

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 private foundations)

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10-01-2020, and ending 09-30-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COVENANT LIVING COMMUNITIES AND SERVICES

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
5700 OLD ORCHARD RD

City or town, state or province, country, and ZIP or foreign postal code
SKOKIE, IL 60077

D Employer identification number
36-3478388

E Telephone number
(773) 878-2294

G Gross receipts \$ 63,109,220

F Name and address of principal officer:
TERRI S CUNLIFFE
5700 OLD ORCHARD RD
SKOKIE, IL 60077

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 2650

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.COVLIVING.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1980

M State of legal domicile: IL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
CARE FOR SENIOR ADULTS.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	158
6 Total number of volunteers (estimate if necessary)	6	20
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	280,454	2,338,871
9 Program service revenue (Part VIII, line 2g)	37,219,720	40,427,982
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,480,624	13,322,993
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	306,430	854,190
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,287,228	56,944,036

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,891	5,700
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17,076,594	17,803,864
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 569,317		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,139,668	15,039,279
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	32,229,153	32,848,843
19 Revenue less expenses. Subtract line 18 from line 12	8,058,075	24,095,193

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	246,474,453	297,389,461
21 Total liabilities (Part X, line 26)	169,030,339	173,854,876
22 Net assets or fund balances. Subtract line 21 from line 20	77,444,114	123,534,585

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: *****
Date: 2022-08-05
JEAN E JUSTIE CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2022-08-05
Check if self-employed PTIN: P00378651
Firm's name ▶ PLANTE & MORAN PLLC Firm's EIN ▶ 38-1357951
Firm's address ▶ 10 S RIVERSIDE PLAZA 9TH FLOOR Phone no. (312) 207-1040
CHICAGO, IL 60606

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

AS A MINISTRY OF THE EVANGELICAL COVENANT CHURCH, COVENANT LIVING COMMUNITIES AND SERVICES CELEBRATES GOD'S GIFT OF LIFE IN CHRISTIAN COMMUNITY. WE FOLLOW THE GREAT COMMANDMENT TO LOVE AND SERVE GOD AND ONE ANOTHER AS TAUGHT BY JESUS CHRIST. (SEE SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 21,110,989 including grants of \$ 5,700) (Revenue \$ 37,788,268)
See Additional Data

4b (Code:) (Expenses \$ 2,158,760 including grants of \$ 0) (Revenue \$ 3,456,395)
See Additional Data

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 23,269,749

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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 I		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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	Yes	
c	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		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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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)		No
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		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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 158		
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	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a	No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .		3b	
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 Yes	
b If "Yes," enter the name of the foreign country: ▶ <u>BD</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c 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 organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a 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	No
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 file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b	
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .		14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15	No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.		16	No

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



Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 1a (governing body members), 1b (independent members), 2-9 (officer relationships, control, changes, assets, members, governance decisions, documentation, and reachability).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Yes, No. Rows include 10a-16b covering local chapters, policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include 17 (states for Form 990), 18 (public inspection), 19 (governing documents), and 20 (books and records).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,193,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	145,871				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			2,338,871			
Program Service Revenue	2a MANAGEMENT FEES	Business Code					
		561000	36,845,764	36,845,764			
	b ROUTINE SERVICES	623000	2,522,300	2,522,300			
	c ENTRANCE FEE	623000	1,052,315	1,052,315			
	d ANCILLARY SERVICE	623000	7,603	7,603			
	e						
	f All other program service revenue.						
g Total. Add lines 2a-2f.		40,427,982					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		19,451,346			19,451,346	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	74,340				
		(ii) Personal					
		b Less: rental expenses	36,831				
		c Rental income or (loss)	37,509				
	d Net rental income or (loss)		37,509			37,509	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses	6,082,269	46,084			
		c Gain or (loss)	-6,082,269	-46,084			
	d Net gain or (loss)		-6,128,353			-6,128,353	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
		b Less: direct expenses	8b				
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a PURCHASING DISCOUNTS/REBATES		900099	258,685	258,685			
b APARTMENT UPGRADES		623000	49,434	49,434			
c SERVICES TO RESIDENTS		623000	1,385	1,385			
d All other revenue			507,177	507,177			
e Total. Add lines 11a-11d			816,681				
12 Total revenue. See instructions			56,944,036	41,244,663	0	13,360,502	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,700	5,700		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,994,397		2,994,397	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	11,452,353	10,699,569	393,583	359,201
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	581,182	479,400	87,486	14,296
9 Other employee benefits	1,804,212	1,529,666	309,850	-35,304
10 Payroll taxes	971,720	684,347	271,944	15,429
11 Fees for services (non-employees):				
a Management	1,269,478		1,269,478	
b Legal	328,964		328,964	
c Accounting	6,921		6,921	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	470,576	470,576		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,438,150	1,227,387	182,269	28,494
12 Advertising and promotion	25,437	13,500	11,937	
13 Office expenses	244,044	96,732	145,844	1,468
14 Information technology	4,961,258	4,609,920	351,338	
15 Royalties				
16 Occupancy	338,800	94,015	244,785	
17 Travel	256,212	120,191	135,492	529
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	140,510	54,390	86,120	
20 Interest	183,631	130,082	50,366	3,183
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,176,852	2,250,446	871,347	55,059
23 Insurance	71,486	71,486		
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.)				
a RECRUITING	218,467	218,387	80	
b MAINT. FOR RESIDENTS	198,383	198,383		
c RELATED PARTY ACTIVITY	101,677	83,077	14,400	4,200
d TRAINING	12,257	9,819	2,438	
e All other expenses	1,596,176	222,676	1,250,738	122,762
25 Total functional expenses. Add lines 1 through 24e	32,848,843	23,269,749	9,009,777	569,317
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	45,818,891	1	37,538,338
	2 Savings and temporary cash investments	5,277,814	2	9,872,134
	3 Pledges and grants receivable, net	7,861	3	9,625
	4 Accounts receivable, net	176,437	4	560,665
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,677,862	9	5,812,215
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	55,078,575		
	b Less: accumulated depreciation	25,145,851		
	11 Investments—publicly traded securities	38,367,033	11	65,136,525
	12 Investments—other securities. See Part IV, line 11	28,069,143	12	52,937,385
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	95,551,241	15	95,589,850
16 Total assets. Add lines 1 through 15 (must equal line 33)	246,474,453	16	297,389,461	
Liabilities	17 Accounts payable and accrued expenses	21,947,986	17	25,580,755
	18 Grants payable		18	
	19 Deferred revenue	12,111,351	19	12,485,155
	20 Tax-exempt bond liabilities	13,016,375	20	13,846,446
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	19,450	21	17,150
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	2,193,000	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	119,742,177	25	121,925,370
	26 Total liabilities. Add lines 17 through 25	169,030,339	26	173,854,876
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	70,401,178	27	115,721,359
	28 Net assets with donor restrictions	7,042,936	28	7,813,226
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	77,444,114	32	123,534,585	
33 Total liabilities and net assets/fund balances	246,474,453	33	297,389,461	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	56,944,036
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,848,843
3	Revenue less expenses. Subtract line 2 from line 1	3	24,095,193
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	77,444,114
5	Net unrealized gains (losses) on investments	5	21,995,278
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 32, column (B))	10	123,534,585

