COPY OF FORM 990

(TO BE USED, OR COPIED, FOR)

PUBLIC INSPECTION ONLY

NOTE

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

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

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

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

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

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

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

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

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

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

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. Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

A F	or the	2016 calendar year, or tax year beginning JU	JL 1, 2016 and	lending J	UN 30, 2017	'				
B c	heck if	C Name of organization Chalmers Center for Economic Deve	lopment		D Employer	dentifica	ation number			
	Addre chang									
F	Name chang				1	27-23410	083			
F	Initial return	Number and street (or P.0. box if mail is not del	ivered to street address)	Room/suite						
	Final	FOT McHamland Bood	ivered to street address;	B	L releption		_1119			
	□return. termin	_	ZID au fausieus mastal as de	Р	706-956-4119					
	ated Amen	City or town, state or province, country, and Lookout Mountain, GA 30750	ZIP or foreign postal code		G Gross receip		1,950,529.			
H	⊒return ∏Applic		ool Driggs		H(a) Is this a	-				
L	⊥tiön pendir	F Name and address of principal officer:Micha	der briggs			ordinates?				
			(incort no.) 4047(a)(1)	507	H(b) Are all sub					
				or 527	┥,		st. (see instructions)			
		e: www.chalmers.org	sociation Other	I Veer	H(c) Group e					
			Sociation United	L Year	of formation: 2	010 M	State of legal domicile: GA			
F	_	Summary								
9		Briefly describe the organization's mission or most			trains gro	ups in				
Jan		economic development models and strate								
Governance		Check this box if the organization disco	·							
છું		Number of voting members of the governing body					10			
		Number of independent voting members of the go					9			
ties		Total number of individuals employed in calendar y					21			
Activities &		Total number of volunteers (estimate if necessary)					9			
Aci	l .	Total unrelated business revenue from Part VIII, co					0.			
	b	Net unrelated business taxable income from Form	990-T, line 34	·····		7b	0.			
					Prior Yea		Current Year			
e		Contributions and grants (Part VIII, line 1h)				9,101.	1,765,331.			
Ģ		Program service revenue (Part VIII, line 2g)			13	3,308.	120,181.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4			283.	228.				
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c			6,354.	1,950,529.				
	12	Total revenue - add lines 8 through 11 (must equal	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)							
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.			
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)			0.	0.			
es		Salaries, other compensation, employee benefits (1,139,578.		1,415,949.			
Expenses	16a	Professional fundraising fees (Part IX, column (A),	ine 11e)			0.	0.			
×	b	Total fundraising expenses (Part IX, column (D), lin	e 25) 🕨 397	,534.						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		1,10	5,493.	1,071,449.			
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		2,24	5,071.	2,487,398.			
		Revenue less expenses. Subtract line 18 from line	12		23	1,283.	<536,869.			
Net Assets or Fund Balances				Ве	ginning of Curr	ent Year	End of Year			
sets	20	Total assets (Part X, line 16)			1,30	1,428.	688,603.			
t As	21	Total liabilities (Part X, line 26)			14	8,285.	72,329.			
		Net assets or fund balances. Subtract line 21 from	line 20		1,15	3,143.	616,274.			
		Signature Block								
Und	er pena	lties of perjury, I declare that I have examined this return,	including accompanying schedule	es and statem	ents, and to the	best of my l	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowle	dge.				
Sig	n	Signature of officer			Date					
Her	е	Michael Briggs, Executive Directo	r							
		Type or print name and title								
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN			
Paid	i	Francis K Brown, II		4/26/2018	if self-employed	₽00465640				
Pre	oarer	Firm's name Capin Crouse LLP	Firm's EIN 36-3990892							
Use	Only	*	irm's address 1255 Lakes Parkway, Suite 130							
		Lawrenceville, GA 30043			Phon	e no.678-	518-5301			
May	the II	RS discuss this return with the preparer shown abo	ove? (see instructions)		.		X Yes No			

