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)

OMB No. 1545-0047

Inspection

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.

Open to Public

Α	For the	2020 calendar year, or tax year beginning JUL 1, 2020 and	ending J	UN 30, 2021			
В	Check if applicabl	C Name of organization		D Employer ider	ntification	n number	
	Addre chang						
	Name chang	Doing business as		27-329873	б		
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nur	nber		
	Final return	14049 Scenic Highway		706-419-1	645		
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		4,051	L,333.
	Amen			H(a) Is this a grou	p return		
	Application	F Name and address of principal officer; Marc Elickson		for subordina		Yes 2	☑ No
	pendir	same as C above		H(b) Are all subordina			No
$\overline{\Gamma}$	Tax-ex	empt status: \boxed{X} 501(c)(3) $$ 501(c) () $$ (insert no.) $$ 4947(a)(1) of	or 527	1		See instruction	ns
		te: covenant.giftlegacy.com		H(c) Group exem			
K	Form of	organization: X Corporation	L Year	of formation: 2010	·	e of legal domic	ile: GA
	art I	Summary				<u> </u>	
_	1	Briefly describe the organization's mission or most significant activities: Covenar	nt Colleg	ge Foundation			
Governance		provides funds to support Covenant College.					
rna	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its ne	et assets.		
Ş.	3				3		15
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		14
Š		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			5		0
iţie		Total number of volunteers (estimate if necessary)			6		14
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	85	5,199.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		The state of the s	7b		, L,633.
	 ~			Prior Year		Current Yea	<u> </u>
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,259,0	12.		7,420.
	9	Program service revenue (Part VIII, line 2g)			0.		0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		713,7	00.	586	5,374.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		86,9			5,199.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,059,7			3,993.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		859,3			7,821.
		Benefits paid to or for members (Part IX, column (A), line 4)		,	0.		0.
'n		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		!	50.		0.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.		0.	
þer	l oa	Total fundraising expenses (Part IX, column (D), line 25)					- •
ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		180,7	71	218	3,417.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,040,2			5,238.
		Revenue less expenses. Subtract line 18 from line 12		1,019,4			2,755.
Dr.	3 3	Trevende 1633 expenses. Subtract line 10 from line 12	Be	ginning of Current Ye		End of Year	
ets (20	Total assets (Part X, line 16)		14,784,9		20,093	
ASS	21	Total liabilities (Part X, line 26)			05.		L,966.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		14,784,7		20,091	
P	art II	Signature Block					, ,
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of	of my knov	vledge and beli	ef. it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of wh			,	3	,
	,		<u> </u>				
Sig	ın	Signature of officer		Date			
He		Marc Erickson, President/Executive Director					
110		Type or print name and title					
		Print/Type preparer's name Preparer's şignature	П	Date Check		PTIN	
Pai	d	Ted R. Batson, Jr.	m h	4/4/2022 if		00721951	
	parer	Firm's name Capin Crouse LLP	1.	Firm's EIN	p.ojou	990892	
	Only	Firm's address 1255 Lakes Parkway, Suite 105		THIII 3 LIN	-		
		Lawrenceville, GA 30043		Phone no.	505-502	-2746	
Ma	v tho II	RS discuss this return with the preparer shown above? See instructions		I Hone Ho.		X Vac	No

Га		Toervice Accomplishments			1
		s a response or note to any line in th	is Part III		_
1	Briefly describe the organization's i				
		ation is the planned-giving			_
		se is to grow the College's			_
		the College and the pursui			
		preeminence of Jesus Chris			
2	Did the organization undertake any	significant program services during	the year which were not listed on		
	prior Form 990 or 990-EZ?			Yes X No	
	If "Yes," describe these new servic	es on Schedule O.			
3	Did the organization cease conduc	ting, or make significant changes in	how it conducts, any program ser	vices? Yes X No	
	If "Yes," describe these changes of		, ,, ,		
4		m service accomplishments for each	of its three largest program service	es, as measured by expenses.	
		anizations are required to report the			
	revenue, if any, for each program s	·	amount of grants and anocations	to others, the total expenses, and	
		717,821. including grants	of\$ 717,821.)	(Royanya ¢	١
4 a		ation exists to support Cov		(Neverlue \$,
		bers of the Presbyterian Ch			_
		with a Christ-centered colle			-
					_
		ission by receiving gifts f			_
		ege in the form of grants a			_
	support the College's oper	ations and fund students' e	ducation.		_
					_
					_
4b	(Code:) (Expenses \$	including grants	of\$	(Revenue \$)
	, (====================================			(1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	,
					-
					-
					_
					_
					_
					_
					_
4c	(Code:) (Expenses \$	including grants	of \$)	(Revenue \$)
) (Expenses ‡		,	(1.075.1.05 \$,
					-
					-
					_
					_
					_
					_
					_
					_
					-
					-
4d	Other program services (Describe of	on Schedule ())			-
-tu	. •	•) /p	\	
1.	(Expenses \$	including grants of \$) (Revenue \$	J	_
4e	Total program service expenses	717,821.		5 000 (222	_