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-3478388

Name: COVENANT LIVING COMMUNITIES AND SERVICES

Form 990 (2020)

Form 990, Part III, Line 4a:

THE NUMBER OF PERSONS RESIDING AT THE CONTINUING CARE RETIREMENT COMMUNITIES, OPERATED BY COVENANT LIVING COMMUNITIES AND SERVICES, WHO BENEFITED FROM THE SERVICES WE PROVIDED FOR THE YEAR ENDED SEPTEMBER 30, 2021 WERE AS FOLLOWS:RESIDENTIAL & CATERED LIVING: THERE WERE A TOTAL OF 3,523 RESIDENTS, OCCUPYING 2,765 APARTMENTS AT 09/30/2021. RESIDENCY FOR THE FISCAL YEAR TOTALED 1,263,565 RESIDENT DAYS.ASSISTED LIVING: THERE WERE A TOTAL OF 594 ASSISTED LIVING RESIDENTS AT 09/30/2021. ASSISTED LIVING RESIDENCY FOR THE FISCAL YEAR TOTALED 210,058 RESIDENT DAYS.SKILLED NURSING: THERE WERE A TOTAL OF 711 SKILLED CARE RESIDENTS AT 09/30/2021. SKILLED CARE RESIDENCY FOR THE FISCAL YEAR TOTALED 255,867 RESIDENT DAYS.

Form 990, Part III, Line 4b:

ESTATES OF WINDSOR PARK:THE NUMBER OF PERSONS WHO BENEFITED FROM THE SERVICES WE PROVIDED FOR THE YEAR ENDED SEPTEMBER 30, 2021 WERE AS FOLLOWS:THERE WERE A TOTAL OF 93 RESIDENTS, OCCUPYING 61 APARTMENTS AT 09/30/21. RESIDENCY FOR THE FISCAL YEAR TOTALED 33,470 RESIDENT DAYS.

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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRI S CUNLIFFE DIRECTOR/CLCS PRESIDENT/CEO	40.00 19.00	X		X				1,135,793	0	31,500
JODY HOLT FORMER CFO/TREASURER/ASST SECRETARY	0.00 0.00						X	518,721	0	23,939
JAY HIBBARD SENIOR VICE PRESIDENT OF MARKETING	40.00 1.00					X		500,495	0	74,087
RANDAL GROSS VICE PRESIDENT OF PROJECT DEVELOPMENT	40.00 1.00					X		391,065	0	27,545
DAVID G ERICKSON SR VP & GEN COUNSEL/ASST SECRETARY	40.00 19.00			X				384,477	0	82,856
JAMES TERRIBLE VICE PRESIDENT, PHILANTHROPY	40.00 1.00					X		448,990	0	63,898
FRAN PALMA SENIOR VP OF MARKETING	22.50 22.50					X		426,835	0	70,477
WILLIAM RABE SR VP ENTERPRISE OPS/ASST SECRETARY	40.00 19.00			X				364,071	0	48,222
MIA LEIBOW VP, FINANCIAL PLANNING & ANALYSIS	40.00 1.00					X		374,124	0	21,537
CORY STERN - END 7121 INTERIM FINANCE LEAD/TREASURER	40.00 19.00			X				210,374	0	28,762

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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN WENRICH DIRECTOR/EX-OFFICIO	0.10 41.90	X						0	127,768	97,431
AMY LACROIX SVP, COMMUNITY OPS/ASST SECRETARY	40.00 19.00			X				98,963	0	17,120
REBEKAH ERICKSON - END 7121 ASSISTANT SECRETARY	40.00 19.00			X				94,194	0	10,106
JEAN E JUSTIE CFO/TREASURER/ASST SECRETARY	40.00 19.00			X				88,260	0	11,348
EMILY WARNYGORA ASSISTANT SECRETARY	40.00 19.00			X				71,976	0	10,795
MATTHEW MANLOVE DIRECTOR/CHAIR	0.10 1.90	X		X				0	0	0
JANET CREANEY DIRECTOR/VICE CHAIR	0.10 1.90	X		X				0	0	0
SARAH BENTLEY DIRECTOR/SECRETARY	0.10 1.90	X		X				0	0	0
KURT KINCANON DIRECTOR	0.10 1.90	X						0	0	0
PAMELA CHRISTENSEN DIRECTOR	0.10 1.90	X						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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARK C EASTBURG-END 7121 DIRECTOR	0.10 1.90	X						0	0	0
KARA E DAVIS MD-END 11420 DIRECTOR	0.10 1.90	X						0	0	0
LORENE FLEWELLEN DIRECTOR	0.10 1.90	X						0	0	0
JOHN FREDRICKSON DIRECTOR	0.10 1.90	X						0	0	0
JANET GOELZ HOFFMAN DIRECTOR	0.10 1.90	X						0	0	0
DAVID KIM - END 92821 DIRECTOR	0.10 1.90	X						0	0	0
ROBERT MARTIN DIRECTOR	0.10 1.90	X						0	0	0
JENNIFER MEANS DIRECTOR	0.10 1.90	X						0	0	0
MARY PALMER DIRECTOR	0.10 1.90	X						0	0	0
LOANN PETERSON DIRECTOR	0.10 1.90	X						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 organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DIXIE REPPE DIRECTOR	0.10 1.90	X						0	0	0
ANDREW VANOVER DIRECTOR	0.10 1.90	X						0	0	0
SUE POSTON DIRECTOR/EX-OFFICIO	0.10 1.90	X						0	0	0
KATHY BUETTNER DIRECTOR	0.10 1.90	X						0	0	0
RICHARD P NELSON - END 6121 DIRECTOR/EX-OFFICIO	0.10 1.90	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COVENANT LIVING COMMUNITIES AND SERVICES