	Equips local churches with poverty alleviation tools that empower low-		
	income people. By researching, field-testing, and training churches in		
	practical ways to walk with the poor, Chalmers supports spiritual,		
	social, & economic transformation in low-income communities.		
2	Did the organization undertake any significant program services during the year which were not	isted on the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any proc	gram services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	am services, as measured b	y expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	ocations to others, the total	expenses, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,000,210. including grants of \$	0 . (Revenue \$	0.
	West Africa Program and International Program: Training local leaders		_
	in economic development strategies in West African countries and		
	beyond, specifically savings-led microfinance groups in local churches;		
	developing of materials for use by high impact partners and		
	denominational leaders.		
4b	(Code:) (Expenses \$ 502,595. including grants of \$	0.) (Revenue \$	24,268.)
	Faith and Finances and Work Life: Developing curriculum in financial	<u> </u>	
	education, individual development accounts, and job preparedness for		
	local churches and Christian noprofits, equipping them to impact		
	low-income populations.		
4c	(Code:) (Expenses \$ 360,537. including grants of \$	0.) (Revenue \$	95,913.)
40	Foundational Principles & Practices: Presenting Helping Without	/ (Neverlue \$,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Hurting seminars across the US; Training large Christian gatherings at		
	conferences; Producing materials (books, videos, study guides) for the		
	North American church market about the foundational principles of When		
	Helping Hurts.		
	neiping nures,		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ \text{including grants of \$} \text{) (Revenue}	\$)
4e	Total program service expenses ▶ 1,863,342.		

at Covenant College, Inc.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		х	
•	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		Λ	
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		Х
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	120	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	41	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х

Form **990** (2016)

Part IV Checklist of Required Schedules (continued)

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

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Form 990 (2016) at Covenant College, Inc. 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					Ш
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c	Х	
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	21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
	, , , , , , , , , , , , , , , , , , , ,			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	-				.,
	any contributions that were not tax deductible as charitable contributions?			6a		Х
D	If "Yes," did the organization include with every solicitation an express statement that such contribu		-	Ch		
-	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	rvione r	rovided to the payor?	7-		х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		_ A
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w			7.0		
·	to file Form 8282?		•	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year			70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		et?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:		1			
	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a		
	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.			46		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	405	1			
_	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	13c		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
						

at Covenant College, Inc.

Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a. 8b. or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions,

	to mile ed, es, et i es soloti, decense the endumentalistic, proceeded, of changes in estimated of each metabolistic.			
	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management		l.,	
			Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		,,
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _		.,
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	l		,,
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_		
a		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
b		40-	. v	
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4=	. v	
a	, , , , , , , , , , , , , , , , , , , ,	15a	X	
D	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		v
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA		.1	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	oie	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Stu Minshew - 706-956-4119			
	507 McFarland Road, No. B, Lookout Mountain, GA 30750			

Form 990 (2016) at Covenant College, Inc. 27-2341083

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

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

Page 7

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

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

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

(A)	(B)			(C Pos	C) ition			(D)	(E)	(F)
Name and Title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				h an	compensation	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Kevin O'Neal	1.00	1								
Board Chair		Х		Х				0.	0.	С
(2) Jeff Hall	1.00	1								
Secretary, Chief Academic		Х		Х				0.	0.	С
(3) David Caines	1.00	1								
Treasurer		Х		Х				0.	0.	С
(4) Brian Fikkert	40.00	1							_	_
Founder and President		Х		Х				32,500.	0.	С
(5) Naddie Winters	1.00	ł								_
Director	1.00	Х						0.	0.	0
(6) Emily Mugisha	1.00	١							0	
Director (7) Cathi Linch	1.00	Х						0.	0.	0
Director	1.00	X						0.	0.	
(8) Nat Belz	1.00	_						0.	0.	0
Director	1.00	x						0.	0.	0
(9) Derek Halvorson	1.00	A							0.	
Director	1.00	x						0.	0.	0
(10) Ravi Jayakaran	1.00	 								
Director		x						0.	0.	0
(11) Michael Briggs	40.00							-	-	
Executive Director		1		x				110,496.	0.	26,637
(12) Stu Minshew	40.00							,		,
VP of Operations		1		х				69,387.	0.	25,220
		1								
]								
				L	L		L			

632007 11-11-16 Form **990** (2016)