Form 990 (2020) Covenant College Foundation, Inc. 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		_ A
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			.,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	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		x
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- "		
ıza	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
		_	- 25 3/ 4	(0000)

Part IV	Checklist of Required Schedules (continued)
	i Olicokiiot oi liegaiiea colleadico (collillaca)

			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
b		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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	
b	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		Х
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		Х
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		Х
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	Х	<u> </u>
	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			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ral	Objects & Oak adula O a sateline a superior and a superior in this Bast V			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N/a
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No
1d h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b			
2	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	(gamessay) strainings to prize without		000	(0000)

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

				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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2 b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	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				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_		١
	to file Form 8282?		7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		V
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file.		7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file For If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		/!!		
Ü	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Didd		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401-			
_	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c	140		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14a 14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		IHD		
.5	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.		.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
	, , , , , , , , , , , , , , , , , , , ,				

Form 990 (2020) Covenant College Foundation, Inc. 27-3298736 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		•	
	Check if Schedule O contains a response or note to any line in this Part VI			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 15			
	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				
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
	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	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-		7b		х
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
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
	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	
	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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х
	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
	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 only) avail	able
	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, an	d 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			

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

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

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

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

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

Check this box if neither the organization r	or any related	orga	aniza	ation	oo r	mpei	nsat	ted any current officer, o	director, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	itior more	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	-		<u> </u>	T	1	T	from the	from related	other
	(list any hours for	direct				-		organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2) 1000 (***00)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee				and related
	below	vidua	itution	cer	Key employee	hest c	Former			organizations
-	line)	lud	lnst	Officer	Ke	Hig	윤			
(1) Dr. J. Derek Halvorson	1.00									
Trustee	40.00	Х						0.	270,706.	22,838.
(2) Marc Erickson	5.00									
President/Executive Director	35.00			Х				0.	178,723.	17,662.
(3) Fred Verwoerd	1.00	1						_		
Assistant Treasurer	40.00			Х				0.	140,000.	21,213.
(4) Richard Bowser	1.00	ļ								
Chairman	1.00	Х		Х				0.	0.	0.
(5) Michael Kramer	1.00	ł		l						
Treasurer	1 00	Х		Х				0.	0.	0.
(6) Robert Wilkinson	1.00	١		l						
Secretary (7) Pak Park	1.00	Х		Х				0.	0.	0.
(7) Bob Beck	1.00	١,,								0
Trustee	1 00	Х						0.	0.	0.
(8) William Burdette	1.00	x							0	0
Trustee (9) James Grauley	1.00	^						0.	0.	0.
Trustee	1.00	X						0.	0.	0
(10) Martin Moore	1.00	^						0.	0.	0.
Trustee	1.00	X						0.	0.	0.
(11) Sarina Sharp	1.00	^						0.	0.	<u> </u>
Trustee	1.00	x						0.	0.	0.
(12) Sam R. Smartt Jr.	1.00								• • • • • • • • • • • • • • • • • • • •	
Trustee	1.00	x						0.	0.	0.
(13) Craig Wood	1.00									
Trustee	1.00	x						0.	0.	0.
(14) J. Allen Wright	1.00	<u> </u>							- •	
Trustee	1.00	x						0.	0.	0.
(15) John Truschel	1.00									
Trustee	1.00	x						0.	0.	0.
(16) Beth Nedelisky	1.00					T				
Trustee		х						0.	0.	0.
(17) Bob Curtis	1.00									
Trustee	1.00	х						0.	0.	0.

032007 12-23-20 Form **990** (2020)

(A) Name and title	(B) Average hours per week (list any						th an	(D) (E) Reportable Reportable compensation compensation from from related		on	n amount of		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizati	e ion ed
1b Subtotal c Total from continuation sheets to Part V	II. Section A						>	0.	589,	429. 0.		61,	,713. 0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r								eceived more than \$100	589,			61,	,713.
compensation from the organization								·				Yes	0 No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		Х
 For any individual listed on line 1a, is the stand related organizations greater than \$15 	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	х	
5 Did any person listed on line 1a receive or	accrue comper	nsat	ion f	from	any	/ unr					5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors													
Complete this table for your five highest countered the organization. Report compensation for	-									npens			
(A) Name and business	address	NO	NE					(B) Description of s	services	С	ompe		n
Total number of independent contractors (\$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than			000 /	

