

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493127010704

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

J Derek Halvorson 14049 Scenic Highway Lookout Mountain, GA 30750 S	E Telepho (706) G Gross r H(a) Is this a group affiliates? H(b) Are all affiliate	820-1 eceipts \$ return s include a list (for Yes No	
Number and street (or P O box if mail is not delivered to street address) Room/suite 14049 Scenic Highway City or town, state or country, and ZIP + 4 Lookout Mountain, GA 30750 F Name and address of principal officer J Derek Halvorson 14049 Scenic Highway Lookout Mountain, GA 30750 S ▼ 501(c)(3) ▼ 501(c)() ◄ (insert no) ▼ 4947(a)(1) or ▼ 527 www.covenant.edu n ▼ Corporation ▼ Trust ▼ Association ▼ Other ► mmary describe the organization's mission or most significant activities	(706) G Gross r H(a) Is this a group affiliates? H(b) Are all affiliate If "No," attach H(c) Group exempt	820-1 eceipts \$ return s include a list (46,857,391 for Yes ✓ No ded? ✓ Yes ✓ No (see instructions)	
City or town, state or country, and ZIP + 4 Lookout Mountain, GA 30750 F Name and address of principal officer J Derek Halvorson 14049 Scenic Highway Lookout Mountain, GA 30750 S 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527 www.covenant.edu n Corporation Trust Association Other has mary describe the organization's mission or most significant activities	(706) G Gross r H(a) Is this a group affiliates? H(b) Are all affiliate If "No," attach H(c) Group exempt	820-1 eceipts \$ return s include a list (46,857,391 for Yes ✓ No ded? ✓ Yes ✓ No (see instructions)	
F Name and address of principal officer J Derek Halvorson 14049 Scenic Highway Lookout Mountain, GA 30750 S 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527 www.covenant.edu n Corporation Trust Association Other has mary describe the organization's mission or most significant activities	G Gross r H(a) Is this a group affiliates? H(b) Are all affiliate If "No," attach H(c) Group exempt	return s incluc a list (46,857,391 for	
F Name and address of principal officer J Derek Halvorson 14049 Scenic Highway Lookout Mountain, GA 30750 S 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527 www.covenant.edu n Corporation Trust Association Other has mary describe the organization's mission or most significant activities	H(a) Is this a group affiliates? H(b) Are all affiliate If "No," attach H(c) Group exempt	return s incluc a list (for	
F Name and address of principal officer J Derek Halvorson 14049 Scenic Highway Lookout Mountain, GA 30750 s ▼ 501(c)(3)	H(a) Is this a group affiliates? H(b) Are all affiliate If "No," attach H(c) Group exempt	return s incluc a list (for	
J Derek Halvorson 14049 Scenic Highway Lookout Mountain, GA 30750 s 501(c)(3) 501(c)() (insert no) 4947(a)(1) or 527 www.covenant.edu n Corporation Trust Association Other • mmary describe the organization's mission or most significant activities	affiliates? H(b) A re all affiliate	s includ a list (ion num	TYes ▼ No ded? ▼Yes ▼ No (see instructions)	
Lookout Mountain, GA 30750 s	If "No," attach H(c) Group exempt	a list (ded? Yes No (see instructions)	
ww covenant edu Trust Association Other Mary describe the organization's mission or most significant activities	If "No," attach H(c) Group exempt	a list ((see instructions)	
www.covenant.edu n	H(c) Group exempt	ion num		
www.covenant.edu n	1		nber 🕦	
nmary describe the organization's mission or most significant activities	L Year of formation 19	55 M :		
describe the organization's mission or most significant activities	•		State of legal domicile GA	
			-	
vide Christ-centered higher educational services				
<u> </u>				
			1 -	
this box $lackbox{lack}{lack}$ if the organization discontinued its operations or disposed of i	more than 25% of its	net ass	sets	
r of voting members of the governing body (Part VI, line 1a)		з	28	
r of independent voting members of the governing body (Part VI, line 1b)		4	28	
umber of individuals employed in calendar year 2012 (Part V, line 2a) .		5	1,143	
		6	28	
		7a	1,050,473	
related business taxable income from Form 990-T, line 34		7b	-360,230	
ributions and grants (Part VIII lung 1 h)		525	Current Year 6,655,244	
			803,917	
			480,062	
	41 270	707	44 116 051	
			14,005,492	
	12,000,	0	0	
·			17,139,720	
	35,	201	20,090	
	44.65		10.075.501	
		-	10,975,524	
nue less expenses Subtract line 18 from line 12	681,		1,975,225	
	/		-/ /	
nucless expenses subtract me to nom me 12 1 1 1 1 1 1 1	Beginning of Curre	nt	End of Year	
	Year			
lassets (Part X, line 16)	Year 67,775,	515	70,853,344	
	Year	515 737		
	r of voting members of the governing body (Part VI, line 1a) r of independent voting members of the governing body (Part VI, line 1b) umber of individuals employed in calendar year 2012 (Part V, line 2a) . umber of volunteers (estimate if necessary)	r of voting members of the governing body (Part VI, line 1a)	r of independent voting members of the governing body (Part VI, line 1b)	