· • · · · · · · · · · · · · · · · · · ·	nant College, In								27-2343	1083		Р	age 8
Part VII Section A. Officers, Director		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box, offic	Position do not check more than one ox, unless person is both ar fficer and a director/trustee)			than o	h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	
	(list any hours for related organizations below line)	hours for related ganizations below plan in both both below plan in the part of the plan in the plan i									fr org an	pensa om th anizat d relat anizati	e tion ted
1b Sub-total								212,383.		0.		51,	,857.
c Total from continuation sheets to d Total (add lines 1b and 1c)								212,383.		0.		51,	0. ,857.
Total number of individuals (includin compensation from the organization	g but not limited to th							eceived more than \$100	,000 of reportab	le			1
		ıntor	, ko	w on	anla	.voo	or	highest compensated o	mplayaa an			Yes	No
line 1a? If "Yes," complete Schedule	J for such individual										3		х
4 For any individual listed on line 1a, is and related organizations greater that	an \$150,000? <i>If "Yes,</i>	" coi	mple	ete S	Sche	edule	J f	for such individual			4		Х
5 Did any person listed on line 1a rece rendered to the organization? If "Yes	•				-			-			5		Х
Section B. Independent Contractors 1 Complete this table for your five high	nest compensated in	depe	ende	ent co	ontr	acto	ors t	that received more than	\$100.000 of con	npens	ation 1	from	
the organization. Report compensat	ion for the calendar y							n the organization's tax					
	(A) usiness address	NOI	NE					(B) Description of s	ervices	С	ompe	nsatio	n
							_						
							\dashv						
2 Total number of independent contra	ctors (including but r	not lir	mite	d to	thos	se lis	stec	d above) who received m	nore than				
\$100,000 of compensation from the	` •					0					Form	990 (2016)

at Covenant College, Inc.

27-2341083 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Related or Total revenue Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1,765,331 g Noncash contributions included in lines 1a-1f: \$ 1,765,331. h Total. Add lines 1a-1f .. Business Code 120,181 Program Service Revenue 2 a Training Course Income 611600 120,181 f All other program service revenue 120,181. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 228 228 other similar amounts) Income from investment of tax-exempt bond proceeds 64,761. 64,761. 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b 900099 d All other revenue 28 28.

28

120,181.

1,950,529.

65,017.

e Total. Add lines 11a-11d

Total revenue. See instructions.

at Covenant College, Inc.

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 respons	se or note to any line in	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	206 105	101 555	00.050	01 400
_	trustees, and key employees	296,127.	191,775.	22,950.	81,402.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	645	410	50.	177
_	persons described in section 4958(c)(3)(B)	645. 789,142.	418. 638,549.	68,231.	82,362.
7	Other salaries and wages	709,142.	030,349.	00,231.	62,362.
8	Pension plan accruals and contributions (include	25,101.	19,507.	1,434.	A 160
0	section 401(k) and 403(b) employer contributions)	226,429.	152,215.	41,372.	4,160. 32,842.
9 10	Other employee benefits	78,505.	54,808.	13,140.	10,557.
11	Payroll taxes Fees for services (non-employees):	,0,303.	54,000.	13,110.	10,557.
	Management	12,562.	8,231.	3,136.	1,195.
		15,921.	9,374.	5,711.	836.
	Legal	29,710.	21,540.	4,085.	4,085.
	Lobbying	,	,,-	-,	-,
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
q					
·	column (A) amount, list line 11g expenses on Sch O.)	543,886.	446,429.	4,582.	92,875.
12	Advertising and promotion	17,918.	17,876.	21.	21.
13	Office expenses	67,583.	47,877.	6,751.	12,955.
14	Information technology	75,514.	46,322.	16,306.	12,886.
15	Royalties				
16	Occupancy	26,583.	19,438.	4,028.	3,117.
17	Travel	143,513.	98,211.	7,596.	37,706.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,358.	43,015.	1,998.	6,345.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	49,310.	35,736.	6,427.	7,147.
23	Insurance	2,830.	2,022.	404.	404.
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 0.)				
а	Staff Development	24,476.	5,558.	15,987.	2,931.
b	Membership & Dues	7,168.	3,085.	739.	3,344.
c		, = 1 2 4	. , , , , , - •		, , , , , , , ,
d					
e	All other expenses	3,117.	1,356.	1,574.	187.
25	Total functional expenses. Add lines 1 through 24e	2,487,398.	1,863,342.	226,522.	397,534.
26	Joint costs. Complete this line only if the organization		. ,		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016)

Part X Balance Sheet at Covenant College, Inc.

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			551,453.	1	172,348.
	2	Savings and temporary cash investments			582,145.	2	415,679.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		46,786.	4	32,105.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ţ		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		F		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,263.	9	0.
		Land, buildings, and equipment: cost or other	l I		,		
		basis. Complete Part VI of Schedule D	10a	318,823.			
	Ь	Less: accumulated depreciation		250,352.	117,781.	10c	68,471.
	11	Investments - publicly traded securities	,,	11	,		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			1,301,428.	16	688,603.
	17	Accounts payable and accrued expenses			148,285.	17	72,329.
	18	Grants payable	,	18	,		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete			21		
S	22	Loans and other payables to current and former					
Liabilities		key employees, highest compensated employee	es. and	disqualified persons.			
abi		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			148,285.	26	72,329.
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here X and			
S		complete lines 27 through 29, and lines 33 ar	nd 34.				
ž	27	Unrestricted net assets			720,204.	27	412,766.
3ale	28	Temporarily restricted net assets			432,939.	28	203,508.
Þ	29	Permanently restricted net assets		<u></u>		29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
Z	33	Total net assets or fund balances			1,153,143.	33	616,274.
	34	Total liabilities and net assets/fund balances			1,301,428.	34	688,603.