Employer identification number
36-3478388

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations 13

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	13				0	0

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
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 (f). . . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	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 furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
1		Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
2		Yes	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
3a			No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
3c			
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4a			No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4b			
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
4c			
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5a			No
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b			
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c			
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
6		Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
7			No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8			No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9a			No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9b			No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
9c			No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10a			No
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
10b			

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
		11a	No
		11b	No
		11c	No

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		1	Yes

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
		2a	
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 2	COVENANT LIVING SUPPORTS ORGANIZATIONS INCLUDED IN THE GROUP EXEMPTION LETTER HELD BY THE EVANGELICAL COVENANT CHURCH OF AMERICA. AS ORGANIZATIONS RELATED TO A CHURCH, THE SUPPORTED ORGANIZATIONS ARE NOT REQUIRED TO OBTAIN SEPARATE EXEMPT DETERMINATIONS.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART IV, SECTION A, LINE 6	GRANTS WERE MADE TO COVENANT HARBOR BIBLE CAMP, MIDLAND CARE, JESSICA'S HOUSE, AGELESS AVIATION DREAMS AND AMERICAN CANCER SOCIETY, ALL OF WHICH ARE ORGANIZATIONS WHICH FURTHER THE MISSION OF THIS ORGANIZATION. THESE GRANTS WERE UNDER THE >\$5,000 THRESHOLD AND THEREFORE NOT REQUIRED TO BE REPORTED ON SCHEDULE I.

Additional Data**Software ID:****Software Version:****EIN:** 36-3478388**Name:** COVENANT LIVING COMMUNITIES AND SERVICES**Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).**

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) COVENANT LIVING OF GOLDEN VALLEY INC	418041150	10	Yes		0	0
(A) COVENANT LIVING OF FLORIDA INC	521115870	10	Yes		0	0
(B) COVENANT HOME ILLINOIS	362643638	10	Yes		0	0
(C) COVENANT HEALTHCARE CENTERS	521115873	10	Yes		0	0
(D) COVENANT LIVING AT THE HOLMSTAD	362835154	10	Yes		0	0
(E) COVENANT HOME OF CHICAGO	363095932	10	Yes		0	0
(F) COVENANT LIVING OF CROMWELL INC	131740015	10	Yes		0	0
(G) COVENANT LIVING WEST	953472345	10	Yes		0	0
(H) COVENANT LIVING OF COLORADO INC	841084331	10	Yes		0	0
(I) COVENANT LIVING AT WINDSOR PARK	363385581	10	Yes		0	0
(J) COVENANT LIVING OF THE GREAT LAKES	383244636	10	Yes		0	0
(K) COVENANT LIVING SERVICES	272480652	10	Yes		0	0
(L) COVENANT RETIREMENT COMMUNITIES FOUNDATION	300763748	7	Yes		0	0

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2020 Open to Public Inspection

Name of the organization COVENANT LIVING COMMUNITIES AND SERVICES

Employer identification number 36-3478388

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor notification.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,839,585	5,578,366	5,326,397	5,504,320	4,922,936
b Contributions					
c Net investment earnings, gains, and losses	715,555	358,511	305,206	-116,103	601,499
d Grants or scholarships	88,500	97,292	53,237	61,819	20,115
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	6,466,640	5,839,585	5,578,366	5,326,397	5,504,320

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100.000 %
- c** Term endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b	Yes	

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,201,158		9,201,158
b Buildings		26,131,762	11,189,094	14,942,668
c Leasehold improvements				
d Equipment		17,212,571	13,764,860	3,447,711
e Other		2,533,084	191,897	2,341,187
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				29,932,724

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MORTGAGES	646,575	F
(B) DOMESTIC EQUITY	20,807,327	F
(C) INTERNATIONAL EQUITY	18,334,439	F
(D) HEDGE FUNDS & DERIVATIVES	9,192,226	F
(E) PRIVATE EQUITY	3,316,231	F
(F) PUTS AND CALLS	640,587	F
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	52,937,385	

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER INVESTMENTS	10,714,761
(2) INTER-COMPANY ADVANCE ACCOUNTS	66,160,812
(3) INVESTMENT IN CIIC	18,714,277
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	95,589,850

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) REFUNDABLE CONTRACT LIABILITIES	3,389,319
(3) ACCRUED TAXES & EMPLOYEE BENEFITS	612,029
(4) OTHER LIABILITIES	16,250,995
(5) INTER-COMPANY ADVANCE ACCOUNTS	56,673,027
(6) 2019 IL TAXABLE TERM LOAN	45,000,000
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	121,925,370

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
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 VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
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 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-3478388

Name: COVENANT LIVING COMMUNITIES AND SERVICES

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE BRANDEL ENDOWMENT FUND IS USED FOR RESIDENT CARE AT CERTAIN COVENANT LIVING CAMPUSES.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
COVENANT LIVING COMMUNITIES AND SERVICES

Employer identification number
36-3478388

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS	N/A	18,714,277
3a Sub-total	0	0			18,714,277
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			18,714,277

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2020
Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization COVENANT LIVING COMMUNITIES AND SERVICES	Employer identification number 36-3478388
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Part I Questions Regarding Compensation

