,338.	54,413.
20	Interest	66,469.		66,469.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,335,877.	3,138,580.	174,425.	22,872.
23	Insurance	86,278.	86,278.		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Food services	2,395,413.	2,386,602.	3,881.	4,930.
b		, ,	, , = ,	, ,	, ,
c					
d					
e	All other expenses	444,104.	134,112.	291,403.	18,589.
25	Total functional expenses. Add lines 1 through 24e	47,497,943.	41,341,601.	4,184,450.	1,971,892.
26	Joint costs. Complete this line only if the organization	, ,	. ,	• • •	. , .
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
_	Check here if following SOP 98-2 (ASC 958-720)				
					F 000 (0000)

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Part X Balance Sheet 43-0719506 Covenant College Page **11** 

		Check if Schedule O contains a response or	note to an	y line in this Part X			
		·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,538.	1	3,550.
	2	Savings and temporary cash investments	3,647,709.	2	4,289,557.		
	3					3	
	4	Accounts receivable, net			268,249.	4	652,277.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial d	contributor, or 35%			
		controlled entity or family member of any of t	hese pers	ons	37,500.	5	25,000.
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons descr	bed in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		[		7	
Assets	8	Inventories for sale or use		F	115,568.	8	82,261.
ĕ	9	Prepaid expenses and deferred charges			406,634.	9	361,920.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		108,665,962.			
	b	Less: accumulated depreciation		50,791,761.	60,195,527.	10c	57,874,201.
	11	Investments - publicly traded securities		·	20,835,967.	11	26,586,466.
	12	Investments - other securities. See Part IV, lin			11,313,747.	12	15,109,628.
	13	Investments - program-related. See Part IV, li			1,432,164.	13	884,542.
	14	Intangible assets	F	. ,	14	, <u> </u>	
	15	Other assets. See Part IV, line 11		15			
	16	<b>Total assets.</b> Add lines 1 through 15 (must e			98,255,603.	16	105,869,402.
	17	Accounts payable and accrued expenses			1,069,933.	17	1,642,910.
	18		. ,	18	· · ·		
	19	Grants payable  Deferred revenue			1,161,965.	19	469,985.
	20				, ,	20	,
	21	Escrow or custodial account liability. Comple			289,894.	21	295,139.
S	22	Loans and other payables to any current or f			, -		,
Liabilities		trustee, key employee, creator or founder, su					
іg		controlled entity or family member of any of t				22	
Ë	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	-	•	1,170,122.	25	833,233.
	26	Total liabilities. Add lines 17 through 25			3,691,914.	26	3,241,267.
		Organizations that follow FASB ASC 958,			, , ,		, ,
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.	onioon noi				
	27	Net assets without donor restrictions			67,206,920.	27	66,430,220.
Bal	28	Net assets with donor restrictions			27,356,769.	28	36,197,915.
pu		Organizations that do not follow FASB AS			, ,		, ,
Ŀ		and complete lines 29 through 33.	J 555, 5				
, o	29	Capital stock or trust principal, or current fur	ıds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
let	32	Total net assets or fund balances		_	94,563,689.	32	102,628,135.
_	33	Total liabilities and net assets/fund balances			98,255,603.	33	105,869,402.
	100	Total habilities and thet assets/fully balafiles			,200,000.	55	==5,005,202.

Form **990** (2020)

Covenant College 43-0719506 Page 12 Form 990 (2020) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 47 383 629. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 47,497,943. 2 2 -114.314. 3 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 94,563,689. 4 8,178,760. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain on Schedule O) 0. 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 102,628,135. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No 1 Accounting method used to prepare the Form 990: Lash X Accrual \_\_ Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis **b** Were the organization's financial statements audited by an independent accountant? Х 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

3a | X

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 43-0719506 Covenant College Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,927,667.	8,511,423.	5,762,357.	10,332,332.	7,732,076.	40,265,855.
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	7,927,667.	8,511,423.	5,762,357.	10,332,332.	7,732,076.	40,265,855.
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)						3,088,536.
	Public support. Subtract line 5 from line 4.						37,177,319.
	ction B. Total Support		#12004=	( ) 00/0	( D 00 (0		
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	7,927,667.	8,511,423.	5,762,357.	10,332,332.	7,732,076.	40,265,855.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	410 074	624 170	715 603	1 500 400	039 406	4 207 742
_	and income from similar sources	419,074.	634,170.	715,603.	1,590,400.	938,496.	4,297,743.
9	Net income from unrelated business						
	activities, whether or not the		2,736.				2,736.
40	business is regularly carried on		2,730.				2,730.
10	Other income. Do not include gain						
	or loss from the sale of capital	1,217,599.	3,404,376.	1,541,837.	132,613.	56,768.	6,353,193.
44	assets (Explain in Part VI.)	1,217,399.	3,404,370.	1,341,037.	132,013.	30,700.	50,919,527.
11	<b>Total support.</b> Add lines 7 through 10	eta (esa inetruetia	200)			12	204,242,392.
12 13	Gross receipts from related activities, First 5 years. If the Form 990 is for the			fourth or fifth tax i			201,212,332.
13	organization, check this box and stor			•			ightharpoonup
Sec	Section C. Computation of Public Support Percentage						
14	Public support percentage for 2020 (			column (fl)		14	73.01 %
15	Public support percentage from 2019					15	70.28 %
	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the fact	•					· ·
	meets the facts-and-circumstances to			=			
b	10% -facts-and-circumstances tes	_	•	*	-		
	more, and if the organization meets tl	-					
	organization meets the facts-and-circ		•				<b>▶</b> □
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instructions	s <b>&gt;</b>