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

Form	990 (2012)				Page 2
Par	Statement of Program Check if Schedule O contain				
1	Briefly describe the organization's	mission			
unfol at the	oplore and express the preeminence d creation, and to pursue biblical just e foundation Our Christ-centered co ence, and service that is Christ-like	stice and mercy in com ommunity seeks to hel	nmunity with the stude	nt-faculty relationship, str	ong teaching, and scholarship
2	Did the organization undertake any the prior Form 990 or 990-EZ?		ervices during the year	which were not listed on	┌ Yes ┌ No
_	If "Yes," describe these new service				
3	Did the organization cease conductive services?		nt changes in how it co	nducts, any program	┌Yes ┌ No
4	Describe the organization's program expenses Section 501(c)(3) and 5 the total expenses, and revenue, if	m service accomplishr 501(c)(4) organization	s are required to repor		•
4a	(Code) (Expense	es \$ 21,875,820	ıncludıng grants of \$	14,005,492) (Revenue	\$ 28,761,425)
	Instructional expenses Institutional expe concentrations, Covenant College provide psychology, medicine, international relati	es students with a well-rour			
4b	(Code) (Expense	es \$ 1,309,502	ıncludıng grants of \$) (Revenue s)
	Academic support The College works to Covenant library is networked with more billion library items. Our library was eleve Management Service. Covenant's writing assignments. The Office of Academic Affa Covenant students. Covenant's master of students with the exceptional opportunity critical thinking and develop the skills of lithrough student-initiated projects.	than 18,000 other institution eith in the world to go live to center is located in the librations at Covenant works to pin f education and master of a for of completing a master's description	ons worldwide, providing into with the Online Computer Li ary, providing students one- rovide support for deans and arts in teaching degrees offe degree in one year Covenan	erlibrary loan access and docum brary Center's new cloud-based -on-one tutoring for essays, res d faculty members as they seel tred by the graduate school of e tt's Maclellan Scholars program of	ent delivery services to over 1 3 operating system, Web-scale earch papers, and any writing-related of to provide a rigorous education to education at Covenant provide offers courses designed to encourage
4c	(Code) (Expense	es \$ 7,635,395	ıncludıng grants of \$) (Revenue s	181,315)
	Student service departments, scholarship student becomes interested in attending informed and thoughtful decision about with resident assistants, hall presidents, a academic counsel, professional counseling track for graduation and are financially allearn to build a resume, write a cover let athletes. Covenant recently joined the No.	s, and grants Student serv Covenant, the admissions of where to attend college The and dorm councils In additing and medical services to stople to complete their educater, interview well, and netwer	ices at Covenant help creat- office provides them with re- student development office on to campus activities, studied cudents Our records and fin- tion at Covenant College S work with future employers	e a rich learning environment for sources and personalized attent i fosters a positive residential ex- dent development offers studen ancial aid offices personally wor tudents have access to the Cen	or our students From the moment a non to help each student make an experience through intentional training t training programs, individual k with students to ensure they are on ter for Calling & Career, where they
	(Code) (Expense	es \$ 5,811,493	ıncludıng grants of \$) (Revenue s	6,364,930)
	Library and public service departments ar				. , ,
4d	Other program services (Describe	a in Schedule O)			
TU	(Expenses \$ 5,811,4	,	of\$) (Revenue \$	6,364,930)
4 e	Total program service expenses 🕨	36,632,210)		

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If</i> " <i>Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> " <i>Yes," complete Schedule D, Part V</i>	10	Yes	
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	Yes	
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	Yes	
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $\chi^{f G}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥌	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
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 (see instructions)	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If</i> "Yes," complete Schedule J	23		No
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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			
h	A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	28a		No
	complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	_

Раг	Statements Regarding Other 1R5 Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	.	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 84		103	140
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	ı		
5-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νo
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	_		
d	file Form 8282?	7 c		No
		,		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		
	Sponsoring organizations maintaining donor advised funds.	_		
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	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			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Form 990 (2012) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are			
2	Independent			
	other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
Se		evenu	<i>Je Cod</i> Yes	e.) No
		evenu 10a		
10a	ection B. Policies (This Section B requests information about policies not required by the Internal R			No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►GA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►Robert Harbert 14049 Scenic Highway Lookout Mountain, GA (706) 419-1116

Form	990	(2012)	
------	-----	--------	--

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

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1	T								
(A) Name and Title	(B) A verage hours per week (list any hours for related	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

(A) Name and Title		(B) A verage hours per week (list any hours	more t	than o	one both	box, ≀an	heck unless officer stee)	6	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W	<u>. </u>	(F) Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)		rganizati relate organiza	ed
											+		
1b	Sub-Total							<u> </u>			_		
c	Total from continuation sheet			Α.	•	•		Þ					
<u>d</u> 2	Total (add lines 1b and 1c) . Total number of individuals (in			to the		licto	d abov	• •	698,622		0		85,001
2	\$100,000 of reportable compe						u abov	C) W	no received more ti	iaii			
										Г		Yes	No
3	Did the organization list any f oon line 1a? <i>If</i> "Yes," complete S					key •	emplo	yee,	, or highest compen	sated employee	3		Νo
4	For any individual listed on line organization and related organ individual										4		No
5	Did any person listed on line 1 services rendered to the organ									or individual for	5		No
S	ection B. Independent Co	ntractors											
1	Complete this table for your five											tax vear	