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

		Check if Schedule O contains a respons	e or note to any lin	ne in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ts	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
آڅ.		Fundraising events 1c					
iffs		Related organizations 1d					
aji,G		Government grants (contributions) 1e					
Sis		All other contributions, gifts, grants, and					
je ti	'	similar amounts not included above 1f	2,937,420.				
호텔	_	···	97,903.				
N P				2,937,420.			
<u> </u>	n	Total. Add lines 1a-1f	Business Code	2,337,420.			
	•		Business Code				
je	2 a						
ue e	b	·					
m S	С						
gra Re	d						
Program Service Revenue	е						
-	f	All other program service revenue					
$\overline{}$	g						
	3	Investment income (including dividends, inte					
		other similar amounts)		492,271.			492,271.
	4	Income from investment of tax-exempt bond	proceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 536,443	3.				
	b	Less: cost or other basis					
e		and sales expenses 7b 442,340).				
len/	c	Gain or (loss) 7c 94,103					
ther Revenue		Net gain or (loss)	-	94,103.			94,103.
ē		Gross income from fundraising events (not		,			,
됩	0 4	including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188	a				
	h	Less: direct expenses 8	_				
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	Ja	Part IV, line 19	<u> </u>				
	h	Less: direct expenses 9					
		N					
			······ •				
	ю а	Gross sales of inventory, less returns	<u>, </u>				
		and allowances 10 Less: cost of goods sold					
		J					
-	С	Net income or (loss) from sales of inventory					
Sn		Dage through W 1 To-	Business Code	05 400		05 100	
e e		Pass-through K-1 Inc.	900099	85,199.		85,199.	
Miscellaneous Revenue	b		<u> </u>				
Re	С						
Ξ̈́		All other revenue		^-			
		Total. Add lines 11a-11d		85,199.			
	12	Total revenue. See instructions		3,608,993.	0.	85,199.	586,374.

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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			j i	•
	and domestic governments. See Part IV, line 21	717,821.	717,821.		
2	Grants and other assistance to domestic	·			
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	4,904.		2,455.	2,449.
С	Accounting	6,825.		6,825.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	65,550.		65,550.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	6,125.			6,125.
12	Advertising and promotion				
13	Office expenses	25,507.		240.	25,267.
14	Information technology	5,500.			5,500.
15	Royalties				
16	Occupancy				
17	Travel	3,505.		5.	3,500.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,470.			18,470.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	10,000.			10,000.
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	Taxes	51,228.		49,548.	1,680.
b		,		, = 1	,
c					
d					
e	All other expenses	20,803.			20,803.
25	Total functional expenses. Add lines 1 through 24e	936,238.	717,821.	124,623.	93,794.
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)				

Form 990 (2020) Part X Balance Sheet

Pa	rt X	Balance Sheet						
		Check if Schedule O contains a response or	note to	any line	in this Part X			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing					1	
	2	Savings and temporary cash investments				1,092,391.	2	769,132.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				25,000.	4	100.
	5	Loans and other receivables from any currer	nt or for	mer office	er, director,			
		trustee, key employee, creator or founder, su						
		controlled entity or family member of any of	these p	ersons			5	
	6	Loans and other receivables from other disq	qualified	persons	(as defined			
		under section 4958(f)(1)), and persons descr	ribed in	section 4	1958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7			
Assets	8	Inventories for sale or use			8			
⋖	9	Prepaid expenses and deferred charges					9	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10	а	2,200,000.			
	b	Less: accumulated depreciation	10	b		2,200,000.		2,200,000.
	11	Investments - publicly traded securities		9,302,405.	11	13,245,264.		
	12	Investments - other securities. See Part IV, li	2,131,164.	12	3,845,430.			
	13	Investments - program-related. See Part IV, I			13			
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				34,000.	15	34,000.
	16	Total assets. Add lines 1 through 15 (must e	equal lir	ie 33)		14,784,960.	16	20,093,926.
	17	Accounts payable and accrued expenses				205.	17	1,966.
	18	Grants payable			18			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities			20			
	21	Escrow or custodial account liability. Comple	ete Part	IV of Sch	nedule D		21	
es	22	Loans and other payables to any current or	former of	officer, di	rector,			
≝		trustee, key employee, creator or founder, su	ubstanti	al contrik	outor, or 35%			
Liabilities		controlled entity or family member of any of	these p	ersons			22	
_	23	Secured mortgages and notes payable to ur	nrelated	third par	ties		23	
	24	Unsecured notes and loans payable to unrel	lated thi	rd parties	s		24	
	25	Other liabilities (including federal income tax	k, payabl	es to rela	ated third			
		parties, and other liabilities not included on I	lines 17-	24). Com	nplete Part X			
		of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				205.	26	1,966.
G		Organizations that follow FASB ASC 958,	check l	nere 🕨	X			
Š		and complete lines 27, 28, 32, and 33.						
alar a	27					5,782,785.	27	6,511,542.
Ä	28	Net assets with donor restrictions				9,001,970.	28	13,580,418.
Ĕ		Organizations that do not follow FASB AS	SC 958,	check he	ere 🕨 📖 📗			
ř T		and complete lines 29 through 33.						
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur			29			
SSe	30	Paid-in or capital surplus, or land, building, o	or equipi	nent fund	d		30	
Ţ	31	Retained earnings, endowment, accumulate			_		31	
Se	32	Total net assets or fund balances				14,784,755.	32	20,091,960.
	33	Total liabilities and net assets/fund balances	s			14,784,960.	33	20,093,926.

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3	,608,	,993.
2	Total expenses (must equal Part IX, column (A), line 25)	2			936	,238.
3	Revenue less expenses. Subtract line 2 from line 1	3		2	,672	,755.
4					,784	,755.
5	Net unrealized gains (losses) on investments	5		2	,634,	,450.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		20	,091	,960.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash 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?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Ai	udit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2020)

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 27-3298736 Covenant College Foundation, Inc. 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Covenant College, Inc. 43-0719506 2 Х 717,721

717,721,

0.