Form **990** (2016)

Both consolidated and separate basis

Form 990 (2016)

Х

Х 2c

X Separate basis

Consolidated basis

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

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

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

SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** Chalmers Center for Economic Development at Covenant College, Inc. 27-2341083

Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.													
The	orgar	nization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)								
1		A church, convention of ch	•		•	,								
2		A school described in sect												
3	П	A hospital or a cooperative					ii)							
4	П	A medical research organiz						the hospital's name						
7		city, and state:	ation operated in co	rijuriotion with a nospital	acsonbec	a iii Scotio	ii iro(b)(i)(A)(iii): Littor	the nospital s hame,						
-			ar the benefit of a co	llaga ar university avenue	d or opera	tod by a a	avaramantal unit dasaril	and in						
5	ш	An organization operated for		niege or university owner	a or opera	ted by a g	overnmental unit descri	bed in						
_		section 170(b)(1)(A)(iv). (C												
6	H	A federal, state, or local go												
7	—													
	section 170(b)(1)(A)(vi). (Complete Part II.)													
8														
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college													
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or													
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: university:													
10		An organization that norma	ılly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membership fees, a	and gross receipts from						
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of its suppor	t from gross investment						
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.						
		See section 509(a)(2). (Co	mplete Part III.)											
11		An organization organized	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).							
12		An organization organized	and operated exclus	ively for the benefit of, to	perform :	the functio	ons of, or to carry out the	e purposes of one or						
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in						
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, and 12g.							
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving						
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•									
		organization. You must o			, ,			0						
b		Type II. A supporting org			tion with it	s support	ed organization(s), by ha	avina						
		control or management of	· · · · · · · · · · · · · · · · · · ·					•						
		organization(s). You mus					5 .							
С		Type III functionally inte	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with.	and functionally integrat	ed with.						
		its supported organizatio	-				• •	,						
d		Type III non-functionally		•				ization(s)						
		that is not functionally int					• • • • • •	* *						
		requirement (see instruct	-		-		•							
е		Check this box if the orga	•	•										
_		functionally integrated, o					···) [··, ·) [··, ·) [···							
f	Ente	er the number of supported of	* *	, 5	5 5									
a		vide the following information	•	ed organization(s).										
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other						
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)						
				above (see mistractions))										

Schedule A (Form 990 or 990-EZ) 2016 at Covenant College, Inc.

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

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

Sect	ion A. Public Support						
Calend	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 0	Gifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")	1,363,565.	1,768,339.	496,187.	2,279,101.	1,765,331.	7,672,523.
2 T	ax revenues levied for the organ-						
iz	zation's benefit and either paid to						
C	or expended on its behalf						
3 T	he value of services or facilities						
f	urnished by a governmental unit to						
t	he organization without charge						
4 T	otal. Add lines 1 through 3	1,363,565.	1,768,339.	496,187.	2,279,101.	1,765,331.	7,672,523.
5 T	he portion of total contributions						
b	y each person (other than a						
_	overnmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	mount shown on line 11,						
C	olumn (f)						320,044.
	Public support. Subtract line 5 from line 4.						7,352,479.
	ion B. Total Support					<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	1,363,565.	1,768,339.	496,187.	2,279,101.	1,765,331.	7,672,523.
	Gross income from interest,						
C	lividends, payments received on						
	ecurities loans, rents, royalties						
	and income from similar sources	104,098.	109,545.	46,017.	63,655.	64,733.	388,048.
	let income from unrelated business						
	ctivities, whether or not the						
	ousiness is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital			4 045	222		4 265
	ssets (Explain in Part VI.)		2.	1,047.	290.	28.	1,367.
	otal support. Add lines 7 through 10		,				8,061,938.
	Gross receipts from related activities,					12	560,810.
	irst five years. If the Form 990 is for		s first, second, third	d, fourth, or fifth ta	ix year as a sectio	n 501(c)(3)	. □
	organization, check this box and stortion C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2016 (<u> </u>	olumn (f))		14	91.20 %
	Public support percentage from 2015					15	93.31 %
	3 1/3% support test - 2016. If the c					•	
	top here. The organization qualifies						▶ X
	3 1/3% support test - 2015. If the o						
	and stop here. The organization qual	•		,		,	▶□
	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	•					•
	neets the "facts-and-circumstances"				•	-	
	0% -facts-and-circumstances tes						
	nore, and if the organization meets the	ū				•	-, - ,-
	organization meets the "facts-and-circ						
	rdanization meets the Tacts-and-circ	Jumstances test	The organization of	iualifies as a bublic	olv supported ora	anization	