(A) Name and business address	(B) Description of services	(C) Compensation
Chartwells Dining Services PO Box 417632 Boston MA 02241	Food Service	2,525,997
P&C Construction Inc 2500 East 18th Street Chattanooga TN 37404	Construction	590,360
Brasfield & Gorrie LLC 2636 Elm Hill Pike Suite 200 Nashville TN 37214	Construction	173,166
Baker Contracting Co LLC PO Box 684 Rock Spring GA 30739	Construction	154,555
Lord Aeck Sargent 1201 Peachtree Street Suite 300 atlanta GA 30361	Architecture	147,370
Tatal number of independent contractors (including but not limited to these listed above)	Viving received make then	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization F-7

Form 99								Page 9
Part V	/ 1111		o f Revenue ule O contains a respoi	nse to any question	ın thıs Part VIII			
				ase to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
2 £	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
Ę Ę	С	Fundraising ev	ents 1c					
Contributions, Giffs, Grants and Other Similar Amounts	d	Related organiz	zations 1d	510,537				
	e	Government grant		386,473				
		_						
utic Ier	f	similar amounts no	ons, gifts, grants, and 1f ot included above	5,758,234				
들툍	g	Noncash contributi 1a-1f \$	ons included in lines	37,945	į	į		
ont nd	h	Total. Add lines	s 1 a - 1 f		6,655,244			
		Totali Add illic.	314 11	· · · •	-,,			
mue	3-	Tkd 6		Business Code				
Program Serwoe Revenue	2a			900099	28,761,425	28,761,425		
	b	Room and board o		721310	6,364,930	6,364,930		
	С	Conference Progra	im Inc	721110	1,050,473		1,050,473	
	d							
E S	e							
Ď	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f	🕨	36,176,828			
	3		ome (including dividen		368,273			368,273
	4		ar amounts) stment of tax-exempt bond		,			,
	5			· · · · · · · · · · · · · · · · · · ·				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	169,241					
	ь	Less rental expenses	16,317					
	c	Rental income	152,924					
	d	or (loss) Net rental inco	me or (loss)		152,924			152,924
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	3,160,667					
	ь	Less cost or	2 725 022					
		other basis and sales expenses	2,725,023					
	С	Gain or (loss)	435,644					
	d		ss)		435,644			435,644
enne	8a	events (not inc	_					
Other Revenue		See Part IV, lir						
Ě	b		penses b	L				
0	9a	Gross income f	(loss) from fundraising from gaming activities ne 19	events 🛌				
	.		a					
	b c		penses b (loss) from gamıng actı	vities				
		returns and allo						
			а					
			oods sold b	L				
	C		(loss) from sales of inv					
	44-	Miscellaneou		Business Code 611710	181,315	181,315		
	11a	Miscellaneous				101,315		145.000
	b	Interest on acc	counts r	900000	145,823			145,823
	C .							
	d		ue					
	e	Total. Add lines		•	327,138			
	12	Total revenue.	See Instructions .		44,116,051	35,307,670	1,050,473	1,102,664

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 14,005,492 14,005,492 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 444,433 155,507 288,926 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 13,199,251 11,181,990 1,138,782 878,479 Pension plan accruals and contributions (include section 401(k) 421,802 340,873 48,432 and 403(b) employer contributions) 32.497 2,239,301 1,860,982 141,220 Other employee benefits 237,099 10 834,933 677,624 96,806 60,503 11 Fees for services (non-employees) Management 17,406 2,473 14,933 Legal 61,840 61,840 Professional fundraising services See Part IV, line 17 20,090 20,090 75,408 Investment management fees 75,408 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 794,339 439,730 346,649 7,960 Schedule O) Advertising and promotion . . 61,216 55,710 4,856 12 650 13 Office expenses 2,301,346 1,763,188 452,739 85,419 14 Information technology . . 15 Royalties . 1,293,855 443,772 16 Occupancy 618,656 231,427 **17** 927,262 740,580 83,339 103,343 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . 53,643 36,606 3,781 13,256 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 2,266,015 1,880,680 253,164 132,171 23 259,514 80,487 179,027 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) Food services 2,459,484 2,389,856 66,958 а 2,670 b C d All other expenses 404,196 е 303,236 53,217 47,743 Total functional expenses. Add lines 1 through 24e 25 42,140,826 36,632,210 3,655,309 1,853,307 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Pa	rt X	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			206,056	1	815,938
	2	Savings and temporary cash investments			4,452,163	2	5,472,527
	3	Pledges and grants receivable, net			278,701	3	763,618
	4	Accounts receivable, net			922,009	4	923,714
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II	of		5	125,000
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contrı mploy	buting employers		6	125,555
82	7	Notes and loans receivable, net			2,244,517		2,296,576
₹	8	Inventories for sale or use			40,865	\vdash	112,194
	9	Prepaid expenses and deferred charges			203,393	-	260,766
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		71,212,346	,		
	Ь	Less accumulated depreciation	10b	29,541,554	42,258,719	10c	41,670,792
	11	Investments—publicly traded securities	<u> </u>		13,430,133	11	13,846,446
	12	Investments—other securities See Part IV, line 11			3,738,959	12	4,565,773
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			67,775,515	16	70,853,344
	17	Accounts payable and accrued expenses			1,180,453	17	906,932
	18	Grants payable				18	
	19	Deferred revenue			595,535	19	608,902
	20	Tax-exempt bond liabilities				20	,
	21	Escrow or custodial account liability Complete Part IV of Sch				21	
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, tr				
ge		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third partie	s.			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	ırt X o	f Schedule	2.455.740	25	2 542 602
		D			2,455,749	-	2,543,692
	26	Total liabilities. Add lines 17 through 25			4,231,737	26	4,059,526
ř	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets			32,437,716	27	32,381,022
<u>ರ</u>					18,654,325	-	21,899,009
ă	28	Temporarily restricted net assets				-	
ΪĽ	29	Permanently restricted net assets			12,451,737	29	12,513,787
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere 🏲	and			
Ş	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ď.	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Ř	33	Total net assets or fund balances			63,543,778	33	66,793,818
	34	Total liabilities and net assets/fund balances			67,775,515	34	70,853,344