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

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

Section A. Public Support	below, please con	ipiete i ait ii.)				
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and	, ,		, ,	, ,		
membership fees received. (Do not						
include any "unusual grants.")						
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						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
in an annual annual attion 540						
		+				
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	;					
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	_	•		•	•	•
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	;					
acquired after June 20, 1075						
c Add lines 10a and 10b						
11 Net income from unrelated business	<u>,</u>					
activities not included in line 10b,						
whether or not the business is						
regularly carried on						
or loss from the sale of capital						
assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for t	the organization's	first, second, third,	, fourth, or fifth tax	year as a section	n 501(c)(3) organizat	ion,
check this box and stop here		······································				<u></u> ▶∟
Section C. Computation of Pub					<del> </del>	
<b>15</b> Public support percentage for 2020			column (f))			
16 Public support percentage from 201					16	
Section D. Computation of Inve					11	
17 Investment income percentage for 2						-
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2020. If th	e organization did	not check the box	on line 14, and line	e 15 is more thar	33 1/3%, and line	17 is not
more than 33 1/3%, check this box	and <b>stop here.</b> The	e organization qual	ifies as a publicly s	supported organi	zation	▶∟
b 33 1/3% support tests - 2019. If th	e organization did	not check a box of	n line 14 or line 19a	a, and line 16 is r	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	neck this box and <b>s</b>	t <b>op here.</b> The orga	anization qualifies a	as a publicly sup	oorted organization	▶□
20 Private foundation. If the organizati	ion did not check a	a box on line 14, 19	9a, or 19b, check t	his box and see i	nstructions	

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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 line 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.)

		Yes	No
	1		
	2		
	_		
	За		
	3b		
	3с		
	_		
	4a		
	4b		
	4c		
	5a		
	- Gu		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
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Pa	rt IV	Supporting Organizations (continued)			
		· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		illy member of a person described in line 11a above?	11b		
		6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more	supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		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			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in line 2, above, did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а		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.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activi	ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	he organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b	Did th	ne activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one o	r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part \	Ithe 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	Paren	nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did th	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	truste	es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b	Did th	ne 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		

	edule A (Form 990 or 990-EZ) 2020 Covenant College	O		43-0719506 Page <b>6</b>
1 Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying the Integral Part Test as a qua			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	-		, -
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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	ally integrate	d Type III supporting or	ganization (see
	instructions).	. =		

Schedule A (Form 990 or 990-EZ) 2020

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		•		Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exem						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	าร	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which t	the organization is responsive	е				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
С	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2020, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2020. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2021. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
	Excess from 2017						
С	Excess from 2018						
	Excess from 2019						
	Excess from 2020						

Schedule A (Form 990 or 990-EZ) 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Other income
2016 Amount: \$ 1,217,599.
2017 Amount: \$ 3,404,376.
2018 Amount: \$ 1,536,297.
2019 Amount: \$ 132,613.
2020 Amount: \$ 50,003.
Fundraising income
2018 Amount: \$ 5,540.
2020 Amount: \$ 6,765.
Schedule A, Part II:
The organization is a school as described under 170(b)(1)(A)(ii) and is
not required to complete a public support schedule. Schedule A, Part II
is completed to verify the School can qualify under public charity
status section 170(b)(1)(A)(vi) and, therefore, qualifies to use the
first listed special rule for Schedule B reporting.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

**Schedule of Contributors** 

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

**2020** 

	43-0719506					
Organization type (check	cone):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	n is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.				
General Rule						
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributio is checked, ente purpose. Don't c	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Name of organization	Employer identification number
Covenant College	43-0719506

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)		d)			
No.	Name, address, and ZIP + 4	Total contributions Type of co	ontribution			
1		Person Payroll Noncash (Complete Payron)	art II for			
(a)	(b)		d)			
No.	Name, address, and ZIP + 4	Total contributions Type of co	ontribution			
2		Person Payroll Noncash (Complete Payron) noncash con	art II for			
(a)	(b)		d)			
No.	Name, address, and ZIP + 4	Total contributions Type of co	ontribution			
3		Person Payroll Noncash (Complete Payron) noncash con	art II for			
(a)	(b)		d)			
No. <u>4</u>	Name, address, and ZIP + 4	Person Payroll Noncash (Complete Payron)	art II for atributions.)			
(a) No.	(b) Name, address, and ZIP + 4		d) ontribution			
5		Person Payroll Noncash (Complete Payron)	X			
(a)	(b)		d)			
<b>No.</b> 6	Name, address, and ZIP + 4	Total contributions Type of contributions  Person Payroll Noncash (Complete Payron)	art II for			

Name of organization	Employer identification number
Covenant College	43-0719506

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	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
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	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.)