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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(e) 2010	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4							
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	1	1	1
	ndar year (or fiscal year beginning in) 🖊	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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 five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
							<u></u> ▶□
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2016 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	%
	Public support percentage from 2015					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	16 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2015 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2016. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	
k	33 1/3% support tests - 2015. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
_		
2		
3a		
3b		
3с		
4a		
AL.		
4b		
40		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
30		
9с		
10a		
,		
10b		

	- The state of the	41083	Pa	age 5
Pa	rt IV Supporting Organizations _(continued)			
44	Lies the examination accounted a gift or contribution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
	Did the second of the second o		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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions	<u>).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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? 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.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а				
1.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2016 at Covenant College, Inc.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
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.			Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 at Covenant College, Inc.

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

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amour	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organi	zations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amour	nts paid to acquire exempt-use assets			
5	Qualifi	ed set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions			
7	Total	annual distributions. Add lines 1 through 6			
8	Distrib	utions to attentive supported organizations to which the	ne organization is responsive	e	
	(provid	de details in Part VI). See instructions			
9	Distrib	utable amount for 2016 from Section C, line 6			
10	Line 8	amount divided by Line 9 amount			
			(i)	(ii) Underdistributions	(iii) Distributable
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016
1	Distrib	utable amount for 2016 from Section C, line 6			
2		distributions, if any, for years prior to 2016 (reason-			
_		ause required- explain in Part VI). See instructions			
3		s distributions carryover, if any, to 2016:			
a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
b					
С	From 2	2013			
	From 2				
	From 2				
		of lines 3a through e			
		d to underdistributions of prior years			
		d to 2016 distributable amount			
i		over from 2011 not applied (see instructions)			
i		nder. Subtract lines 3g, 3h, and 3i from 3f.			
4		utions for 2016 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
		d to 2016 distributable amount			
		nder. Subtract lines 4a and 4b from 4			
5	Remai	ning underdistributions for years prior to 2016, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions			
6		ning underdistributions for 2016. Subtract lines 3h			
	and 4k	o from line 1. For result greater than zero, explain in			
		I. See instructions			
7	Exces	s distributions carryover to 2017. Add lines 3j			
	and 4	- I			
8	Break	down of line 7:			
а					
b	Exces	s from 2013			
С	Exces	s from 2014			
d	Exces	s from 2015			
е	Exces	s from 2016			

Schedule A (Form 990 or 990-EZ) 2016

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,

Schedule A (Form 990 or 990-EZ) 2016 at Covenant College, Inc.

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 B, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Schedule A, Part II, Line 10, Explanation for Other Income:
Miscellaneous
2012 Amount: \$ 0.
2013 Amount: \$ 2.
2014 Amount: \$ 1,047.
2015 Amount: \$ 290.
2016 Amount: \$ 28.
Schedule A, Part II, Columns (a) - (e)
Per the instructions public support is measured using a 5-year
computation period that includes the current and four prior tax years
(including short years). The organization had a short year in 2015. The
below chart clarifies the information represented in Schedule A, Part
II:
Column (a) - Fiscal year ending 12/31/14
Column (b) - Fiscal year ending 12/31/15
Column (c) - 6 month period ending 6/30/15
Column (d) - Fiscal year ending 6/30/16
Column (e) - Fiscal year ending 6/30/17

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

Chalmers Center for Economic Development
at Covenant College, Inc.

Employer identification number
27-2341083

Organization type (check one):					
Filers of	:	Section:			
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private foundation			
		527 political organization			
Form 99	0-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	nly a section 501(c)(s covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General	Rule				
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special	Rules				
X	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.			
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year				
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization	Employer identification number
Chalmers Center for Economic Development	
at Covenant College, Inc.	27-2341083

I alt I	Continuators (See instructions). Ose duplicate copies of Fart I if addition	orial space is fleeded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$\$431,975.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		- - \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- _ \$150,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- \$ <u>103,030.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		- - \$\$	Person X Payroll

Name of organization	Employer identification number
Chalmers Center for Economic Development	
at Covenant College, Inc.	27-2341083

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$52,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	\$ 42,533.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Traine, addi 655, dila Eli ^e T T	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Ivallie, audi ess, allu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Chalmers Center for Economic Development
at Covenant College, Inc.