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		44,:	16,051
2	Total expenses (must equal Part IX, column (A), line 25)	2		42.:	140,826
3	Revenue less expenses Subtract line 2 from line 1	3			75,225
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			543,778
5	Net unrealized gains (losses) on investments	5			274,813
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		66,7	793,818
Par	t XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response to any question in this Part XII				. 区
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revi a separate basis, consolidated basis, or both	ewed or	1		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	☐ Separate basis ☐ Both consolidated and separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3b	Yes	

Software ID: Software Version:

EIN: 43-0719506

Name: Covenant College

Form 990, Part VII - Compensation of Compensated Employees, and Indepe	Officers, Dir	ectors	,Tru	uste	ees,	, Key	En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	dire	than	not one on i r an trust	box s bot d a tee)	, th		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
Martin A Moore Chairman	1 00 0 00	х		Х				0	0	0
R Craig Wood Vice Chairman	1 00 1 00	х		X				0	0	0
Timothy Pappas Treasurer	1 00 0 00	х		х				0	0	0
Dr Robert S Rayburn Secretary	1 00 1 00	Х		х				0	0	0
Rev Eric Hausler Trustee	1 00 0 00	Х						0	0	0
Rev Lance Lewis Trustee	1 00 0 00	Х						0	0	0
Charles R Cox Trustee	1 00 0 00	х						0	0	0
Dr Robert Davis Trustee	1 00 0 00	Х						0	0	0
Gary Haluska Trustee	1 00 1 00	Х						0	0	0
Dr Bradley M Harrıs Trustee	1 00 0 00	Х						0	0	0
Duncan Highmark Trustee	1 00 0 00	Х						0	0	0
Rev William Yong Jin Trustee	1 00 0 00	х						0	0	0
Dr Michael Ross Trustee	1 00 0 00	Х						0	0	0
Dr Stephen Sligh Trustee	1 00 0 00	х						0	0	0
T March Bell Trustee	1 00 1 00	Х						0	0	0
Rev A Randy Nabors Trustee	1 00 0 00	х						0	0	0
Stephen Nielson Trustee	1 00 0 00	Х						0	0	0
William P Burdette Trustee	1 00 0 00	Х						0	0	0
Robert B Polk Trustee	0 00	Х						0	0	0
Dr Gordon Sluis Trustee	1 00 0 00	Х						0	0	0
Donald E Rittler Trustee	1 00 0 00	Х						0	0	0
Mark Griggs Trustee	1 00	Х						0	0	0
Dr David Rountree Trustee	0 00	х						0	0	0
Richard T Bowser Trustee ———————————————————————————————————	0 00	х						0	0	0
Dr Craig Troxel Trustee	1 00 0 00	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related	direct or direct	than pers office ctor/t	o not n one son is er and /trust	e box is bot nd a stee)	x, oth	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
	organizations below dotted line)	trustee	Institutional Trustee		10)66	Highest compensated employee				
Rev Julian Russell Trustee	1 00 0 00	х						0	0	0
Rev Steve Smallman Trustee	1 00 0 00	х						0	0	0
Joel Belz Trustee	1 00 1 00	х						0	0	0
Dr J Derek Halvorson President	40 00 1 00			х				134,812	0	13,519
Dr Jeffrey Hall VP of Academic Affairs	40 00 0 00			х				120,703	0	14,949
Troy Duble VP of Advancement	40 00 0 00					х		119,172	0	15,003
Brad Voyles VP Student Development	40 00 0 00					х		100,373	0	13,425
Marc Erickson Executive Director of Covenant College Foundation	40 00 40 00					х		119,391	0	15,222
Dr Toni Chiareli Professor of Sociology	40 00 0 00					х		104,171	0	12,883

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493127010704

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Covenant College

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. ▶ See separate instructions.