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	THE FOLLOWING MODEST BENEFITS WERE TREATED AS TAXABLE COMPENSATION AND WERE DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE (OF COVENANT LIVING'S BOARD) TO BE REASONABLE: - HEALTH CLUB DUES PAID FOR SIX (6) SENIOR-LEVEL EMPLOYEES.
PART I, LINE 3	SEE SCHEDULE O EXPLANATION FOR FORM 990 PART VI SECTION B LINE 15 FOR THE METHODS USED TO DETERMINE CEO COMPENSATION. THE REVIEW AND APPROVAL PROCESS IS DESIGNED TO SATISFY AND QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958.
PART I, LINES 4A-B	LINE 4A: JODY HOLT RECEIVED SEVERANCE PAYMENTS TOTALING \$169,389 DURING THE TAX YEAR. JAMES TERRIBLE RECEIVED SEVERANCE PAYMENTS TOTALING \$102,000 DURING THE TAX YEAR. LINE 4B: EXECUTIVE BENEFIT PLAN COVENANT MINISTRIES OF BENEVOLENCE (CMB), A RELATED ORGANIZATION, PROVIDES CERTAIN SUPPLEMENTAL RETIREMENT BENEFITS TO ITS OFFICERS AND KEY EMPLOYEES. THESE BENEFITS ARE PROVIDED THROUGH A NONQUALIFIED DEFERRED COMPENSATION PLAN, UNDER WHICH A PORTION OF THE BENEFITS BEING EARNED ARE SUBJECT TO A "SUBSTANTIAL RISK OF FORFEITURE." THE SUPPLEMENTAL RETIREMENT BENEFITS ARE STRUCTURED TO PROVIDE A RETENTION INCENTIVE THAT HAS BEEN DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF CMB'S BOARD ("COMMITTEE") TO BE OF SUBSTANTIAL VALUE TO THE ORGANIZATION. THE COMMITTEE APPROVES ALL RETIREMENT BENEFITS, TOGETHER WITH ALL OTHER FORMS OF COMPENSATION AND BENEFITS FOR THESE AND OTHER EXECUTIVES, IN A MANNER INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF FEDERAL INCOME TAX LAW. THE COMMITTEE HAS DETERMINED THAT TOTAL COMPENSATION FOR EACH SUCH EXECUTIVE IS REASONABLE. THE FOLLOWING ARE PARTICIPANTS IN THE PLAN: TERRI CUNLIFFE DAVID ERICKSON WILLIAM RABE CORY STERN REBEKAH ERICKSON JEAN JUSTIE AMY LACROIX MIA LEIBOW FRAN PALMA JAMES TERRIBLE JAY HIBBARD RANDAL GROSS IN 2020, THESE INDIVIDUALS VESTED IN THE PLAN IN THE FOLLOWING AMOUNT: TERRI CUNLIFFE - \$374,150 DAVID ERICKSON - \$22,000 JAY HIBBARD - \$14,373 FRAN PALMA - \$9,997 RANDAL GROSS - \$100,918 CORY STERN - \$11,773 IN 2020, THESE INDIVIDUALS RECEIVED DISTRIBUTIONS FROM THE PLAN IN THE FOLLOWING AMOUNT: JODY HOLT - \$90,685 DAVID ERICKSON - \$25,101
PART I, LINE 7	THE FOLLOWING APPLIES TO CERTAIN INDIVIDUALS LISTED ON PART VII WHOSE COMPENSATION IS PAID FROM RELATED ORGANIZATIONS: THE EXECUTIVE COMPENSATION COMMITTEE (OF CMB'S BOARD) FOLLOWS A PRESCRIBED METHOD FOR CALCULATING INCENTIVE COMPENSATION AWARDS. THE CALCULATION IS BASED ON MEASURABLE TARGETS DETERMINED AT THE BEGINNING OF THE YEAR. THE COMMITTEE HAS THE ABILITY TO ADJUST THE DOLLAR VALUE OF THE CALCULATED AWARDS BY UP TO 10%. THE ADJUSTMENT CAN BE AN UPWARD OR DOWNWARD ADJUSTMENT BASED ON VARIOUS PERFORMANCE FACTORS OR ON FACTORS THAT WILL ASSURE THAT FINAL INCENTIVE COMPENSATION AWARDS ARE IN THE BEST INTEREST OF THE ORGANIZATION AND APPROPRIATELY REFLECT THE PERFORMANCE OF THE ORGANIZATION. REFER TO ADDITIONAL INFORMATION ON THE COMMITTEE INCLUDED IN SCHEDULE O.
PART II, COLUMN B (II):	BONUS AND INCENTIVE COMPENSATION - CERTAIN KEY PERSONS EMPLOYED BY COVENANT LIVING AND CMB ARE ELIGIBLE FOR INCENTIVE COMPENSATION AS DETERMINED BY THE EXECUTIVE COMPENSATION COMMITTEE OF EITHER THE COVENANT LIVING OR CMB'S BOARD BASED ON WHERE THESE INDIVIDUALS ARE EMPLOYED. INCENTIVES PAID IN 2020 RELATE TO THE ACHIEVEMENT OF TARGETS FOR THE TWELVE MONTHS ENDED 1/31/2020 AS WELL AS A \$3000 CORONAVIRUS APPRECIATION BONUS.
PART II, COLUMN D:	NONTAXABLE BENEFITS INCLUDE HEALTH INSURANCE PREMIUMS PAID BY THE EMPLOYER AND EMPLOYEE.