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) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						_
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						_
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						_
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stop						_
	ction C. Computation of Publ						
	Public support percentage for 2020 (I					14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the		•		•		. —
	organization meets the facts-and-circu						P H
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	5a, 16b, 17a, or 17	b, check this box	and see instruction	s

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.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	` ` ′	1 ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
J	are not an unrelated trade or bus- iness under section 513						
1	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to						
•	the organization without charge						
	Total. Add lines 1 through 5					1	
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	<u> </u>	<u> </u>
14	First 5 years. If the Form 990 is for the	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2020 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage)			
17	·					17	%
18	Investment income percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2020. If the	organization did	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶□
k	o 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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	Х	
	2		Х
	3a		Х
	OI-		
	3b		
	3с		
	30		
	4a		х
	4b		
	4c		
	5a		Х
	Ja		21
	5b		
	5c		
	6		Х
	_		Х
	7		Λ
	8		Х
	,		
	9a		Х
	9b		Х
	9с	Х	
	40-		Х
	10a		Λ
	10b		
n 9	90 or 99	0-F7	2020
_			

Par	t IV Su	pporting Organizations _(continued)			
		(section of the section of the secti		Yes	No
11	Has the org	ganization accepted a gift or contribution from any of the following persons?			
а	A person w	ho directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below,	the governing body of a supported organization?	11a		Х
b	A family me	ember of a person described in line 11a above?	11b		Х
С	A 35% cor	trolled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Pa		11c		Х
<u>Sec</u>	tion B. Ty	pe I Supporting Organizations			
				Yes	No
1		verning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		orted organizations have the power to regularly appoint or elect at least a majority of the organization's officers, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organizatio	n, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		anization operate for the benefit of any supported organization other than the supported			
	-	n(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		v providing such benefit carried out the purposes of the supported organization(s) that operated,			
800		or controlled the supporting organization.	2		
Sec	uon C. T	pe II Supporting Organizations			
	14/			Yes	No
1		ority of the organization's directors or trustees during the tax year also a majority of the directors			
		of each of the organization's supported organization(s)? If "No," describe in Part VI how control ment of the supporting organization was vested in the same persons that controlled or managed			
	_	ted organization(s).	1		Х
Sec		I Type III Supporting Organizations	'		21
		Type in capperaing craumane		Yes	No
1	Did the ord	anization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
		n's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		n's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		n(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ation maintained a close and continuous working relationship with the supported organization(s).	2		
3		of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant	voice in the organization's investment policies and in directing the use of the organization's			
	income or a	assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		organizations played in this regard.	3		
<u>Sec</u>	tion E. Ty	pe III Functionally Integrated Supporting Organizations			
1	Check the	box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .	•		
а		organization satisfied the Activities Test. Complete line 2 below.			
b		organization is the parent of each of its supported organizations. Complete line 3 below.			
С		organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2		est. Answer lines 2a and 2b below.		Yes	No
а		ntially all of the organization's activities during the tax year directly further the exempt purposes of			
		ted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		ported organizations and explain how these activities directly furthered their exempt purposes,			
		ganization was responsive to those supported organizations, and how the organization determined activities constituted substantially all of its activities.	2a		
b		ivities described in line 2a, above, constitute activities that, but for the organization's involvement,	Zd		
D		e of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in			
		ties but for the organization's position that its supported organization(s) would have engaged in	2b		
3		supported Organizations. Answer lines 3a and 3b below.			
а		anization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	_	each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		anization exercise a substantial degree of direction over the policies, programs, and activities of each			
	•	orted organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (explain in I	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Гаі	t v Type in Non-Functionally integrated 509	(a)(b) Supporting Orga	anizations (continu	<u>ued) </u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	ns	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro		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	he 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) Underdistributio Pre-2020	ns	(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				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

1 age 2
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:
Covenant College Foundation has determined that, notwithstanding its
classification as an organization described in section 509(a)(3), it
nonetheless meets the public support test applicable to organizations
described in section 170(b)(1)(A)(vi) and is therefore permitted to use
the first special rule listed on page 1 of Schedule B in determining
the threshold for listing donors on Schedule B, Part I.
·
Part IV, Section A, Line 9c:
A substantial contributor of the organization has a greater than 10%
ownership interest in an investment in which the Foundation is also a
greater than 10% owner.
Part IV, Section C, Line 1:
Eight of the Foundation's board members are voting members of the
governing body of the supported organization. Another is an officer of
the supported organization. Two officers of the Foundation are listed
on Form 990, Part VII of the supported organization as an officer,
director, trustee, key employee or highest compensated employee. The
organization believes that the necessary relationship is established in
order to show that it is supervised or controlled in connection with
its supported organization.

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

Cov	renant College Foundation, Inc.	27-3298736			
Organization type (check o	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions.			
General Rule					
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	•			
Special Rules					
sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from			
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one			
	the year, total contributions of more than \$1,000 exclusively for religious, charitable, so				
	onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e) instead of the contributor name and address), II, and III.	entering			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \cdot\ \ \rightarrow \rightarrow \ \rightarrow \rightarrow \ \rightarrow \rightarrow \ \rightarrow \rightarrow \ \rightarrow \ \rightarrow \ \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \ \rightarrow \r					
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 Foundation, Inc.