Name of organization

Covenant College

43-0719506

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt 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. 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. 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
		l \$	

Name of or	rganization			Employer identification number
Covenant	College			43-0719506
Part III		) through (e) and the following line e charitable, etc., contributions of \$1,000 o	ntry For organizations	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g		
-	Transferee's name, address, a			ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of g nd ZIP + 4		insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of g		nnsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of g		insferor to transferee
				_

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number**  $43 \!-\! 0719506$ Covenant College

Pai	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV,	line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors i		sed funds
	are the organization's property, subject to the organization	n's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and dono		
	for charitable purposes and not for the benefit of the dono		
Pai	rt II Conservation Easements. Complete if the	organization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organiz	ation (check all that apply).	
	Preservation of land for public use (for example, recr	reation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic	structure included in (a)	2c
d	Number of conservation easements included in (c) acquire	ed after 7/25/06, and not on a historic struct	ure
	listed in the National Register		
3	Number of conservation easements modified, transferred,		
	year ▶		
4	Number of states where property subject to conservation	easement is located >	
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easement	s it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	ng, handling of violations, and enforcing con	servation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, ha	andling of violations, and enforcing conserva	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) ab	pove satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserv	ation easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the for	otnote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections		ther Similar Assets.
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC	958, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for p	· ·	•
	service, provide in Part XIII the text of the footnote to its fir	nancial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC	· · · · · · · · · · · · · · · · · · ·	
	art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical t	treasures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASE		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
h	Assets included in Form 990, Part Y		•

Sche	edule D (Form 990) 2020 Covenant Co	llege				43-	-07195	06	Pa	ge <b>2</b>
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or O	her S	Similar	Asse <sup>-</sup>	<b>ts</b> (contin		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	e sign	ificant us	e of its			
	collection items (check all that apply):									
а	X Public exhibition	d	Loan or excl	hange program						
b	Scholarly research	е	Other							
С	X Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	exempt	purpose	in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or other sim	ilar as	sets				
	to be sold to raise funds rather than to be ma							Yes	Х	No
Pai	rt IV Escrow and Custodial Arran	<b>gements.</b> Comple	te if the organizatio	n answered "Yes"	on Fo	rm 990, F	art IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets i	not inc	luded		_		
	on Form 990, Part X?						L	Yes	Х	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		-		
2a	Did the organization include an amount on Fe				ability?		Х	Yes		No
	If "Yes," explain the arrangement in Part XIII.								Х	
Pa	rt V Endowment Funds. Complete in	f the organization and	swered "Yes" on Fo	rm 990, Part IV, lir	ne 10.					
		(a) Current year	(b) Prior year	(c) Two years back		Three year	s back	(e) Four		
	Beginning of year balance	43,363,592.	42,680,820.	42,048,000	5.	39,286	,339.	34,	135,	905.
b	Contributions	4,969,972.	2,163,974.	604,493		1,912	,350.		924,	
С	Net investment earnings, gains, and losses	12,367,641.	585,227.	1,959,75	5.	2,915	,489.	4,	599,	825.
d	Grants or scholarships	1,539,953.	1,519,655.	1,310,643	3.	1,520	,209.		997,	425.
е	Other expenditures for facilities									
	and programs	594,155.	546,774.	620,791	١.	545	,963.		376,	537.
f	Administrative expenses									
g	End of year balance	58,567,097.	43,363,592.	42,680,820	).	42,048	,006.	39,	286,	339.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:						
а	Board designated or quasi-endowment	20.2910	_%							
b	Permanent endowment > 79.7090	%								
С	Term endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administered fo	or the o	organizati	ion	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		Х
	(ii) Related organizations							3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	Х	
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	rt VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part	X, line	e 10.				
	Description of property	(a) Cost or ot	' '			mulated		(d) Book	value	)
		basis (investm		, ,	depred	ciation				
	Land			,946,752.					946,	
	Buildings		93	,717,734.	41	,927,30	2.	51,	790,	432.
	Leasehold improvements									
	Equipment		12	,626,382.	8	,864,45	9.	3,	761,	
_	Other	ı	I	375 094			- 1		375	094

Schedule D (Form 990) 2020

57,874,201.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part IX, line 12.  (a) Boachight out diplay checkers ever extension (b) Book value  (b) Book value  (c) Method of valuation: Cost or end of year market value  (d) Hedge Pands  (d) Hedge Pands  (g) Part Value  (g) Real State and Cosmodities  (g) Beal State and Cosmodities  (g) Beach State and Cosmodities  (g) Be	Part VII Investments - Other Securities.			
(1) Financial derivatives (2) Closely held equity interests (3) Office (3) Office (4) Part Market (4) Part (5) Part (4) Part (				d of year market value
	(A) = 1.1.1.1.1.1	(b) book value	(C) Method of Valuation. Cost of end	1-01-year market value
(3) Other   (4)   Bode Punds   12,674,939,   Bnd of Year Market Value   (5) Private Equity   2,945,401,   Bnd of Year Market Value   (6) Private Equity   2,945,401,   Bnd of Year Market Value   (7)   (8)   (9	• • • • • • • • • • • • • • • • • • • •			
A				
(g) Private Equity 2, 046, 401, End-of-Year Market Value (C) Real Batate and Cosmodities 388, 288. End-of-Year Market Value (D) (D) (E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G		12 674 939	Fnd_of_Vear Market Walue	
(C) Real Estate and Commodities 388, 288. End-of-Year Market Value (D) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(D) (E) (E) (F) (G) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 15 , 109 , 628 .    Part VIIII   Investments - Program Related.	(-)			
(E) (B) (C) (C) (C) (C) (C) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	(=)	300,200.	End of feat Market value	
(G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 15, 109, 628.    Part VIIII   Investments - Program Related.   15, 109, 628.   16, 100, 100, 100, 100, 100, 100, 100,				
(6) (+) (+) (	,			
Total: (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	,			
Total. ((cb) (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		15 109 628		
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 (d) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		13,103,020.		
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1)		on Form 000 Part IV line :	11c Soc Form 990 Part V line 13	
(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.	(a) Description of investment			d-of-vear market value
(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.   (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.)   Part X   Other Liabilities.   (a) Description   (b) Hook value   (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   (b) Book value   (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)   (b) Book value   (1) Federal income taxes   (a) Description of liability   (b) Book value   (2) Flunds held in federal loan programs   (b) Book value   (2) Flunds held in federal form 990, Part X, col. (B) line 25.   (b) Book value   (7) (8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   (b) Book value   (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   (b) Book value   (7) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)   (c) Book value   (d) Book value		(b) Book value	(c) mother of valuation, each of one	a or your market value
(8) (9) (17) (8) (9) (9) (18) (9) (19) (19) (10) (10) (10) (10) (10) (10) (11) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (10) (10) (10) (10) (11) (10) (11) (11				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal form 990, Part X, col. (B) line 13.) ▶    Part X  Other Assets.				
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(6) (77 (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶    Part IX   Other Assets.				
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Par	t XI Reconciliation of Revenue per Audited Financial		ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	- I		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pai	t XII Reconciliation of Expenses per Audited Financia		ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments			
	Other losses			
	, , , , , , , , , , , , , , , , , , , ,	•		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	- I		
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, II	ine 18.)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		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 provi	ide any additional information.		
Damb	TTT lime A.			
Part	III, line 4:			
шhо	College was gifted a gollegtion of Audubon art prints	which promote		
Ine	College was gifted a collection of Audubon art prints,	which promote		
tho	arts to students and the public			
- LITE	arts to students and the public.			
Dart	IV, line 2b:			
rait	IV, Time 25:			
Deno	sits held in custody represent amounts held as agency	accounts for		
Берс	area in custody represent amounts here as agency	accounts for		
wari	ous College clubs and activities.			
Vali	ous correge crubs and accrivitres.			
-				
Dart	V, line 4:			
- 41 (	-,			
Endo	wment funds are invested to produce income, which is u	ised to fund		
		-224 00 14114		
scho	larships, pay for salary and general operation expense	es and maintain		
20110		, and maintain		