Employer identification number

27-2341083

Part II	Noncash Property (See instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of org	anization			Empl	oyer identification number
Chalmers	Center for Economic Development				
at Covena	ant College, Inc.				7-2341083
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete of	ributions to organizations desc	cribed in section	501(c)(7), (8), or (10) th	nat total more than \$1,000 for
	completing Part III, enter the total of exclusively religiou	s. charitable. etc contributions of \$1	.000 or less for the	vear. (Enter this info once)	
	Use duplicate copies of Part III if addition		,	y (Litter tino line. once.)	
(a) No. from	(1) D				
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	n of how gift is held
		(e) Transfer	of gift		
	Transferee's name, address, a	nd ZIP + 4	Re	ationship of transfero	or to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description	n of how gift is held
Part I	(b) Ful pose of gift	(c) Ose of gift		(u) Description	
	(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Re	ationship of transfero	r to transferee
		<u>-</u>			
(a) No.			Т		
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description	n of how gift is held
Part I					
					
					
					
-		(e) Transfer	of gift		
		(c) Transier	or girt		
	Transferee's name, address, a	nd 7IP ± 4	Re	ationship of transfero	or to transferee
	Transfer of 6 Hame, adarces, an	IG ZII 1 1	110	addition by the difference of	i to transferee
	-				
		-			
	-	_			
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description	n of how gift is held
					_
		(e) Transfer	of gift		
		` ,	•		
	Transferee's name, address, a	nd ZIP + 4	Re	ationship of transfero	or to transferee
	, ,			•	
		-			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Chalmers Center for Economic Development

at Covenant College, Inc.

Employer identification number 27 - 2341083

Par			is or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	,	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		rised funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		-
	impermissible private benefit?		Yes No
Par	rt II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	•	l l
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	•	•
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conserv	ation easements during the year
_			70/-\/4\/D\/'\
8	Does each conservation easement reported on line 2(d) above	-	
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization	·	
	conservation easements.	lion's illiancial statements that describe	s the organization's accounting for
Par	rt III Organizations Maintaining Collections of	f Art. Historical Treasures, or 0	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art
	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that descri		,, passio con 1100, pro 1100,
b	If the organization elected, as permitted under SFAS 116 (AS		nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		and derived, provide the renoving announce
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			. .
2	If the organization received or held works of art, historical treations		
_	the following amounts required to be reported under SFAS 1:		J, F
а	Revenue included on Form 990, Part VIII, line 1	•	> \$
	Assets included in Form 990, Part X		

at Covenant College, Inc.

Pai	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, d	or Othe	r Similar As	sets(conti	nued)
3	Using the organization's acquisition, accession	on, and other record	ds, check	any of the	following tha	t are a siç	nificant use of	its collection	n items
	(check all that apply):								
а	Public exhibition	d	ι 🗆 ι	oan or exc	hange progra	ams			
b	Scholarly research	е	. 🗌	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	he organizati	on's exen	npt purpose in	Part XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er similar	assets		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	"Yes" on I	orm 990, Part	IV, line 9, o	r
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contribution	ns or other as	sets not i	ncluded		
	on Form 990, Part X?							Yes	└── No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	ollowing to	able:					
								Amour	ıt
С	Beginning balance						1c		
d	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or c	ustodial acco	unt liabilit	:y?	Yes	├─ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	rt V Endowment Funds. Complete if				1				
	<u> </u>	(a) Current year	(b) Pi	ior year	(c) Two year	rs back (d) Three years b	ack (e) Fou	ır years back
1a									
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g									
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:				
а	• • •		_%						
b	Permanent endowment	%							
С	· · · · · · · · · · · · · · · · · · ·	%							
	The percentages on lines 2a, 2b, and 2c shou								
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	t are held a	and administe	ered for th	e organization		
	by:								Yes No
	(i) unrelated organizations								-
	(ii) related organizations								-
b	If "Yes" on line 3a(ii), are the related organization							3b	
Bo:	rt VI Land, Buildings, and Equipm		owment f	unds.					
Pai			0 D-+ N	Daniel de la constant	D F 000	. D+.V. I	40		
	Complete if the organization answered	1			i				
	Description of property	(a) Cost or o basis (investr			or other		cumulated reciation	(d) Boo	ok value
	Land	- ` `	Hellt)	Dasis	(other)	uep	-CIALIUI I		
_	Land								
b	•				191,350.		146,259.		45,091.
	Leasehold improvements				127,473.		104,093.		23,380.
					141,413.		104,033.		
	Other		V colum	ın (D) line i	100)				68,471.
าบเส	n. Aud illes Ta though Te. (Column (a) must et	_l uari Ulli 330, Fäll	A, COIUIT	וווווווווווווווווווווווווווווווווווווו					· · , ± / ± .