Additional Data

Software ID:
Software Version:
EIN: 36-3478388
Name: COVENANT LIVING COMMUNITIES AND SERVICES

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1TERRI S CUNLIFFE DIRECTOR/CLCS PRESIDENT/CEO	(i)	534,767	155,443	445,583	8,550	30,448	1,174,791	347,426
	(ii)	0	0	0	0	0	0	0
1JODY HOLT FORMER CFO/TREASURER/ASST SECRETARY	(i)	81,823	117,667	319,231	2,715	26,296	547,732	82,449
	(ii)	0	0	0	0	0	0	0
2JAY HIBBARD SENIOR VICE PRESIDENT OF MARKETING	(i)	327,604	116,632	56,259	45,469	35,110	581,074	14,373
	(ii)	0	0	0	0	0	0	0
3RANDAL GROSS VICE PRESIDENT OF PROJECT DEVELOPMEN	(i)	218,473	16,097	156,495	8,433	23,736	423,234	79,854
	(ii)	0	0	0	0	0	0	0
4DAVID G ERICKSON SR VP & GEN COUNSEL/ASST SECRETARY	(i)	286,046	3,000	95,431	50,278	38,468	473,223	47,101
	(ii)	0	0	0	0	0	0	0
5JAMES TERRIBLE VICE PRESIDENT, PHILANTHROPY	(i)	265,555	27,000	156,435	33,548	32,130	514,668	0
	(ii)	0	0	0	0	0	0	0
6FRAN PALMA SENIOR VP OF MARKETING	(i)	234,882	108,258	83,695	38,659	36,727	502,221	9,997
	(ii)	0	0	0	0	0	0	0
7WILLIAM RABE SR VP ENTERPRISE OPS/ASST SECRETARY	(i)	243,388	65,304	55,379	36,655	17,039	417,765	0
	(ii)	0	0	0	0	0	0	0
8MIA LEIBOW VP, FINANCIAL PLANNING & ANALYSIS	(i)	236,828	125,348	11,948	21,537	2,496	398,157	0
	(ii)	0	0	0	0	0	0	0
9CORY STERN - END 7121 INTERIM FINANCE LEAD/TREASURER	(i)	139,176	17,785	53,413	20,195	8,858	239,427	11,773
	(ii)	0	0	0	0	0	0	0
10JOHN WENRICH DIRECTOR/EX-OFFICIO	(i)	0	0	0	0	0	0	0
	(ii)	127,768	0	0	25,723	71,708	225,199	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COVENANT LIVING COMMUNITIES AND SERVICES

Employer identification number

36-3478388

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648AW27	04-02-2015	121,947,731	SEE PART VI		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	NONEAVAIL	04-02-2015	22,340,000	SEE PART VI		X		X		X
C	ILLINOIS FINANCE AUTHORITY	86-1091967	NONEAVAIL	02-01-2017	52,070,000	SEE PART VI		X		X		X
D	COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648FGT5	11-13-2018	63,008,063	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	30,130,000		15,535,000		13,940,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	121,894,037		22,340,000		52,070,000		62,234,445	
4	Gross proceeds in reserve funds	11,177,711						3,882,442	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,799,621		245,209				1,065,717	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds							19,438,741	
11	Other spent proceeds	108,916,705		22,094,791		52,070,000			
12	Other unspent proceeds							37,847,545	
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?	X			X		X		X
16	Has the final allocation of proceeds been made?	X		X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %
6 Total of lines 4 and 5		0 %		0 %		0 %		0 %
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X		X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X			X	X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X	X		X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X	X	
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:	(A) ISSUER NAME: COLORADO HEALTH FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 04/02/2021 (B) ISSUER NAME: COLORADO HEALTH FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 04/02/2020 (D) ISSUER NAME: COLORADO HEALTH FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 11/13/2020 (A-2) ISSUER NAME: STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 11/13/2020

Return Reference	Explanation
PART I, ROW A, COLUMN F	BORROWINGS WERE USED, ALONG WITH OTHER FUNDS, TO (1) RETIRE \$118,110,000 OF PREVIOUSLY ISSUED DEBT RECORDED ON THE BALANCE SHEETS OF WHOLLY OWNED SUBSIDIARIES OF COVENANT LIVING (2) TO PAY DEBT ISSUANCE COSTS OF \$1,799,621 AND (3) TO FUND REQUIRED RESERVES.

Return Reference	Explanation
PART I, ROW B, COLUMN F	BORROWINGS WERE USED, ALONG WITH OTHER FUNDS, TO RETIRE \$27,580,000 OF PREVIOUSLY ISSUED DEBT RECORDED ON THE BALANCE SHEETS OF WHOLLY OWNED SUBSIDIARIES OF COVENANT LIVING AND TO PAY DEBT ISSUANCE COSTS OF \$245,209.

Return Reference	Explanation
PART I, ROW C, COLUMN F	BORROWINGS WERE USED TO RETIRE \$52,070,000 OF PREVIOUSLY ISSUED DEBT RECORDED ON THE BALANCE SHEETS OF WHOLLY OWNED SUBSIDIARIES OF COVENANT LIVING.

Return Reference	Explanation
PART I, ROW D, COLUMN F	BORROWINGS WERE USED TO FUND PROJECT RESERVES AND OTHER RESERVES ON THE BALANCE SHEETS OF WHOLLY OWNED SUBSIDIARIES OF COVENANT LIVING AND PAY DEBT ISSUANCE COSTS

Return Reference	Explanation
PART I, ROW A-2, COLUMN F	BORROWINGS WERE USED TO FUND PROJECT RESERVES AND OTHER RESERVES ON THE BALANCE SHEETS OF WHOLLY OWNED SUBSIDIARIES OF COVENANT LIVING AND PAY DEBT ISSUANCE COSTS

Return Reference	Explanation
PART I, ROW B-2, COLUMN F:	BORROWINGS WERE USED TO REFUND THE COLORADO HEALTH FACILITIES AUTHORITY SERIES 2012A BONDS; TO PAY THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY 2013C BONDS; TO BUY BACK \$6,500,000 OF THE 2015A BONDS; TO FUND CAPITAL PROJECT AND INTEREST RESERVE ACCOUNTS; AND TO PAY THE COSTS OF ISSUANCE

Return Reference	Explanation
PART II, LINE 3, COLUMN A	THE AMOUNT IN LINE 3 DOES NOT EQUAL THE AMOUNT IN PART I, ROW A, COL E BECAUSE OF INVESTMENT EARNINGS/LOSSES ON RESERVES.

Return Reference	Explanation
PART II, LINE 3, COLUMN D	THE AMOUNT IN LINE 3 DOES NOT EQUAL THE AMOUNT IN PART I, ROW D, COL E BECAUSE OF INVESTMENT EARNINGS/LOSSES ON RESERVES.

Return Reference	Explanation
PART II, LINE 3, COLUMN A2	THE AMOUNT IN LINE 3 DOES NOT EQUAL THE AMOUNT IN PART I, ROW A2, COL E BECAUSE OF INVESTMENT EARNINGS/LOSSES ON RESERVES.