facilities.

Schedule D (Form 990) 2020	Covenant College		43-0719506	Page <b>5</b>
Schedule D (Form 990) 2020  Part XIII   Supplemental Infor	mation (continued)			

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Schools**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Covenant College

Employer identification number

43-0719506

art I					_
		_		YES	Ľ
	ization have a racially nondiscriminatory policy toward students by statement in its charter,				
	overning instrument, or in a resolution of its governing body?		1	Х	L
Does the organi	ization include a statement of its racially nondiscriminatory policy toward students in all its broch	ures,			
catalogues, and	d other written communications with the public dealing with student admissions, programs, and s	scholarships?	2	Х	L
Has the organiz	ation publicized its racially nondiscriminatory policy on its primary publicly accessible Internet				
homepage at al	I times during its taxable year in a manner reasonably expected to be noticed by visitors to the				
homepage, or the	hrough newspaper or broadcast media during the period of solicitation for students, or during the	e			
registration peri	od if it has no solicitation program, in a way that makes the policy known to all parts of the gener	ral			
community it se	erves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		3	Х	
The policy w	was included on the homepage of the school's	Г			
website at a	all times during the tax year ended 6/30/2021.				
Does the organi	ization maintain the following?				
a Records indicat	ting the racial composition of the student body, faculty, and administrative staff?		4a	Х	L
	nenting that scholarships and other financial assistance are awarded on a racially nondiscriminate		4b	Х	
	talogues, brochures, announcements, and other written communications to the public dealing	Γ			
with student ad	missions, programs, and scholarching?		4c	Х	ı
with Student au	rnissions, programs, and scholarships?		70		ı
d Copies of all ma	Imissions, programs, and scholarships?  aterial used by the organization or on its behalf to solicit contributions?  I "No" to any of the above, please explain. If you need more space, use Part II.		4d	Х	
d Copies of all ma	aterial used by the organization or on its behalf to solicit contributions?			Х	
d Copies of all ma	aterial used by the organization or on its behalf to solicit contributions?			Х	
Copies of all ma If you answered  Does the organi	aterial used by the organization or on its behalf to solicit contributions?			X	
Copies of all ma If you answered  Does the organi Students' rights	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  It is a solicit contributions?  If you need more space, use Part II.  It is a solicit contributions?  If you need more space, use Part II.		4d	Х	⊢
Does the organia Admissions poli	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  It is a contribution is a contribution or on its behalf to solicit contributions?  If it is a contribution is a contribution or on its behalf to solicit contributions?  If it is a contribution is a contribution or on its behalf to solicit contributions?  If it is a contribution is a contribution or on its behalf to solicit contributions?		4d 5a	Х	
Does the organia Students' rights Admissions police Employment of	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  Ization discriminate by race in any way with respect to:  Is or privileges?  Icies?  If you need more space, use Part II.		4d 5a 5b	X	
Does the organia Students' rights Admissions police Employment of Scholarships or	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  ization discriminate by race in any way with respect to: s or privileges? icies? faculty or administrative staff?		5a 5b 5c	Х	
Does the organia Students' rights Admissions police Employment of Scholarships or	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  ization discriminate by race in any way with respect to: s or privileges? icies? faculty or administrative staff? other financial assistance? icies?		5a 5b 5c 5d	Х	
Does the organia Students' rights Admissions police Employment of Scholarships or Educational polific Use of facilities'	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  ization discriminate by race in any way with respect to: s or privileges? icies? faculty or administrative staff? other financial assistance? icies? ?		5a 5b 5c 5d 5e	х	
Does the organia Students' rights Admissions police Employment of Scholarships or Educational pol Use of facilities' Athletic program	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  It is a contract of the above in any way with respect to:  It is a contract or privileges?  It is a cont		5a 5b 5c 5d 5e 5f	х	
Does the organia Students' rights Admissions police Employment of Scholarships or Educational pol Use of facilities' Athletic program Other extracurri	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  ization discriminate by race in any way with respect to: s or privileges? icies? faculty or administrative staff? other financial assistance? icies? ?		5a 5b 5c 5d 5e 5f 5g	X	
Does the organia Students' rights Admissions police Employment of Scholarships or Educational pol Use of facilities' Athletic program Other extracurri	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  It is a contract of the above in any way with respect to:  It is or privileges?  It is or privileges?  It is or administrative staff?  If it is other financial assistance?		5a 5b 5c 5d 5e 5f 5g	X	
Does the organia Students' rights Admissions police Employment of Scholarships or Educational pol Use of facilities' Athletic program Other extracurri If you answered	aterial used by the organization or on its behalf to solicit contributions?  If "No" to any of the above, please explain. If you need more space, use Part II.  It is a contract of the above in any way with respect to:  It is or privileges?  It is or privileges?  It is or administrative staff?  If it is other financial assistance?		5a 5b 5c 5d 5e 5f 5g	x	
Does the organia Students' rights Admissions police Employment of Scholarships or Educational pol Use of facilities' Athletic program Other extracurri If you answered Does the organia Does the organia	aterial used by the organization or on its behalf to solicit contributions?  I "No" to any of the above, please explain. If you need more space, use Part II.  ization discriminate by race in any way with respect to: s or privileges? icies? faculty or administrative staff? other financial assistance? icies? ? ms? icular activities? I "Yes" to any of the above, please explain. If you need more space, use Part II.		5a 5b 5c 5d 5e 5f 5g 5h		
Does the organical Students' rights of Admissions policing Employment of Scholarships or Educational policing Athletic program Other extracurrill fyou answered Does the organical Does the organical Has the organical Control of the organical Does the Organical	aterial used by the organization or on its behalf to solicit contributions?  I "No" to any of the above, please explain. If you need more space, use Part II.  ization discriminate by race in any way with respect to: s or privileges? icies? faculty or administrative staff? other financial assistance? icies? ? ms? icular activities? I "Yes" to any of the above, please explain. If you need more space, use Part II.		5a 5b 5c 5d 5e 5f 5g 5h		
Does the organics of all market organics or a	aterial used by the organization or on its behalf to solicit contributions?  I "No" to any of the above, please explain. If you need more space, use Part II.  Ization discriminate by race in any way with respect to: Is or privileges? Icies? Idea of the financial assistance? Icies? In a control of the above, please explain. If you need more space, use Part II.		5a 5b 5c 5d 5e 5f 5g 5h		