Open to Public Inspection

									43-0719		
	t I			blic Charity Sta						instructions	5
	_		•	e foundation becaus	•			•	•		
1			•	on of churches, or a				section 170	(b)(1)(A)(i)	•	
2	굣			in section 170(b)(1			•				
3				perative hospital se							
4				n organization opera	ted ın conjun	ction with a	hospital des	cribed in se	ection 170(b))(1)(A)(iii).	Enter the
5	_			ty, and state erated for the benefi	t of a colloge	or universi	ty owned or	onorated by	2 douarnma	ntal unit doc	cribad in
3	,	_	<u>.</u>	A)(iv). (Complete P	_	: OI UIIIVEISI	ity owned or	operated by	a governine	iitai uiiit ues	cribed iii
•	_				•	al unit door	awbad in sessi	ian 170(h)/	(1)(A)()		
6	<u>'</u>			local government o						from the gon	ماطييم احتما
7	ı			at normally receives on 170(b)(1)(A)(vi).		•	support from	n a governm	ientai unit or	from the ger	ierai public
8	Γ			described in section			mplete Part I	Ι)			
9			-	at normally receives			-	-	ıbutıons, mei	mbership fee:	s, and gross
				ities related to its e							
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable ii	ncome (less	section 51	1 tax) from b	usinesses
		acquire	ed by the org	janızatıon after June	30,1975 S	ee section	509(a)(2). (0	Complete Pa	art III)		
10	Г	An org	anızatıon or	ganized and operated	d exclusively	to test for	public safety	See sectio	on 509(a)(4)		
11	\sqcap			ganized and operated							
				ly supported organiz						See section !	509(a)(3). Check
				bes the type of supp b Type II c						Non function	ally integrated
_	_			ox, I certify that the							
е	ļ			on managers and ot							
			1509(a)(2)			т	,				(-/(-/ - /
f				received a written d	etermınatıon	from the IR	RS that it is a	Type I, Ty	pe II, or Typ	e III support	ing organizatio <u>n,</u>
_			this box	2006, has the organ		tod any auf		uan fram an	of +b o		Į.
g			ng persons?	2006, ilas tile organi	ization accep	ited ally gill	t of Colleibut	ion nom an	y of the		
				rectly or indirectly o	ontrols, eith	er alone or	together with	n persons de	escribed in (i	п)	Yes No
		and (111) below, the	governing body of th	e supported	organizatio	n?			119	g(i)
		(ii) A f	amıly memb	er of a person descr	ıbed ın (ı) ab	ove?				119	J(ii)
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı)	above?			11g	(iii)
h		Provide	e the followi	ng information about	the supporte	ed organizat	tion(s)				
) Nan		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did yo		(vi) I:		(vii) A mount of
	uppoi ganiz			organization (described on	organizati		the organ		organiza col (i) or		monetary
OI	yanız	ation		lines 1- 9 above	col (i) lis your gove		ın col (i) suppo		in the	_	support
				or IRC section	docume	_	Juppe		""		
				(see							
				instructions))	Yes	No	Yes	No	Yes	No	7
											1
Total											1

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
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							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	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 IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
/a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	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						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493127010704

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

emai	Revenue Service F- Attach to For	rm 990. F See separate instructions.		Inspection
	ne of the organization enant College			oloyer identification number
Pa	organizations Maintaining Donor Advorganization answered "Yes" to Form 990			
		(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	5	nor adv	rsed ┌ Yes ┌ No
	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the bene conferring impermissible private benefit?			
a r	t II Conservation Easements. Complete if	f the organization answered "Yes" t	o Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	n or education)	certifie	d historic structure
	easement on the last day of the tax year	·		
				Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified history	` '	2c	
	Number of conservation easements included in (c) accommissions structure listed in the National Register		2d	
	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	ed by th	ne organization during
	the tax year -			
	Number of states where property subject to conservat	tion easement is located 🗠		
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of	f violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easer	ments o	during the year
	A mount of expenses incurred in monitoring, inspecting • \$	g, and enforcing conservation easement:	s durın	g the year
	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of sec	ction 1	70(h)(4)(B)(ı)
	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easeme	ne footnote to the organization's financia		
1	Organizations Maintaining Collection Complete if the organization answered "Y	ns of Art, Historical Treasures, Yes" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or rese	earch in furtherance of public
	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	116 (ASC 958), to report in its revenue ets held for public exhibition, education,	statem	nent and balance sheet
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, historfollowing amounts required to be reported under SFAS			
	Revenues included in Form 990, Part VIII, line 1			► \$
	Assets included in Form 990, Part X			<u> </u>
				· Ŧ

	Organizations Maintaining Co										<u>ntinued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds,ch	neck a		_		ignificant u	se of	ıts	
а	Public exhibition		d	ı	Loan or ex	change progra	ıms				
b	Scholarly research		e	Γ	Other						
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ıın hov	w they	further the	e organızatıon's	s exer	mpt purpos	e ın		
5	During the year, did the organization solicit							ar	_		
Do.	assets to be sold to raise funds rather than t		-					" +- Г	,	Yes	☐ No
Pai	Part IV, line 9, or reported an ar					on answered	res	s to Form	1 990	,	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interme	ediary	for c	ontributions	s or other asse	ts no	t	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	I and complete the	follov	ving t	able						
							_	•	Amou	nt	
С	Beginning balance						1c				
d	Additions during the year					- ¹	Ld				
е	Distributions during the year					_	Le				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatio	n has been	provided in Pa	art XI	II			Г
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior ye		Two years back	(d) Thr		_		ears back
1a	Beginning of year balance	24,388,792			392,042	21,539,402		18,866,49			5,470,157
b	Contributions	220,971		1	.99,458	273,950		479,08	36		564,043
С	Net investment earnings, gains, and losses	3,050,839		-1	.62,645	4,538,799		2,193,82	21	-	5,965,015
d	Grants or scholarships	754,682		5	590,627	651,821					803,078
e	Other expenditures for facilities and programs	329,097		4	49,436	308,288					399,612
f	Administrative expenses										
g	End of year balance	26,576,823		24,3	888,792	25,392,042		21,539,40)2	1	8,866,495
2	Provide the estimated percentage of the cur	rent year end balan	ce (lın	ie 1g,	column (a))) held as					
а	Board designated or quasi-endowment 🕨	20 160 %									
Ь	Permanent endowment ► 69 180 %										
С	Temporarily restricted endowment > 10 The percentages in lines 2a, 2b, and 2c sho	560 % uld equal 100%									
За	Are there endowment funds not in the posse	ssion of the organiz	ation	that a	re held and	d admınıstered	for th	е			
	organization by							Га	2-(:)	Yes	No
	(i) unrelated organizations			•				<u> </u>	Ba(i) Ba(ii)	Yes	No
ь	If "Yes" to 3a(II), are the related organization						·	· . · . ·	3b	Yes	
4	Describe in Part XIII the intended uses of the	•						· · L			
Par	t VI Land, Buildings, and Equipme										
	Description of property		•		Cost or other (investment			(c) Accumulat depreciation		(d) Boo	ok value
	Land			1		1,898,2	213		\dashv		1,898,213
	D 11		_			57,321,0		22,539,	218		
b	Buildings		•			0.70227		22,000,	2101	34	4,781,873
	Buildings		٠.			3,525,8	860	1,804,	-		4,781,873 1,721,810
c	-								.050	:	
c d	Leasehold improvements					3,525,8	186	1,804,	.050	:	1,721,810