27-3298736

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		\$ 1,686,541. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4	Name, address, and Zir + +	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		\$ 100,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
Covenant College Foundation, Inc.	27-3298736

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
NO.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Covenant College Foundation, Inc.

27-3298736

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
	Stock						
7							
		\$\$	05/03/21				
(a)	" "	(c)	<i>(</i> n)				
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I		(See instructions.)					
		\$					
(a) No.	(b)	(c)	(d)				
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received				
Part I		(edd metraetione.)					
		. \$					
(a)							
No.	(b)	(c) FMV (or estimate)	(d)				
from Part I	Description of noncash property given	(See instructions.)	Date received				
		. \$					
		. *					
(a)		(c)					
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received				
Part I	2000 paid of Honough property given	(See instructions.)	Date received				
		\$					
1-1							
(a) No.	(b)	(c)	(d)				
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received				
Part I							
		•					
		\$					

Name of o	rganization		Employer identification number
Covenant	: College Foundation, Inc.		27-3298736
Part III) through (e) and the following line e charitable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	i t
-	Transferee's name, address, a		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	ift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gi	ift Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Covenant College Foundation, Inc.

Employer identification number

27-3298736

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other S	Similar Funds o	r Accou	nts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advise	d funds	(b) Fund	ds 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 in	writing that the assets he	eld in donor advised	l funds	
	are the organization's property, subject to the organization's	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gr	ant funds can be us	ed only	
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for ar	ny other purpose co	nferring	
	impermissible private benefit?				Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Ye	s" on Form 990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	_		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a l	historically	important land area
	Protection of natural habitat		Preservation of a	certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contrib	ution in the form of	a conserva	tion 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	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not or	a historic structure		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the o	rganization	during the tax
	year ▶				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspec	tion, handling of		
	violations, and enforcement of the conservation easements	it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, a	nd enforcing conser	vation ease	ements during the year
					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and er	forcing conservatio	n easemen	ts during the year
	▶ \$				
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requiremen	ts of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its reve	nue and expense st	tatement ar	nd
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statemen	ts that des	cribes the
	organization's accounting for conservation easements.	· · · · · · · · · · · · · · · · · · ·	0.1	<u> </u>	
Pai	t III Organizations Maintaining Collections of	•	easures, or Oth	er Simila	ar Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 98	•			
	of art, historical treasures, or other similar assets held for pu	*	•		public
	service, provide in Part XIII the text of the footnote to its fina				
b	If the organization elected, as permitted under FASB ASC 98				
	art, historical treasures, or other similar assets held for public	c exhibition, education, o	r research in further	ance of pu	blic service,
	provide the following amounts relating to these items:			_	
	(i) Revenue included on Form 990, Part VIII, line 1				S
				🕨 🤄	
2	If the organization received or held works of art, historical tre			ain, provide	e
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1				
b	Assets included in Form 990, Part X				8

Pai	rt III Organizations Maintaining C	ollections of A	t, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (contin	ued)	
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	b Scholarly research e Other								
С	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.								
5									
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?			Yes	☐ No	
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contribution	s or other assets no	t included	d			
	on Form 990, Part X?						Yes	☐ No	
b	If "Yes," explain the arrangement in Part XIII								
	•	•	-				Amount		
С	Beginning balance				1c				
	Additions during the year								
	B								
f	Ending balance				1f				
2a	Did the organization include an amount on Fo				ility?		Yes	No No	
	If "Yes," explain the arrangement in Part XIII.				•				
	rt V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years back	
1a	11 012 000 10 000 000 0 000 0 000 0 000 0 000 0 000 000								
b	Contributions	3,081,511.	545,325.	107,491.	1,	001,113.		334,127.	
С	Net investment earnings, gains, and losses	3,143,608.	201,774.	460,901.		643,364.	1,	059,458.	
d	200 104 205 000 220 170 224 225								
	Other expenditures for facilities	·	•			,		263,973.	
	and programs	181,800.	155,128.	152,063.		119,255.		83,106.	
f	Administrative expenses			·		31,747.			
g	End of year balance	16,871,003.	11,213,878.	10,987,799.	10,	910,648.	9,	751,398.	
2	Provide the estimated percentage of the curr		e (line 1a. column (a						
а	Board designated or quasi-endowment	24.4833	%	,,					
b	Permanent endowment > 75.5167	%	_						
С		 %							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organ	ization			
	by:	· ·			Ü		Г	Yes No	
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						- ` ' -	Х	
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the						<u> </u>		
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered), Part IV, line 11a. S	See Form 990, Part X	(, line 10.				
	Description of property	(a) Cost or o	· · · · · · · · · · · · · · · · · · ·		Accumulat	ted	(d) Book	value	
		basis (investn	' '	' '	preciation		(-,		
1a	Land	2,20	0,000.				2.	200,000.	
								<u> </u>	
	Leasehold improvements								
	Equipment								
	Other								
	I. Add lines 1a through 1e. (Column (d) must ed		X, column (B), line 1	0c.)		. •	2,	200,000.	
	<u> </u>	. ,		,					