Return Reference	Explanation
PART II, LINE 3, COLUMN B2	THE AMOUNT IN LINE 3 DOES NOT EQUAL THE AMOUNT IN PART I, ROW B2, COL E BECAUSE OF INVESTMENT EARNINGS/LOSSES ON RESERVES AND ORIGINAL ISSUE PREMIUM.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COVENANT LIVING COMMUNITIES AND SERVICES

Employer identification number

36-3478388

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY	06-0806186	2077F47FB	11-13-2018	50,471,973	SEE PART VI		X		X		X
B	COLORADO HEALTH FACILITIES AUTHORITY	84-0752932	19648FRW5	10-29-2020	87,047,885	SEE PART VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,950,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	53,654,772	82,252,784		
4	Gross proceeds in reserve funds	3,044,703			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	660,745	980,441		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	46,681,158	682,371		
11	Other spent proceeds		24,384,241		
12	Other unspent proceeds	3,268,165	56,205,731		
13	Year of substantial completion				
		Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)?		X	X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)?		X	X	
16	Has the final allocation of proceeds been made?		X	X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6 Total of lines 4 and 5		0 %		0 %				
7 Does the bond issue meet the private security or payment test?		X		X				
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X					
b Exception to rebate?		X		X				
c No rebate due?	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X				
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?	X			X				
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X					

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X					

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury

Name of the organization

COVENANT LIVING COMMUNITIES AND SERVICES

Employer identification number

36-3478388

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1:	<p>AS A MINISTRY OF THE EVANGELICAL COVENANT CHURCH, COVENANT LIVING COMMUNITIES AND SERVICES CELEBRATES GOD'S GIFT OF LIFE IN CHRISTIAN COMMUNITY. WE FOLLOW THE GREAT COMMANDMENT TO LOVE AND SERVE GOD AND ONE ANOTHER AS TAUGHT BY JESUS CHRIST. THAT COMPELS US TO AFFIRM THE DIGNITY OF EACH PERSON AND TO PURSUE EXCELLENCE AND FINANCIAL INTEGRITY IN ALL THAT WE DO. AS WE PROVIDE A BROAD RANGE OF RESOURCES, SERVICES AND PROGRAMS TO ENHANCE INDIVIDUAL AND COMMUNITY WELLNESS, WE COLLABORATE WITH RESIDENTS AND FAMILIES TO ACHIEVE THE BEST POSSIBLE RESULTS. WHILE SEEKING TO FOSTER INDEPENDENCE, WE RESPOND TO EACH INDIVIDUAL'S EVOLVING NEEDS IN ORDER TO PROVIDE THE SECURITY THAT ASSURES PEACE OF MIND. COVENANT LIVING IS ORGANIZED AND OPERATED FOR THE BENEFIT OF, AND TO PLAN AND SUPPORT THE CHARITABLE PURPOSES OF, SEVERAL CONTINUING CARE RETIREMENT COMMUNITIES, ALL NONPROFIT ORGANIZATIONS, CONSISTING OF RESIDENTIAL LIVING, ASSISTED LIVING FACILITIES, AND SKILLED NURSING FACILITIES, AS WELL AS OTHER SENIOR SERVICES ORGANIZATIONS AND SERVICES. IN ADDITION TO THE PROGRAM SERVICE ACCOMPLISHMENTS OF EACH ORGANIZATION, COVENANT LIVING COMMUNITIES AND SERVICES PROVIDED \$ 4,201,983 OF FREE OR DISCOUNTED SERVICES TO THOSE RESIDENTS UNABLE TO PAY ALL OR A PORTION OF THEIR CHARGES, AND WHO MEET CERTAIN ELIGIBILITY REQUIREMENTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE MEMBERS ARE THE INDIVIDUAL MEMBERS OF THE BOARD OF BENEVOLENCE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE INDIVIDUAL MEMBERS OF THE BOARD OF BENEVOLENCE ELECT THE COVENANT LIVING BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	S 2.4 OF BYLAWS INCLUDE RESERVED POWERS TO THE MEMBERS SUCH AS APPOINTMENT OF PRESIDENT OF COVENANT LIVING COMMUNITIES AND SERVICES, INC., CHANGES TO MISSION AND STRATEGIC PLAN, APPROVAL OF CERTAIN ACQUISITIONS, DISPOSITIONS AND FINANCINGS, CHANGES TO ARTICLES AND BYLAW S.