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

Schedule E (Form 990 or 990-EZ) 2020

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as
applicable. Also provide any other additional information.
Line 6 - Explanation of Government Financial Aid:
The college receives assistance from the following federal programs:
Federal Supplemental Educational Opportunity Grant, Federal Work Study,
Federal Perkins Loan Program (in accordance with federal regulations no
new loans are being issued; current activity is limited to collecting
existing loans), Federal Pell Grant Program, Federal Direct Loan Program
and Federal Teach Grant Program. The college also received assistance
under the Higher Education Emergency Relief Fund under the CARES Act.

### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number

المعتد	enant College					43-0719506			
		rmation on A	ctivities Out	tside the United States. Comple	ate if the organ		Ves" on		
<u>. u</u>	Form 990, Part IV			tolde the officed states. Comple	ete ii tile organ	ization answered	163 011		
1			n maintain record	ds to substantiate the amount of its gra	ants and other	assistance,			
				the selection criteria used to award the			Yes No		
		-							
2	3 1								
	United States.								
3				an be duplicated if additional space is r			_		
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (d)	(f) Total expenditures		
		in the region	agents, and independent	(by type) (such as, fundraising, program services, investments, grants to		gram service, specific type	for and		
		in the region	contractors	recipients located in the region)		(s) in the region	investments in the region		
			in the region				in the region		
Euro	ope (Including								
	land & Greenland)	l 0	0	Program services	Study abroa	d program	17,400.		
		-	-			F3	1		
Cent	tral America and								
the	Caribbean	0	0	Investments			1,295,827.		
							+		
	Subtotal	0	0				1,313,227.		
b	Total from continuation	_	_						
	sheets to Part I	0	0				0.		
С	Totals (add lines 3a	I	1						

1,313,227.

and 3b)

Schedule F (Form 990) 2020 Covenant College 43-0719506 Page **2** 

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the				<u> </u>	1
exempt 501(c)(3) orga  3 Enter total number of			or counsel has provided a sec			<b>&gt;</b>		

 Schedule F (Form 990) 2020
 Covenant College
 43-0719506
 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

 Schedule F (Form 990) 2020
 Covenant College
 43-0719506
 Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	□ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X Yes	□ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
Part I, line 3:
The College tracked expenditures in accordance with accrual basis of
accounting. Tuition and fees schedules for the students' studies were
accounting. Tuition and fees schedules for the students studies were
used for the study abroad programs.
Part IV, Lines 1, 4 and 5
The College has ownership in foreign investments as indicated in
Schedule F, Part I. The College analyzed its ownership in foreign
organizations, both through partnership investments and directly, and
has determined that it does not meet the reporting thresholds for Forms
8621 and 5471. The College does meet the reporting thresholds for
Forms 926 and 8865 and those forms have been prepared and filed with
Form 990-T accordingly.