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) Hedge Funds	2,297,003.	Cost	
(B) Private Equity	781,427.	End-of-Year Market Value	
(C) Investment in bank	297,000.	Cost	
(D) Investment in senior residence center	250,000.	Cost	
(E) Limited partnership	220,000.	End-of-Year Market Value	
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,845,430.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
<u>(1)</u>			
(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.	E 000 D 111/1	11 LO E 000 D LV II 15	
Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line 15.	(b) Book value
	Description		(b) DOOK Value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7) (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	a 15)		
Part X Other Liabilities.	6 10.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	orr orr oco, r are re, mile	110 01 111. 000 1 0111 000, 1 are X, iii10 20	(b) Book value
(1) Federal income taxes			(,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25)		
2. Liability for uncertain tax positions. In Part XIII, provide			hat reports the
•		ere if the text of the footnote has been pr	· —

27-3298736

Pai	t XI Reconciliation of Revenue per Audited Financial S		Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,				
1	Total revenue, gains, and other support per audited financial statements			1	6,177,893.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	Net unrealized gains (losses) on investments		2,634,450.		
b	Donated services and use of facilities				
С.	Recoveries of prior year grants				
d	, , , , , , , , , , , , , , , , , , , ,				0 624 450
e	Add lines 2a through 2d			2e	2,634,450.
3	Subtract line 2e from line 1			3	3,543,443.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا ما	6E EE0		
a	Investment expenses not included on Form 990, Part VIII, line 7b		65,550.		
b	Other (Describe in Part XIII.)			4.5	65,550.
_	Add lines 4a and 4b			4c 5	3,608,993.
5 Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial 5			_	
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV,		Expenses per	netain.	
1	Total expenses and losses per audited financial statements			1	870,688.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	0,0,000,
a	Donated services and use of facilities	2a			
b	Prior year adjustments				
c	Other losses				
d					
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	870,688.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				·
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	65,550.		
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b			4c	65,550.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	936,238.
	rt XIII Supplemental Information.				
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4; Part IV, lines 1b	and 2b; Part V, line	4; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	nation.		
Part	: V, line 4:				
The	endowment funds are invested to produce income which is	used to fund			
scho	plarships for Covenant College as well as offset certain	operating			
cost	S.				

Schedule D (Form 990) 2020

SCHEDULE F (Form 990)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Covenant College Foundation, Inc. 27-3298736 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region émployees, expenditures (by type) (such as, fundraising, prooffices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region Central America and the Caribbean 0 Investments 1,486,805.

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

0

Schedule F (Form 990) 2020

1,486,805.

1,486,805.

0.

3 a Subtotal

c Totals (add lines 3a

and 3b)

b Total from continuation sheets to Part I

3 Enter total number of other organizations or entities

Part II 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) IRS code section and EIN (if applicable)	(a) Pagion	(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)
2 Enter total number of	recipient organization	ne listed above that are	recognized as charities by the	foreign country	recognized as a tax	<u> </u>		
			or counsel has provided a se			` .		

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

Schedule F (Form 990) 2020 Part IV Foreign Forms

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 IV, Lines 1, 4 and 5
The Foundation has ownership in foreign investments as indicated in
Schedule F, Part I. The Foundation 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 Foundation does meet the reporting thresholds for
Forms 926 and 8865 and those forms have been prepared and filed with
Form 990-T accordingly.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Covenant Colle	ege Foundation	ı Inc					Employer identification number 27-3298736
Part I General Information on Grants a		, 1110.					2, 3250,33
Does the organization maintain records criteria used to award the grants or assist Describe in Part IV the organization's pro	stance? ocedures for moni	toring the use of grant	funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to	_				anization answered "\	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than a 1 (a) Name and address of organization or government	\$5,000. Part II car (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ded. (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
Covenant College							
14049 Scenic Highway Lookout Mountain, GA 30750	43-0719506	501(c)(3)	717,721.	0.			Supporting educational purposes
 Enter total number of section 501(c)(3) a Enter total number of other organization 		at Alle III					1. 0.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc
art IV Supplemental Information. Provide the information	tion required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
t I, Line 2:					
e Foundation provides cash grants to Covena	nt College to suppl	lement			
udent scholarships. The selection and monit	oring of eligibilit	ty is			
rformed by Covenant College. There are elev	en board members or	r officers			
the Foundation who are also board members	or employees of Cov	venant			
llege.					

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 Foundation, Inc.