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT REVIEW: THE DRAFT FORM 990 WAS REVIEWED BY MULTIPLE LEVELS OF MANAGEMENT INCLUDING THE CHIEF FINANCIAL OFFICER AND THE SENIOR VICE PRESIDENT AND GENERAL COUNSEL. BOARD REVIEW: PRIOR TO FILING, THE 990 PROCESS WAS REVIEWED WITH THE BOARD OF DIRECTORS AT THE BOARD MEETING AND THE FINAL FORM 990 WAS PROVIDED TO EACH BOARD MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>COVENANT LIVING COMMUNITIES AND SERVICES, INC. HAS AN ADMINISTRATIVE POLICY ON CONFLICT OF INTEREST, IDENTIFYING THE PARAMETERS OF A CONFLICT OF INTEREST AND THE REQUIREMENT TO DISCLOSE ANY SUCH CONFLICT OF INTEREST. THE COVENANT LIVING POLICY IS DISTRIBUTED ANNUALLY TO COVENANT LIVING BOARD MEMBERS AND OFFICERS. THEY ARE ASKED TO SIGN ACKNOWLEDGING RECEIPT OF THE POLICY AND TO DISCLOSE IF THEY HAVE ANY CONFLICT OF INTERESTS. IF SOMEONE IS ABSENT FROM THE MEETING OR FAILS TO RETURN THE ACKNOWLEDGMENT, THERE IS A FOLLOW-UP WITH THE INDIVIDUAL UNTIL THE SIGNED ACKNOWLEDGMENT IS PROVIDED. IN ADDITION TO THE ABOVE, A SEPARATE AND MORE COMPREHENSIVE QUESTIONNAIRE IS SENT TO THE BOARD MEMBERS, OFFICERS, KEY EMPLOYEES AND OTHER INTERESTED PERSONS. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY COVENANT LIVING'S LEGAL COUNSEL TO DETERMINE IF ANY ACTUAL OR POTENTIAL CONFLICTS EXIST. IF A PERSON BECOMES AN INTERESTED PERSON, HE OR SHE MAY BE CONSIDERED IN DETERMINING WHETHER A QUORUM IS PRESENT. THE INTERESTED PERSON MAY MAKE A SHORT STATEMENT RELATING TO THE TRANSACTION OR ARRANGEMENT IN QUESTION, BUT SHALL NOT BE PRESENT DURING THE DISCUSSION AND SHALL NOT VOTE ON THE MOTION ADDRESSING THE ACTUAL OR POTENTIAL CONFLICT.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>COVENANT LIVING COMMUNITIES AND SERVICES' BOARD OF DIRECTORS HAS DULY APPOINTED AN EXECUTIVE COMPENSATION COMMITTEE (THE "COMMITTEE"), WHICH IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF ALL COMPENSATION AND BENEFITS PROVIDED TO COVENANT LIVING'S EXECUTIVE MANAGEMENT. THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY STATEMENT AND AN EXECUTIVE COMPENSATION COMMITTEE CHARTER GOVERNING THE WORK AND REVIEW PROCESS OF THE COMMITTEE. THE COMMITTEE FOLLOWS THE PROCEDURES DESCRIBED IN THE PHILOSOPHY STATEMENT AND THE CHARTER WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND EMPLOYEE BENEFITS PROVIDED TO THE COVENANT LIVING'S SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW ANALYZES EVERY ELEMENT OF COMPENSATION, INCLUDING CURRENT AND DEFERRED COMPENSATION, AND BENEFITS, INCLUDING QUALIFIED AND NON-QUALIFIED BENEFITS. THE COMMITTEE CONDUCTS ITS REVIEW AND APPROVAL PROCESS AT LEAST ANNUALLY, AND APPROVES COMPENSATION AND BENEFITS ONLY TO THE EXTENT THAT THE COMMITTEE HAS CONCLUDED THAT THE COMPENSATION AND BENEFITS CONSTITUTE NO MORE THAN REASONABLE COMPENSATION FOR EACH EXECUTIVE. THE COMMITTEE CONSISTS ENTIRELY OF DISINTERESTED MEMBERS OF THE BOARD, AND THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT TO PREPARE AND REVIEW IN ADVANCE COMPREHENSIVE DATA SHOWING THE COMPENSATION PROVIDED BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY SIMILAR POSITIONS. THE COMMITTEE ALSO PREPARES A TIMELY AND THOROUGH WRITTEN RECORD OF ITS DELIBERATIONS AND CONCLUSIONS. AS A RESULT, THE COMMITTEE'S REVIEW PROCESS IS DESIGNED TO SATISFY THE PROCEDURAL CRITERIA NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES. THE RESOURCES UTILIZED BY THE COMPENSATION COMMITTEE INCLUDE: 1) INDEPENDENT COMPENSATION CONSULTANT; 2) COMPENSATION SURVEY OR STUDY; 3) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST BY CONTACTING THE COVENANT LIVING COMMUNITIES AND SERVICES, INC. FINANCE DEPARTMENT AT 773-878-2294.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
COVENANT LIVING COMMUNITIES AND SERVICES