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Covenant Co	ollege					3-0719506	ntineation number
Part I Fundraising Activities required to complete this par	Complete if the organization answe	red "Y	es" oı	n Form 990, Part IV,	line 17.	Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitate and solicitate are solicitated and solicitated are solicitated and solicitated are solicitated. Solicitated and solicitated are solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated and solicitated and solicitated are solicitated and solicitated an	ion of ion of fundra (includerofess	non-g gover ising ding o	overnment grants nment grants events fficers, directors, true undraising services?	stees, o	Yes	
(i) Name and address of individual or entity (fundraiser)	ridual (ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (or fu	mount paid retained by) ndraiser d in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			<b>&gt;</b>				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is e	xempt from re	egistration

		le G (Form 990 or 990-EZ) 2020 Covenant C				719506 Page <b>2</b>
Pa	ırt		_		<del>-</del>	
		of fundraising event contributions and gr				pts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			2021 Highlander		None	(add col. (a) through
			Cup Golf Event			col. <b>(c)</b> )
ē			(event type)	(event type)	(total number)	. "
Revenue						
že	1	Gross receipts	23,560.			23,560.
_						
	2	Less: Contributions	16,795.			16,795.
	3	Gross income (line 1 minus line 2)	6,765.			6,765.
	4	Cash prizes				
	_					
"	5	Noncash prizes				
Se						
bei	6	Rent/facility costs	6,825.			6,825.
Direct Expenses	l _					1
<u>Se</u>	7	Food and beverages	1,814.			1,814.
ֿ						
	8	Entertainment				7.204
	9	Other direct expenses				7,304.
	10	Direct expense summary. Add lines 4 throug			_	15,943.
D	11     rt	Net income summary. Subtract line 10 from Gaming. Complete if the organization		- 000 Dert IV line 10 er		-9,178.
ГС		\$15,000 on Form 990-EZ, line 6a.	answered tes on Form	11 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue				gpg.		
æ	1	Groop rovenue				
_	H.	Gross revenue				
	۱,	Cash prizes				
ses	-	Caon prizes				
Expenses	3	Noncash prizes				
$\overline{\Sigma}$	١	Nonedan prizes				
ect	4	Rent/facility costs				
Dire	Ι΄	There is a contract to the con				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No 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)		<b>&gt;</b>	
		, , , , , , , , , , , , , , , , , , ,	,		ŕ	
9	En	ter the state(s) in which the organization cond	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses r	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	lf "	Yes," explain:				

Sch	edule G (Form 990 or 990-EZ) 2020 Covenant College 43-	0719506	•	Page <b>3</b>
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
12	Indicate the percentage of gaming activity conducted in:			
		ءمد ا	1	0/
	a The organization's facility		+	%
	o An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ 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 ▶\$			
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	└─ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	3		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III.	ines 9	9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		, , , , , , ,

Schedule (	G (Form 990 or 990-EZ)	Covenant College		43-0719506	Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)			

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Covenant Colle		43-0719506					
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	e grantees' eligibilit	y for the grants or as	sistance, and the selec	tion
criteria used to award the grants or assis							
2 Describe in Part IV the organization's pro	ocedures for moni	toring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organi	izations and Domest	ic Governments.	Complete if the org	anization answered "	Yes" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II car	be duplicated if addi	tional space is nee	ded.			
Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>							<b>&gt;</b>

Covenant College 43-0719506 Schedule I (Form 990) 2020 Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Federal grantor/pass-through grantor/program and					
tudent financial aid from the College.	859	17,768,968.	0.		
HEERF Grants	589	411,376.	0.		
		,	-		
Part IV Supplemental Information. Provide the information re			(1)	<u> </u>	

Part I, Line 2:

The College provides scholarships/grants to students enrolled in its

programs. Scholarships/grants are awarded based upon academic merit and/or

financial need depending on the criteria established by the College and/or

the donor funding the award. To be considered for scholarship/grant

assistance, students must apply for admission and submit academic

transcripts of prior education work, test scores (ACT/SAT), an application

for the scholarship program, and support of financial need (e.g. FAFSA and

tax returns). Some scholarships require additional recommendations or

Schedule I	(Form 990) Covenant College	43-0719506	Page 2
Part IV	Supplemental Information		
certifica	ations by third parties. Academic progress of scholarship		
recipien	ts is monitored, and recipients must earn both a minimum amount of		
college	credits and a minimum GPA each semester in order to maintain		
eligibil:	ity. Scholarships/grants are applied directly to student accounts.		

## **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

Covenant College

**Employer identification number** 43-0719506

Pa	art I Questions Regarding Compensation			
	<u> </u>		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	Х	
b	Any related organization?	5b	Х	
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53,4958-6(c)?	9	1	1

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 Covenant College 43-0719506 Page **2** 

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

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

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

	(B) Breakdown of W-2 and/or 1099-MISC compensation		SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(6)(1)-(U)	reported as deferred on prior Form 990
(1) Dr. J. Derek Halvorson	(i)	267,196.	0.	3,510.	0.	27,803.	298,509.	0.
President	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Marc Erickson	(i)	147,015.	31,708.	0.	0.	18,385.	197,108.	0.
VP for Development/CCF Pres.	(ii)	0.	0.	0,	0.	0.	0.	0.
(3) Fred Verwoerd	(i)	140,000.	0.	0.	0.	21,947.	161,947.	0.
VP Operations & Finance, CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Jeff Hall	(i)	134,873.	0.	0,	0.	24,997.	159,870.	0.
VP of Academic Affairs	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020 Covenant College 43-0719506 Page 3

#### Part III Supplemental Information

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

Part I, Line 1a:

The President's wife travels with him on occasion, and this is included in

his taxable income.