Employer identification number 27-3298736

Pa	art I Questions Regarding Compensation			
			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		
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		
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 Compensation survey or study			
	Form 990 of other organizations 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	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	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			
	Pagulations section 52 4059 6(a)2			1

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

Schedule J (Form 990) 2020

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-MI	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	e (i) Base compensation		(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(U)	reported as deferred on prior Form 990		
(1) Dr. J. Derek Halvorson	(i)	0.	0.	0.	0.	0.	0.	0.		
Trustee	(ii)	267,196.	0.	3,510.	0.	27,803.	298,509.	0.		
(2) Marc Erickson	(i)	0.	0.	0.	0.	0.	0,	0.		
President/Executive Director	(ii)	147,015.	31,708.	0.	0.	18,385.	197,108.	0.		
(3) Fred Verwoerd	(i)	0.	0.	0.	0.	0.	0.	0.		
Assistant Treasurer	(ii)	140,000.	0.	0.	0.	21,947.	161,947.	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)									
	(i)									
	(ii)									

Page 3

Schedule J (Form 990) 2020

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

(Form 990 or 990-EZ) ► 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

Open To Public Inspection

Name of th	e organization				_			1 '		r ident	ificati	on nu	ımber
Part I			lege Foundat			ion 501(a)(4) and a	ation 501(a)(00) aver		3298				
Parti						ion 501(c)(4), and se							
1	Complete ii the t) Relationship be			art IV, line 25a or 25b	5, or Form 990-EZ, Pa	art v,	iirie 40	JD.	(4)	Corre	cted?
' (a) Na	me of disqualified p	person (B	person and			(c	(c) Description of transaction				· · ·	es	No.
			<u>'</u>								+ ''	-3	NO
											+	-	
2 Enter	the amount of tax	incurred by the	e organization ma	nagers	or disc	qualified persons du	ring the year under						
section	on 4958								> \$				
3 Enter	the amount of tax,	if any, on line 2	2, above, reimbu	rsed by	the or	ganization			> \$				
Part II	Loans to and												
	· ·	-				', Part V, line 38a or f	Form 990, Part IV, lin	e 26;	or if th	ne orga	anizati	on	
	reported an amo			_	2. can to or	() () ()	(00			(h) An	proved	· ·	/ritten
	a) Name of ested person	(b) Relationshi		fror	m the	(e) Original principal amount	(f) Balance due) In ault?	by bo	proved ard or	agree	ement?
			1	To	From			Yes	No	Yes	No	Yes	1
				10	FIOIII			res	NO	res	NO	res	No
Total	Cropto or As	noistanas P	onofiting Inte		d Da	> \$							
Part III	Grants or As		•										
(a) N	Complete if the						(d) Tuno	of.		10	\ Dura		<u>.</u>
(a) IV	lame of interested	person	(b) Relationship interested pe			(c) Amount of assistance	(d) Type assistan			•) Purp assista		'1
			the organi										
									-+				

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	ed "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's
				Yes	No
Substantial Contributor	Greater than 10% in	470,000	Organizatio		Х
	+			<u> </u>	
	-				-
Part V Supplemental Information.					
Provide additional information for res	sponses to questions on Schedule L (see i	nstructions).			
Sch L, Part IV, Business Transactions	Involving Interested Persons:				
(a) Name of Person: Substantial Contr	ibutor				
(b) Relationship Between Interested F	Person and Organization:				
Greater than 10% investor in investme	ent partnership				
(d) Description of Transaction: Organ	ization and Substantial Contrib	utor			
(a) Debeliption of Humbaction. Organ	ización una bubblanciai concilib	4001			
both have greater than 10% interest i	n an investment partnership				
					,

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Covenant College Foundation, Inc.

Employer identification number 27-3298736

Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu	etermin	-	s
	Art Marka of ort		literns contributed	Form 990, Part VIII, line 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			07.002	0-114 Pod			
9	Securities - Publicly traded	Х	4	97,903.	Selling Price			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
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 organi		•					
	for which the organization completed Form 82	83, Part V, [Oonee Acknowledg	gement 29			0	
							Yes	No
30a	During the year, did the organization receive b	-	• • • •		-			
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
						32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

Schedule M (Form 990) 2020

SCHEDULE O

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. 2020

Open to Public Inspection

Name of the organization

Covenant College Foundation, Inc.

Employer identification number 27-3298736

Form 990, Part VI, Section A, line 1: The Executive Committee is composed of the at least three Board Members and a majority of the Members of the committee shall be Members of the Covenant College Board. 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. Form 990, Part VI, Section A, line 4: The number of the governing body's voting members changed to no less than seven and no more than fifteen. In addition, two officer positions were added an Assistant Secretary and an Assistant Treasurer. Form 990, Part VI, Section A, line 7a: The President of Covenant College shall be a member of the board and the president and/or members of the board of trustees of Covenant College shall always constitute more than one-half of the total Board members. Form 990, Part VI, Section A, line 8b: The organization has an Executive Committee with authority to act on behalf of the governing body. The Executive Committee was not called upon during the tax year and had no minutes. Therefore, this line was answered no in accordance with the instructions.