at Covenant College, Inc.

		on Form 990, Part IV, line			
(a) Description	of Security or category (including name of security)	(b) Book value	(c) Method o	of valuation: Cost or e	nd-of-year market value
Financial c	lerivatives				
	ld equity interests				
Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
· ·	nust equal Form 990, Part X, col. (B) line 12.)				
	nvestments - Program Related.				
	complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 99	00. Part X. line 13.	
	(a) Description of investment	(b) Book value	(c) Method o	of valuation: Cost or e	nd-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
otal. (Col. (b) r	nust equal Form 990, Part X, col. (B) line 13.) > Other Assets.				
Part IX C	Other Assets. complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 99	90, Part X, line 15.	(b) Book value
Part IX C	Other Assets. complete if the organization answered "Yes"		11d. See Form 99	90, Part X, line 15.	(b) Book value
Part IX C	Other Assets. complete if the organization answered "Yes"		11d. See Form 99	90, Part X, line 15.	(b) Book value
otal. (Col. (b) r Part IX C C	Other Assets. complete if the organization answered "Yes"		11d. See Form 99	90, Part X, line 15.	(b) Book value
otal. (Col. (b) r Part IX C (1) (2) (3)	Other Assets. complete if the organization answered "Yes"		11d. See Form 99	90, Part X, line 15.	(b) Book value
Otal. (Col. (b) r Part IX Col. (1) (2) (3) (4)	Other Assets. complete if the organization answered "Yes"		11d. See Form 99	90, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. complete if the organization answered "Yes"		11d. See Form 99	90, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets. complete if the organization answered "Yes"		11d. See Form 99	90, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. complete if the organization answered "Yes"		11d. See Form 99	90, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. complete if the organization answered "Yes"		11d. See Form 99	90, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. complete if the organization answered "Yes" (a)	Description	11d. See Form 99	90, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column	Other Assets. complete if the organization answered "Yes"	Description	11d. See Form 99	90, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line (b) ther Liabilities.	Description e 15.)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Column C	Other Assets. Complete if the organization answered "Yes" (a)	Description e 15.) on Form 990, Part IV, line			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Column C	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line	11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Cart X C	Other Assets. Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes"	Description e 15.) on Form 990, Part IV, line	11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X Column Column (2) (1) Federa (2)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line	11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line	11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Part X Column (2) (1) Federa (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line	11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column Column Column Column (Column Column (Column	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line	11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (6) (7) (8) (1) Federa (2) (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line	11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (7) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (7) (7) (8) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line	11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description e 15.) on Form 990, Part IV, line	11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (7) (8) (9) (9)	Other Assets. Complete if the organization answered "Yes" (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	bescription e 15.) on Form 990, Part IV, line	11e or 11f. See F		

Pai	rt XI	Reconciliation of Revenue per Audited Financial Sta		Revenue per R	leturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, Ii				2 157 042
1		revenue, gains, and other support per audited financial statements			1	2,157,943
2		ints included on line 1 but not on Form 990, Part VIII, line 12:				
a		nrealized gains (losses) on investments		207,414.	-	
b		ted services and use of facilities		207,414.	-	
C		veries of prior year grants			-	
d		(Describe in Part XIII.)			-	207,414
e 2		nes 2a through 2d			2e 3	1,950,529
3 4		act line 2e from line 1			3	1,330,323
		tment expenses not included on Form 990, Part VIII, line 7b	4a			
a b					-	
		(Describe in Part XIII.) nes 4a and 4b	•		4c	0
5		nes 4a and 4b revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5	1,950,529
		Reconciliation of Expenses per Audited Financial St			_	
	7411	Complete if the organization answered "Yes" on Form 990, Part IV, li		Expended per	. iotaiii	
1	Total	expenses and losses per audited financial statements			1	2,694,812
2		ints included on line 1 but not on Form 990, Part IX, line 25:	• • • • • • • • • • • • • • • • • • • •		·	
a		ted services and use of facilities	2a	207,414.		
b		year adjustments			-	
c		losses			-	
d		(Describe in Part XIII.)			-	
		nes 2a through 2d			2e	207,414
3		act line 2e from line 1			3	2,487,398
4		ints included on Form 990, Part IX, line 25, but not on line 1:				, ,
a		tment expenses not included on Form 990, Part VIII, line 7b	4a			
b		(Describe in Part XIII.)				
С		nes 4a and 4b	•		4c	0
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	2,487,398
Pai		Supplemental Information.	,			
ines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional inform	nation.		