Tax indemnification and gross up benefits are provided for the President

and the VP for Development/CCF President, and this is included in their

taxable income.

Club dues are reimbursed for the President and the VP for Development/CCF

President and this is included in taxable income.

Part I, Line 5:

Major Gift Officers have the ability to earn additional pay under a

Performance Based Pay program established in conjunction with the Board.

Under this program Marc Erickson, VP for Development/CCF President received

a bonus based on his 2020 performance related to the Impact endowment

campaign. The incentive compensation is reported in Part II, Column B(ii).

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open To Public Inspection

Employer identification number Name of the organization Covenant College 43-0719506 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to or (i) Written (a) Name of (e) Original (f) Balance due (g) In by board or from the interested person with organization of loan principal amount default? agreement? committee? organization? То From Yes No Yes No Yes No Dr. J. Derek Ha Presiden Housing Х 125,000. 25,000 Х Х Х 25,000. Total ▶ \$ **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (c) Amount of (a) Name of interested person (d) Type of (e) Purpose of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2020

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	I organiz	aring of zation's
	person and the organization	transaction	transaction	Yes	No
				100	110
				<u> </u>	
			1	+	
				1	
Part V Supplemental Information.  Provide additional information for re	sponses to questions on Schedule L (see i	nstructions).			
		,			
Schedule L, Part II, Loans To and Fro	om Interested Persons:				
(a) Name of Person: Dr. J. Derek Halv	vorson				
(b) Relationship with Organization: I	President				
(c) Purpose of Loan: Housing loan					
(c) rurpose or noun. nousing roan					

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization **Employer identification number** Covenant College 43-0719506

Par	t I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported of	on	(d) Method of de noncash contribu		•	
			items contributed	Form 990, Part VIII, lin	e 1g				
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	10	68,	069.Sell	ing Price			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
13									
14	Historic structures  Qualified conservation contribution - Other								
15	Real estate - Residential								
16									
	Real estate - Commercial								
17 40	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								
26	Other ()								
27	Other • ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	ontributions					
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement <b>29</b>				0	
						•		Yes	No
30a	During the year, did the organization receive by	contribution	n any property rep	orted in Part I, lines 1	through 28	3, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	which isn't required to	be used t	or			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard co	ntributions	s?	31	х	
32a	Does the organization hire or use third parties of								
	contributions?		_	· ·			32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a)	s checked	,			
	describe in Part II.	( )	2. 1 1 2 2 3	(-7)		•			

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

Schedule M (Form 990) 2020

#### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

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Name of the organization **Employer identification number** 43-0719506 Covenant College Form 990, Part III, Line 1, Description of Organization Mission: strong teaching and scholarship at the foundation. Our Christ-centered community seeks to help students mature in three primary areas: identity in Christ, Biblical frame of reference, and service that is Christ-like. Form 990, Part III, Line 4c, Program Service Accomplishments: In addition to campus activities, student development offers student training programs, individual academic counsel, professional counseling and medical services to students. Our records and financial aid offices personally work with students to ensure they are on track for graduation and are financially able to complete their education at Covenant. Students have access to the Center for Calling & Career, where they learn to build a resume, write a cover letter, interview well, and network with future employers. Form 990, Part III, Line 4d, Other Program Services: Academic support: The College works to provide students with academic support at every stage of their Covenant education. In addition to highly qualified staff, the Covenant library is networked with more than 18,000 other institutions worldwide, providing interlibrary loan access and document delivery services to over 1.3 billion library items. Our library was eleventh in the world to go live with the Online

Management Service. Covenant's writing center is located in the

Computer Library Center's new cloud-based operating system, Web-scale

Name of the organization  Covenant College	Employer identification number 43-0719506
library, providing students one-on-one tutoring for essays, research	<u> </u>
papers, and any writing-related assignments.	
The Office of Academic Affairs at Covenant works to provide support for	
deans and faculty members as they seek to provide a rigorous education	
to Covenant students. Covenant's master of education and master of arts	
in teaching degrees offered by the graduate school of education at	
Covenant provide students with the exceptional opportunity of	
completing a master's degree in one year.	
Covenant's Maclellan Scholars program offers courses designed to	
encourage critical thinking and develop the skills of potential	
Christian leaders. Students in the program travel internationally while	
at Covenant and demonstrate leadership through student-initiated	
projects.	
Expenses \$ 1,765,798. including grants of \$ 0. Revenue \$ 1,642,004.	
Form 990, Part VI, Section A, line 1:	
The Executive Committee is composed of the four officers of the Board, the	
Chair of the Trustee Development/Spiritual Life Committee, and five other	
trustees as determined by the Board Chairman, the College President, and	
the Trustee Development/Spiritual Life Committee Chairman. The Board of	
Trustees may delegate to the Executive Committee any of the powers and	
authority of the Board in the management of the business affairs of the	
Corporation. The Executive Committee transactions shall be reported	
regularly to the Board of Trustees and are subject to ratification.	