	e Form 990, Part X, line 12.	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
1)Financial derivatives		
2)Closely-held equity interests		
3)Other		
A) Limited partnership	4,565,773	F
	+	
	+	
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	4,565,773	
art VIII Investments—Program Related. Se	ee Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	+	
otal. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X, I	ine 15.	
(a) Descr		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability		
Part X Other Liabilities. See Form 990, Part (a) Description of liability	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes	X, line 25.	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes eposits, agency funds, and government advances	X, line 25. (b) Book value	F
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes eposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes eposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	.
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes eposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes eposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes deposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes deposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes deposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	. .
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes deposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	
Part X Other Liabilities. See Form 990, Part (a) Description of liability dederal income taxes Deposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	
	X, line 25. (b) Book value 2,511,590	
Part X Other Liabilities. See Form 990, Part (a) Description of liability dederal income taxes Deposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	
Part X Other Liabilities. See Form 990, Part (a) Description of liability dederal income taxes Deposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	
Part X Other Liabilities. See Form 990, Part (a) Description of liability ederal income taxes deposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590	P
Part X Other Liabilities. See Form 990, Part (a) Description of liability dederal income taxes Deposits, agency funds, and government advances	X, line 25. (b) Book value 2,511,590 32,102	

	,			
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue	er Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII)			
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII)			
c	Add lines 4a and 4b	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per R	eturn	
1	Total expenses and losses per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII) 2d			
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII)			
С	Add lines 4a and 4b	4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		
Part	XIII Supplemental Information			

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

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	Endowment funds are invested to produce income, which is used to fund scholarships, pay for salary and general operation expenses, and maintain facilities. In accordance with the instructions, the prior year, two years back, three years back, and four years back columns were adjusted to include the endowment held by both the organization and the Covenant College Foundation, as Covenant College Foundation holds its endowment for the benefit of the organization
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	The College is recognized as an organization exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (Code) whereby only unrelated business income, as defined by Section 512(a)(1) of the Code, is subject to federal income tax. The financial statement effects of a tax position taken or expected to be taken are recognized in the financial statements when it is more likely than not, based on the technical merits, that the position will be sustained upon examination. Interest and penalties, if any, are included in expenses in the statements of activities. As of June 30, 2013 and 2012, the College has analyzed its tax positions and believes that all are more likely than not to be sustained upon examination.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493127010704

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

Employer identification number

Covenant College 43-0719506 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier Return Reference		Explanation
Explanation of Nondiscriminatory Policy Publication	Schedule E, Part I, Line 3	The policy is included in both graduate and undergraduate catalogs, the college website, the college application for admission, and college advertising
Explanation of Government Financial Assistance	Schedule E, Part I, Line 6	The college receives assistance from the following federal programs. Federal Supplemental Educational Opportunity Grant, Federal Work Study, Federal Perkins Loan Program, Federal Pell Grant Program, Federal Direct Loan Program, and Federal Teach Grant Program

Schedule E (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493127010704 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2012 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Department of the Treasury ► Attach to Form 990. ► See separate instructions. Open to Public Internal Revenue Service **Inspection** Name of the organization **Employer identification number** Covenant College 43-0719506 General Information on Activities Outside the United States. Complete if the organization answered Part I "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) is a (a) Region (b) Number of (c) Number of (f) Total expenditures program service, describe offices in the employees, region (by type) (e.g., for and investments agents, and fundraising, program specific type of region in region services, investments, grants independent service(s) in region contractors in to recipients located in the region region) 0 Program services Study abroad programs 10.757 Europe in which students spend (a) semester(s) completing course requirements in a foreign higher education institution 0 10.757 3a Sub-total **b** Total from continuation sheets to Part I 10.757 c Totals (add lines 3a and 3b)

Cat No 50082W

Schedule F (Form 990) 2012

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2012

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	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)	Γ	Yes	<u> </u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organizationmay be required to 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)	Γ	Yes	হ	Νo
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)	Г	Yes	굣	Νo
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, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	굣	Νo
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)	Г	Yes	굣	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 file Form 5713, International Boycott Report (see Instructions for Form 5713).	Г	Yes	₽	No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to 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).

as applicable. Also co	implete this part to provide any	additional information (see instructions).
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 F
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 The College tracked expenditures in accordance with accrual basis of accounting using tuition and fees schedules for the students' studies
	•	Schedule F (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493127010704