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2016
Open to Public Inspection

Name of the organization

Chalmers Center for Economic Development

at Covenant College, Inc.

Employer identification number

27-2341083

Pai	rt I	General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	'es" on
	•	Form 990, Part IV	/, line 14b.				
1	For g	rantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,	
	the g	antees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes 🔲 No
2	For g	rantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
	Unite	d States.					
3	Activi	ties per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
	(a) Region		(c) Number of	(d) Activities conducted in the region		(f) Total
			offices	employees, agents, and independent contractors	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
			in the region	independent	gram services, investments, grants to		investments
				in the region	recipients located in the region)	of service(s) in the region	in the region
						Training and educational	
Sub-	Sahar	an Africa	0	1	Program services	research	286,814.
2 -	Cult t	ot al	0	1			286,814.
		otal	<u>_</u>	1			200,014.
b		from continuation	0	_			_
		s to Part I	-	0			0.
С		s (add lines 3a					206 244
	and 3	b)	0	1			286,814.

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 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)

Part III Grants and Other Assistance	e to Individuals Outsid	e the United St	ates Complete i	f the organization answered "Yes" o	n Form 990 Par	t IV line 16	<u> </u>
Part III can be duplicated if a			ates. Complete i	The organization answered Tes o	111 OI111 330, 1 ai	riv, mic io.	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part	IV Foreig	n Forms		
1	organization r	unization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign (see Instructions for Form 926)	Yes	X No
2	•	nization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be requir	red to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Re	eceipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U	J.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organ	nization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organizati	ion may be required to file Form 5471, Information Return of U.S. Persons With Respect To		
	Certain Foreig	gn Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the orga	nization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified elect	ting fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information R	eturn by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund		
	(see Instruction	ons for Form 8621)	Yes	X No
5	Did the organ	nization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organizati	ion may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partn	nerships (see Instructions for Form 8865)	Yes	X No
6	Did the organ	nization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the org	ganization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions fo	or Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

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

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Chalmers Center for Economic Development at Covenant College, Inc.

Employer identification number 27 - 2341083

Form 990, Part VI, Section B, line 11b:
Form 990 is prepared by an independent CPA firm and reviewed in detail by
the organization's top management. The reviewed Form 990 is then provided
to the board of directors prior to filing with the IRS.
Form 990, Part VI, Section B, Line 12c:
The organization has a detailed written conflict of interest policy. Both
Board members and employees are required to disclose conflicts and sign a
disclosure statement annually. The Board Chair and the Director of Finance
and Operations review the annually signed statements. Should any potential
conflicts of interest be disclosed, the Board member or officer would be
asked to refrain from participation in any deliberation or decision with
regard to matters affected by the relationship.
Form 990, Part VI, Section B, Line 15:
Line 15a) Compensation for the Executive Director was determined by
obtaining comparable external salary data from similar-sized non-profits in
the region. Compensation amounts were approved by the Board and documented
in the Board minutes.
Line 15b) Compensation for officers and key employees included review and
approval by the independent board, comparability data, and contemporaneous
substantiation of the deliberation and decision.
Form 990, Part VI, Section C, Line 19:

Governing documents, conflict of interest policy, and financial statements

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Chalmers Center for Economic Development print at Covenant College, Inc. 27-2341083 File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your 507 McFarland Road, No. B instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. Lookout Mountain, GA 30750 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 l 1 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF Form 5227 10 04 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Stu Minshew The books are in the care of > 507 McFarland Road, No. B - Lookout Mountain, GA 30750 Telephone No. ▶ 706-956-4119 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this 」. If it is for part of the group, check this box ▶ 🔛 and attach a list with the names and EINs of all members the extension is for. May 15, 2018 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ☐ calendar year ► X tax year beginning JUL 1, 2016 JUN 30, 2017 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 0. nonrefundable credits. See instructions. За \$ If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required. 0. by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3с

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

I HA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)