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

Name of the organization	Employer identification number
Covenant College Foundation, Inc.	27-3298736
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:	
With the exception of the President/Executive Director, all officers,	
directors, and committee members with Board delegated powers are required	
to sign a conflict of interest disclosure form annually. The	
President/Executive Director is responsible for ensuring compliance and	
that conflicts are monitored, reported, and approved. Should any potential	
conflicts of interest be disclosed, the board member or officer would be	
asked to refrain from participation in any deliberation or decision with	
regard to matters affected by the relationship.	
The President/Executive Director will begin to sign a conflict of interest	
disclosure form annually. These questions will be all be answered "yes" on	
the 6/30/2022 tax return.	
Form 990, Part VI, Section B, Line 15:	
The organization does not compensate any officers. Therefore, these lines	
were answered "no" in accordance with the instructions.	
Form 990, Part VI, Section C, Line 19:	
The organization's governing documents, conflict of interest policy, and	
financial statements are made available upon request by inquiry to the	
President's office.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Covenant College Foundation, Inc.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number

27-3298736

Part I Identification of Disregarded Entities. Comple							(6)	
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		(f) Direct controlling entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had on	e or more	e related tax-exe	empt	
(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) et controlling entity	cont	g) 512(b)(13) rolled :ity?
		J ,,		501(c)(3))		•	Yes	No
Covenant College - 43-0719506								
14049 Scenic Highway Lookout Mountain, GA 30750	Higher Education	Georgia	501(c)(3)	Line 2	N/A			x
,								
	_							

	entification 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 relate	b
ai t iii	ganizations 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 entity	Predominant income	Share of total				Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	end-of-year allocations 2		amount in box	partne	ownership																		
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	0																		
										\sqcup																			
										+	+																		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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>

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	,				Yes	No		
1	During the tax year, did the organization engage in any of the following transactions with one	or more r	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		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		
d	Loans or loan guarantees to or for related organization(s)				1d		Х		
е	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		Х		
h	h Purchase of assets from related organization(s)								
i	i Exchange of assets with related organization(s)								
j	j Lease of facilities, equipment, or other assets to related organization(s)								
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		
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	o Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1р	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		
	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 co	omplete t	his line, including covered	relationships and transaction thresholds.					
	(a) Name of related organization (b) Transactype (action	(c) Amount involved	(d) Method of determining amount invo	olved				
(1)									
(2)									
(3)			 						
(4)									
(5)									
(6)									
2216	22 10 20 20			Schedule B	(For	n 990	1 202		

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related_unrelated	partners s	Share of	Share of	Dispri	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentag
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	r? ownersnip
		Country)	Sections 5 (2-5 (4)	Yes N	o mcome	assets	Yes	No	(F01111 1065)	Yes I	10
	-										
	-										
	_										
]										
]										
										\Box	
	1										
	1										
										\sqcap	
	1										
	1										
	1										
					1			\vdash		\vdash	
	1										
	1										
	1										
				$\perp \perp$			_		Calaaduda		

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 www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

iiiig or ti	ill form, visit www.iis.govie ille providerare ille for ordar	tics and n									
Automa	atic 6-Month Extension of Time. Only subm	it origin	al (no copies needed).								
-	ations required to file an income tax return other than Fo		· · · · · · · · · · · · · · · · · · ·	hips, REMIC	s, and trusts						
nust use	Form 7004 to request an extension of time to file incom	e tax retui	rns.								
Гуре or	Name of exempt organization or other filer, see instru	ctions.		Taxpayer	Taxpayer identification number (TIN)						
orint											
ile by the	Covenant College Foundation, Inc.		27-3298736								
due date for	Number, street, and room or suite no. If a P.O. box, s										
iling your eturn. See	14049 Scenic Highway										
nstructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.										
Entor the	,	pokout Mountain, GA 30750 urn Code for the return that this application is for (file a separate application for each return)									
		Return	1								
Application			Application Is For		Return Code						
s For Form 990 or Form 990-EZ			Form 990-T (corporation)		07						
Form 990-BL			Form 1041-A		08						
Form 4720 (individual)			Form 4720 (other than individua		09						
Form 990-PF			Form 5227		10						
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069		11						
Form 990-T (trust other than above)			Form 8870								
	Jennifer Black-Patel										
	poks are in the care of \blacktriangleright 14049 Scenic Highway -	Lookou	t Mountain, GA 30750								
	none No. > 706-419-1136		Fax No.								
	organization does not have an office or place of business										
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											
oox 🕨 L	. If it is for part of the group, check this box	and atta	ich a list with the names and TINs	of all memb	ers the extension is	for.					
1 I re	quest an automatic 6 month extension of time until	fila tha ayam	not organization rot	urn for							
	I request an automatic 6-month extension of time untilMay 16, 2022, to file the exempt organization reference the organization named above. The extension is for the organization's return for:										
calendar year or											
, i	► X tax year beginning JUL 1, 2020 , and ending JUN 30, 2021 .										
		, ,	, , , , , , , , , , , , , , , , , , ,		<u> </u>						
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n						
	Change in accounting period										
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,										
any	nonrefundable credits. See instructions.			3a	\$	0.					
	nis application is for Forms 990-PF, 990-T, 4720, or 6069										
	imated tax payments made. Include any prior year overp	3b	\$	0.							
	ance due. Subtract line 3b from line 3a. Include your pa			•							
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$! 5 0070 50 f	0.					
Caution: nstructio	If you are going to make an electronic funds withdrawal ns.	(direct de	טונן שונה נהוג דטרוח 8668, See Form	1 0403-EU ar	10 FORM 8879-EO 10	or payment					

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

Form 8868 (Rev. 1-2020)