Name of the organization  Covenant College	Employer identification number 43-0719506
Dr. Render Caines and David Caines have a family relationship.	
Sam Smartt, Jr. and David Caines have a family relationship.	
Form 990, Part VI, Section A, line 7a:	
The General Assembly of the Presbyterian Church in America elects members	
to the Board of Trustees and fills vacancies. The Assembly may, at its	
discretion, increase or decrease the number of Trustees.	
Form 990, Part VI, Section B, line 11b:	
Form 990 is prepared by an independent CPA firm and reviewed in detail by	
the organization's top management. The reviewed Form 990 is then provided	
to the board of directors prior to filing with the IRS.	
Form 990, Part VI, Section B, Line 12c:	
The officers, directors, and committee members with Board delegated powers	
are required to sign a disclosure form annually. The Executive Committee	
reviews the signed statements and enforces compliance with the conflict of	
interest policy. Any board member with a conflict of interest abstains from	
voting on matters in which there could be a conflict of interest.	
Form 990, Part VI, Section B, Line 15:	
Annually, the independent Executive Committee reviews the President's	
salary in comparison with salary studies before submitting the proposed	
salary to the governing Board of Trustees for approval. This review and	
approval is documented in the Executive Committee meeting minutes.	

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization  Covenant College	Employer identification number 43-0719506
for the College's officers and executives. This process is documented.	•
· · · · · · · · · · · · · · · · · · ·	
Form 990, Part VI, Section C, Line 19:	
The College's governing documents, conflict of interest policy, and	
financial statements are made available upon request.	
TIMANOTAL BEAUCINCHES ALE MAAC AVAILABLE APON LEQUESC.	

#### **SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ➤ Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** 43-0719506 Covenant College

	(c)	(d)	(e)	(f)
Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Residence hall and dining				
hall services for Covenant				
College students	Georgia	3,533,177.	34,030,138.	Center Hall Manger, LLC
Residence hall and dining				
hall services for Covenant				
College students	Georgia	35,332.	340,301.	Covenant College
	hall services for Covenant College students Residence hall and dining hall services for Covenant	Residence hall and dining hall services for Covenant College students Residence hall and dining hall services for Covenant	Residence hall and dining hall services for Covenant  College students Georgia 3,533,177.  Residence hall and dining hall services for Covenant	Residence hall and dining hall services for Covenant  College students  Residence hall and dining hall services for Covenant

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Covenant College Foundation, Inc	_						1
27-3298736, 14049 Scenic Highway, Lookout							1
Mountain, GA 30750	Supporting Organization	Georgia	501(c)(3)	Line 12b, II	Covenant College	Х	
	-						
-	-						
	-						

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

Schedule R (Form 990) 2020 Covenant College 43-0719506

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or F	Percentage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	ner?	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											
	1											

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

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

Page 2

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

			1.4	
	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	igsquare	Х
b	Gift, grant, or capital contribution to related organization(s)	1b		Х
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	<u> </u>
d	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		х
1	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	n Performance of services or membership or fundraising solicitations by related organization(s)	1m	Х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1p		х
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
·		-		
r	Other transfer of cash or property to related organization(s)	1r		х
s	Other transfer of cash or property to related organization(s) Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) Covenant College Foundation, Inc.	С	717,721.	Book value
(2) Covenant College Foundation, Inc.	М	2,167,830.	Book value
(3) Covenant College Foundation, Inc.	N	180,787.	Book value
(4) Covenant College Foundation, Inc.	0	279,518.	Book value
(5) Covenant College Foundation, Inc.	Q	85,270.	Book value
(6)			

Page 3

<u>Schedule R (Form 990) 2020</u> Covenant College 43-0719506 Page **4** 

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners ser 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	or- amount in box 20 ss? of Schedule K-1	General of managing partner?	(k) Percentage ownership

Schedule R	(Form 990) 2020 Covenant College	43-0719506	Page <b>5</b>
Part VII	(Form 990) 2020 Covenant College  Supplemental Information		-
	Provide additional information for responses to questions on Schedule R. See instructions.		

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Autom	atic 6-Month Extension of Time. Only sub-	mit origin	al (no copies needed).				
	rations required to file an income tax return other than		, ,	nerships, REMIC	s, and trusts		
must use	e Form 7004 to request an extension of time to file incom	me tax retu	rns.				
Type or	Name of exempt organization or other filer, see instr	ructions.		Taxpayer	Taxpayer identification number (TIN)		
print							
File by the	Covenant College				43-0719506		
due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.  14049 Scenic Highway						
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Lookout Mountain, GA 30750						
Enter the	Return Code for the return that this application is for (	file a separa	ate application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	O or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990	)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990-T (trust other than above)			Form 8870			12	
	Jennifer Black-Patel						
	ooks are in the care of 14049 Scenic Highway	- Lookou					
	hone No. > 706-419-1136		Fax No.				
	organization does not have an office or place of busine					·	
	• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box $\blacktriangleright$ and attach a list with the names and TINs of all members the extension is for.						
box	If it is for part of the group, check this box	and atta	ich a list with the names and i	ins of all memb	ers the extension i	s for.	
<b>1</b>   re	equest an automatic 6-month extension of time until	May 1	6, 2022	to file the exem	npt organization ret	urn for	
	e organization named above. The extension is for the or		_ ·		.p. 0. gaa		
•	calendar year or	J					
•	x tax year beginning JUL 1, 2020	, an	d ending JUN 30, 2021				
,	,		<u> </u>				
2 If t	he tax year entered in line 1 is for less than 12 months,	check reas	on: Initial return	Final retur	n		
	Change in accounting period						
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less							
any nonrefundable credits. See instructions.					\$	0.	
<b>b</b> If t	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.	
с Ва	lance due. Subtract line 3b from line 3a. Include your p	ude your payment with this form, if required, by					
using EFTPS (Electronic Federal Tax Payment System). See instructions.					\$	0.	
Caution:	If you are going to make an electronic funds withdrawa	al (direct de	bit) with this Form 8868, see F	orm 8453-EO ar	nd Form 8879-EO f	or payment	

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

Form 8868 (Rev. 1-2020)