Employer identification number
36-3478388

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

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

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) COVENANT INTERNATIONAL INSURANCE COMPANY LTD CRAWFORD HOUSE 50 CEDAR AVENUE HAMILTON BD	INSURANCE	BD	COVENANT LIVING COMMUNITIES AND SERVICES	C	1,019,033	23,243,819	100.000 %		No
(2) COVENANT TRUST COMPANY 8303 WEST HIGGINS AVENUE 6TH FLOOR CHICAGO, IL 60631 36-3583163	FINANCIAL SERVICES	IL	N/A	C					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a 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 Gift, grant, or capital contribution from related organization(s)	1c	No
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)	1i	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
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	Yes
r Other transfer of cash or property to related organization(s)	1r	Yes
s Other transfer of cash or property from related organization(s)	1s	Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 36-3478388

Name: COVENANT LIVING COMMUNITIES AND SERVICES

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
8303 WEST HIGGINS ROAD CHICAGO, IL 60631 36-2167730	CHURCH	IL	501(C)(3)	LINE 1	N/A		No
5800 ST CROIX AVE MINNEAPOLIS, MN 55422 41-0841150	CONTINUING CARE RETIREMENT COMMUNITY	MN	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
2155 PFINGSTEN ROAD NORTHBROOK, IL 60062 52-1115873	CONTINUING CARE RETIREMENT COMMUNITY	IL	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
2625 TECHNY ROAD NORTHBROOK, IL 60062 36-2643638	CONTINUING CARE RETIREMENT COMMUNITY	IL	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
52 MISSIONARY ROAD CROMWELL, CT 06416 13-1740015	CONTINUING CARE RETIREMENT COMMUNITY	CT	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
2720 W FOSTER AVE CHICAGO, IL 60625 36-3095932	ASSISTED LIVING FACILITY	IL	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
5700 OLD ORCHARD RD SKOKIE, IL 60077 26-0744025	HOME HEALTH SERVICES	IL	501(C)(3)	LINE 10	COVENANT LIVING SERVICES INC		No
5700 OLD ORCHARD RD SKOKIE, IL 60077 36-4484624	MANAGEMENT/SUPPORT SERVICES	IL	501(C)(3)	LINE 12B, II	COVENANT LIVING COMMUNITIES AND SERVICES		No
5145 N CALIFORNIA AVE CHICAGO, IL 60625 36-3486813	CONTINUING CARE RETIREMENT COMMUNITY	IL	501(C)(3)	LINE 12A, I	EVANGELICAL COVENANT CHURCH		No
5700 OLD ORCHARD RD SKOKIE, IL 60077 45-2693240	CONTINUING CARE RETIREMENT COMMUNITY	IL	501(C)(3)	LINE 10	COVENANT LIVING SERVICES INC		No
5700 OLD ORCHARD RD SKOKIE, IL 60077 32-0419173	CONTINUING CARE RETIREMENT COMMUNITY	IL	501(C)(3)	LINE 10	COVENANT LIVING SERVICES INC		No
2520 LAKE MICHIGAN DRIVE NW GRAND RAPIDS, MI 49504 38-3244636	CONTINUING CARE RETIREMENT COMMUNITY	MI	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
2550 TREASURE DRIVE SANTA BARBARA, CA 93105 95-3472345	CONTINUING CARE RETIREMENT COMMUNITY	CA	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
5700 OLD ORCHARD RD SKOKIE, IL 60077 27-2480652	MANAGEMENT/SUPPORT SERVICES	IL	501(C)(3)	LINE 12B, II	COVENANT LIVING COMMUNITIES AND SERVICES		No
9153 YARROW STREET WESTMINSTER, CO 80021 84-1084331	CONTINUING CARE RETIREMENT COMMUNITY	CO	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
9215 W BROWARD BLVD PLANTATION, FL 33324 52-1115870	CONTINUING CARE RETIREMENT COMMUNITY	FL	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
700 W FABYAN PARKWAY BATAVIA, IL 60510 36-2835154	CONTINUING CARE RETIREMENT COMMUNITY	IL	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
124 WINDSOR PARK DRIVE CAROL STREAM, IL 60188 36-3385581	CONTINUING CARE RETIREMENT COMMUNITY	IL	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
5700 OLD ORCHARD RD SKOKIE, IL 60077 84-3227613	RENTAL SENIOR HOUSING	IL	501(C)(3)	LINE 10	COVENANT LIVING SERVICES INC		No
5700 OLD ORCHARD RD SKOKIE, IL 60077 84-2854729	CONTINUING CARE RETIREMENT COMMUNITY	IL	501(C)(3)	LINE 10	COVENANT LIVING SERVICES INC		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2881 GEER ROAD SUITE A TURLOCK, CA 95382 94-2281314	MANAGEMENT/SUPPORT SERVICES	CA	501(C)(3)	LINE 12B, II	COVENANT MINISTRIES OF BENEVOLENCE		No
5145 N CALIFORNIA AVE CHICAGO, IL 60625 27-1841721	MANAGEMENT/SUPPORT SERVICES	IL	501(C)(3)	LINE 12B, II	COVENANT MINISTRIES OF BENEVOLENCE		No
9201 WEST BROWARD BLVD PLANTATION, FL 33324 59-1948940	CONTINUING CARE RETIREMENT COMMUNITY	FL	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
9201 WEST BROWARD BLVD PLANTATION, FL 33324 59-0653300	CONTINUING CARE RETIREMENT COMMUNITY	FL	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
5825 SAINT CROIX AVENUE MINNEAPOLIS, MN 55422 41-1506900	CONTINUING CARE RETIREMENT COMMUNITY	MN	501(C)(3)	LINE 10	COVENANT LIVING COMMUNITIES AND SERVICES		No
5700 OLD ORCHARD RD STE 100 SKOKIE, IL 60077 30-0763748	FUNDRAISING	IL	501(C)(3)	LINE 7	COVENANT LIVING COMMUNITIES AND SERVICES		No
2323 MCDANIEL AVENUE EVANSTON, IL 60201 20-1060468	FOUNDATION	IL	501(C)(3)	LINE 12B, II	COVENANT LIVING SERVICES INC		No
2323 MCDANIEL AVENUE EVANSTON, IL 60201 36-2030089	CONTINUING CARE RETIREMENT COMMUNITY	IL	501(C)(3)	LINE 10	THREE CROWNS FOUNDATION		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COVENANT LIVING OF GOLDEN VALLEY	P	753,626	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF GOLDEN VALLEY	Q	691,789	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF FLORIDA	P	4,741,927	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF FLORIDA	Q	987,577	ALLOCATION OF ACTUAL COST
COVENANT LIVING AT WINDSOR PARK	Q	4,458,142	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF COLORADO	P	4,257,665	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF COLORADO	Q	74,144	ALLOCATION OF ACTUAL COST
COVENANT HOME ILLINOIS	P	3,678,807	ALLOCATION OF ACTUAL COST
COVENANT LIVING AT THE HOLMSTAD	P	1,310,505	ALLOCATION OF ACTUAL COST
COVENANT LIVING AT THE HOLMSTAD	Q	229,356	ALLOCATION OF ACTUAL COST
COVENANT HEALTH CARE CENTERS	P	2,969,843	ALLOCATION OF ACTUAL COST
COVENANT HEALTH CARE CENTERS	R	931,323	ALLOCATION OF ACTUAL COST
COVENANT HOME OF CHICAGO	P	212,365	ALLOCATION OF ACTUAL COST
COVENANT HOME OF CHICAGO	Q	156,482	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF CROMWELL	Q	5,079,291	ALLOCATION OF ACTUAL COST
COVENANT LIVING WEST	Q	2,934,035	ALLOCATION OF ACTUAL COST
COVENANT LIVING WEST	R	2,362,556	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF THE GREAT LAKES	P	3,611,051	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF THE GREAT LAKES	Q	393,784	ALLOCATION OF ACTUAL COST
COVENANT LIVING SERVICES	P	641,519	ALLOCATION OF ACTUAL COST
COVENANT HOME SERVICES	Q	1,086,107	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF GENEVA	Q	439,249	ALLOCATION OF ACTUAL COST
COVENANT LIVING OF BIXBY	Q	1,132,870	ALLOCATION OF ACTUAL COST
TULSA HILLS COMMUNITY	P	1,371,375	ALLOCATION OF ACTUAL COST
COVENANT MINISTRIES OF BENEVOLENCE	M	1,175,004	ALLOCATION OF ACTUAL COST

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
COVENANT MINISTRIES OF BENEVOLENCE	S	5,143,135	ALLOCATION OF ACTUAL COST
COVENANT MINISTRIES OF BENEVOLENCE	R	1,336,275	ALLOCATION OF ACTUAL COST