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Covenant College

Department of the Treasury

Internal Revenue Service

Employer identification number

43-0719506

Pa	rt I Fundraising Act	tivities. Complete	ıf the o	rganızatı	on answered "Y	es" to Form 990, Part IV	, line 17.
1 b c d 2a b	Indicate whether the organ Mail solicitations Internet and email sol Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at leas	icitations s a written or oral agree Form 990, Part VII) st paid individuals or e	ement witl or entity entities (f	e f g h any Indi in connec	Solicitation of Solicitation of Solicitation of Special fundrough widual (including of Stion with profession)	of non-government grants of government grants raising events officers, directors, trustees	▼ Yes
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross recei from activity	pts (v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
	Jane Jelgerhuis 14049 Scenic Highway Lookout Mountain, GA 30750	Fundraiser	Yes	No No	20	,090,090	0
Tota				•	20	,090,090	
3	List all states in which the licensing	_, GA, HI, ID, IA, KS,	KY,LA,N		L solicit funds or h	as been notified it is exempt	-

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Ē.	1	Gross receipts				
evenue Birect Expenses Reven	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
esue	6	Rent/facility costs				
ğ	7	Food and beverages .				
g Ø	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Velit				bingo/progressive bingo		col (a) through col (c))
<u>R</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	│ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. 「Yes 「No
b	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain	icenses revoked, suspe	ended or terminated during	the tax year?	

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No
.2		neficiary or trustee of a trust or a men		
	formed to administer charitable of	gaming?		· · · · Fyes F No
.3	Indicate the percentage of gamir	ng activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records
	Name ►			
	Address 🟲			
	revenue?	ntract with a third party from whom the		
	amount of gaming revenue retain	ed by the third party 🟲 \$		
C	If "Yes," enter name and address	s of the third party		
	Name 🟲			
	Address ►			
.6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	\$ \$		
	Description of services provided	>		
	☐ Director/officer	Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to	
	retain the state gaming license?			Г _{Yes} Г _{No}
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent
		activities during the tax year 🟲 💲		
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical	
	Identifier	Return Reference	Explana	tion

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493127010704

OMB No 1545-0047

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

Open to Public

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

	e organization						Employer identificati	on number
Covenant	College						43-0719506	
Part I	General Informatio	n on Grants and	d Assistance				•	
the	es the organization maintain selection criteria used to aw scribe in Part IV the organiza	ard the grants or as	sıstance?					ר Yes Γ
Part II	Grants and Other A Form 990, Part IV, line							es" to
	ame and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
	er total number of section 50						▶	
	er total number of other orga				Cat No 50055P			ile I (Form 990) 2012
apa v	Modernion Act Notice, Sec						Schedu	(

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Federal grantor/pass-through grantor/program and student financial aid from college	1083	13,995,492			
(2) Covenant College Entrepreneurial Seed Project Grant made to Jacob Hutcherson	1	10,000			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S		Schedule I, Part I, Line 2 The college provides scholarships to students enrolled in its programs. Scholarships are awarded based upon student acheivements in academics, performing arts, and athletics. To be considered for scholarship assistance, students must apply for admission and submit academic transcripts of prior education work, test scores (ACT/SAT), and an application for the scholarship program. Some scholarships require additional recommendations or certifications by third parties. Academic progress of scholarship recipients is monitored, and recipients must earn both a minimum amount of college credits and a minimum GPA each semester in order to maintain eligibility. The Seed Project Grant was established to foster and develop an entrepreneurial spirit amongst Covenant College students and to create an opportunity for the students to develop real ideas and put them into action. Business plans are submitted by students for initial review by a committee of Covenant College faculty, staff, alumni, and other friends of the college. Once the business plan earns approval, the plan is presented to an independent panel of judges. The college awards the Seed Project Grant after the independent panel declares a winning idea. Recipients provide receipts to demonstrate that funds were used for legitimate and appropriate business expenses, and the College follows up with recipients at six month intervals following the award until the funds are depleted.

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493127010704

OMP No. 1545 0047

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 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. ► See separate instructions.

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
Covenant College

Employer identification number

Dowl T. Fr	anna Damafi	t T	/cookio	- F01/a\/2	\ and costion	F01/a\/4\ a.			9506			
		t Transactio ganization answe									40b	
	me of disqualif				disqualified	(c) Description of transaction					(d) Corrected?	
			person	and organiz	ation						Yes	No
										-		
2 Enterth	e amount of tax	incurred by org	anızatıon m	anagers or o	disqualified per	sons during the	e vear	under	section			
4958 .									> \$			
3 Enterth	e amount of tax	, if any, on line 2	2, above, re	ımbursed by	the organization	on			F \$			
Do at TT		1 / a E a a . T		l D								
		d/or From Ir organization ans				line 38a or F	orm 90	n Pa	rt IV lu	ne 26 d	rifthe	
		orted an amoun				, iiiic 30a, 01 1	01111 2 3	, o , i u	1010,111	10 20, 0	or ir the	
(a) Name of	(b) Relationsh	nıp (c) Purpose	(d) Loan	to	(e)O riginal	(f) Balance	(g) In (h)				(i)Wrı	
ınterested person	with organization of loa		1 ' '		principal amount	due			Appro	oved agreement? ard or		
person			orgamización		. amount				commi			
			То	From			Yes	No	Yes	No	Yes	No
1) Derek	President of	Housing loar	ı	Х	125,000	125,000		No	Yes		Yes	
lalvorson	Covenant College											
	- Comeye								1			<u> </u>
											_	
											_	
											_	
									<u> </u>		_	
otal		_	<u> </u>	<u> </u>	_	125,000						
		sistance Ben				wt IV June 27	,					
	finterested	e organızatıon (b) Relatıonshı			nt of assistance			ctance	2 (0)	Durnoc	e of ass	ıctancı
	son	interested pers	•	(C) Alliour	it oi assistance	(a) Type () a 5 5 1:	Stalle	(e)	Purpos	e 01 a55	istalice
,		organızat										
						_						
						_						
						<u> </u>						
				I								

Part IV Business Transactions I Complete if the organizatio			ne 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	f zatıon's
				Yes	No
				1	

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Ident if ier	Return Reference	Explanation
		Cabadula I /Farm 000 at 000 F7) 2012

Schedule L (Form 990 or 990-EZ) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493127010704

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

SCHEDULE M

(Form 990)

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

Noncash Contributions

Name of the organization Covenant College

Employer identification number

					43-0719506			_
Pai	rt I Types of Property							
_	Aut. Works of out	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method of noncash contr			ts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	17	37,945	FMV			
	Securities—Closely held stock							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
	Qualified conservation contribution—Historic structures							
	Qualified conservation contribution—Other							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
,	Collectibles							
)	Food inventory							
)	Drugs and medical supplies .							
	Taxıdermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
•	O ther ►()							
	O ther ►()							
	O ther ▶ ()			<u> </u>	<u> </u>			
	Number of Forms 8283 received for which the organization comple				29			(
	for which the organization comple	sted i oiiii o	205, Fait IV, Dollee Ackin	owieugement [I	Yes	No
)a	During the year, did the organiza	ation receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it		103	140
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangem					30a		110
L	Does the organization have a gif			review of any non-standard	contributions?	31	Yes	
2	Does the organization hire or us							
	contributions?	•		· · · · · · · · · ·		32a		No
b	If "Yes," describe in Part II							
3	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (a) is checked,			

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

Identifier	Return Reference	Explanation
Method for Determining Number of Contributions	, , ,	The number of contributions represents the number of contributions received, not the number of items donated

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493127010704

E O

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public

Inspection

Name of the organization Covenant College	Employer iden	tification number
	43-0719506	

ldentifier	Return Reference	Explanation					
	Form 990, Part VI, Section B, line 11						
	Form 990, Part VI, Section B, line 12c	The officers, directors, and committee members with Board delegated powers are required to sign a disclosure form annually. The Executive Committee reviews the signed statements and denforces compliance with the conflict of interest policy. Any board member with a conflict of interest abstains from voting on matters in which there could be a conflict of interest					
	Form 990, Part VI, Section B, line 15	The Executive Committee reviews the President's salary in accordance with salary studies a nd is approved by the governing Board of Trustees annually. This review and approval is do cumented in the Executive Committee meeting minutes. The President then uses comparability data to determine compensation for the College's officers and executives.					
	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					
	Part XII, line 2c	The College's process for overseeing the audit of its financial statements and for selecting an independent accountant has not changed from the prior year					

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493127010704

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury Internal Revenue Service

Covenant College

Name of the organization

(Form 990)

SCHEDULE R

43-0719506 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (f) (b) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (g) Name, address, and EIN of related organization Legal domicile (state Primary activity Exempt Code section Public charity status Direct controlling Section 512(b) (13) controlled or foreign country) (if section 501(c)(3)) entity entity? Yes No (1) Covenant College Foundation Inc Raising funds for GΑ 501(c)(3) 11, Type II Covenant College No education 14049 Scenic Highway Lookout Mountain, GA 30750 62-1671894

(a) Name, address, and EIN o related organization	f	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domıcıle (state or foreign country)		(d) Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		(h) ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No			
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related o	organizations lis	ted in Parts II-IV?							
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No			
b	Gift, grant, or capital contribution to related organization(s)				1b		No			
C	c Gift, grant, or capital contribution from related organization(s)									
d	Loans or loan guarantees to or for related organization(s)				1d		No			
e	Loans or loan guarantees by related organization(s)				1e		No			
f	Dividends from related organization(s)				1f		No			
g	Sale of assets to related organization(s)				1g		No			
h	Purchase of assets from related organization(s)				1h		No			
i	Exchange of assets with related organization(s)				1 i		No			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No			
1	l Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
0	Sharing of paid employees with related organization(s)				10	Yes				
р	Reimbursement paid to related organization(s) for expenses				1 p		No			
q	Reimbursement paid by related organization(s) for expenses				1q	Yes				
r	Other transfer of cash or property to related organization(s)				1r		No			
s	Other transfer of cash or property from related organization(s)				1s		No			
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lir (a)	(b)		(d)						
	Name of other organization T	Transaction type (a-s)	(c) Amount involved	Method of determining amo	ount ii	nvolved				

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

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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 re	garding exclu	sion for ce		nent	partnerships				`	,		-	
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

Additional Data Return to Form

Software ID:

Software Version:

EIN: 43-0719506

Name: Covenant College

Schedule R (Form 990) 2012

Page **5**

Part VII Supplemental Information

Identifier Return Reference Explanation	Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
			Explanation							