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.

<u>Website alternative</u>: 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.

<u>Penalties</u>: 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.

<u>Private foundation exempt</u>: 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.

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9 Program service revenue (Part VIII, line 2g) 95,073. 148,242. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 114. 98. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 53,906. 67,234. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,389,049. 2,919,539. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,049,721. 1,230,733. 16a Professional fundraising fees (Part IX, column (D), line 25) 192,297. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 192,297. 198,060. 1,069,238. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,967,781. 2,299,971. 19 Revenue less expenses. Subtract line 18 from line 12 421,268. 619,568. 20 Total assets (Part X, line 16) 1,1						\rightarrow				
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17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e) 313,000. 1,003,238. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,967,781. 2,299,971. 19 Revenue less expenses. Subtract line 18 from line 12 421,268. 619,568. 20 Total assets (Part X, line 16) 1,121,906. 1,849,997. 21 Total liabilities (Part X, line 26) 84,364. 192,887. 22 Net assets or fund balances. Subtract line 21 from line 20 1,037,542. 1,657,110.	ISes	160			1,019,72					
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Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,121,906. 1,849,997. 21 Total liabilities (Part X, line 26) 84,364. 192,887. 22 Net assets or fund balances. Subtract line 21 from line 20 1,037,542. 1,657,110.										
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Part II Signature Block 21 Total liabilities (Part X, line 26) 84,364. 192,887. 22 Net assets or fund balances. Subtract line 21 from line 20 1,037,542. 1,657,110.	sets	20	Total assets (I	Part X, line 16)			1,849,997.			
Part II Signature Block	t As	21			84,36	<i>.</i> 4.	192,887.			
Part II Signature Block	Fun:	22		fund balances. Subtract line 21 from line 20	1,037,54	2.	1,657,110.			
	Pa	art II	Signature	e Block						

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

Sign	Signature of officer		Date
Here	Michael Briggs, Executive Director	r	
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature Date	Check PTIN
Paid	Ted R. Batson, Jr.	Led R. Batsan 7/13/2	2020 If self-employed P00721951
Preparer	Firm's name 🍃 Capin Crouse LLP		Firm's EIN 🕨 36-3990892
Use Only	Firm's address 👞 1255 Lakes Parkway, Suit	e 130	
	Lawrenceville, GA 30043		Phone no.678-518-5301
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
			- 000

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	Chalmers Center for Economic Development		
Form	1990 (2018) at Covenant College, Inc.	27-2341083	Page 2
Pa	rt III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	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 listed on the		
-	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'	>	Yes X No
5	If "Yes," describe these changes on Schedule O.	·	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by	evnenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		cpenses, and
40		(50,669.)
4a	(Code:) (Expenses \$) (Reve West Africa Program and International Program: Training local leaders	1ue \$)
	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 \$ 557,272. including grants of \$) (Reve	nue \$	79,331.)
	Faith and Finances and Work Life: Developing curriculum in financial		
	education, individual development accounts, and job preparedness for		
	local churches and Christian noprofits, equipping them to impact low-income populations.		
	Tow-Income populations.		
4c	(Code:) (Expenses \$ 423,725. including grants of \$) (Reve		18,242.)
40	(Code:) (Expenses \$) (Reve Foundational Principles & Practices: Presenting Helping Without Hurting	1ue \$	10,242.)
	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.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,937,625.		

	990 (2018) at Covenant College, Inc. 27-2341083		Р	age 3
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		x
4	public office? <i>If "Yes," complete Schedule C, Part I</i> Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ū	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
b	Part VI	11a	X	<u> </u>
D	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? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			<u> </u>
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form **990** (2018)

	990 (2018) at Covenant College, Inc. 27-2341083		Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	00		x
24.0	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	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? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
•	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0.7		x
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
Pa	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2.	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	j.		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	x	
83200	4 12-31-18	Form	990	(2018)

Form	990 (2018) at Covenant College, Inc.	27-2341083		Р	age 5						
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 14									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	;)									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule of	O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		х						
b	If "Yes," enter the name of the foreign country:										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required									
	to file Form 8282?		7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		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.		-								
a			9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:										
a	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106									
11	Section 501(c)(12) organizations. Enter:	44-									
	Gross income from members or shareholders	11a									
a		116									
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Iza								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12.5									
	Is the organization licensed to issue qualified health plans in more than one state?		13a								
a	Note. See the instructions for additional information the organization must report on Schedule O.		104								
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
D	organization is licensed to issue qualified health plans	13b									
c	Enter the amount of reserves on hand	13c									
14a			14a		x						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune										
	excess parachute payment(s) during the year?		15		x						
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		x						
	If "Yes," complete Form 4720, Schedule O.										
			Гония	aan	/0010						

Form **990** (2018)

Form	990 (2018) at Covenant College, Inc. 27-2341083		Р	age 6
	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" r		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	1		
	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 1b1	D		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
b	Other officers or key employees of the organization	15b	х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed PGA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3))s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own 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			
	Doug Glidewell - 706-956-4034			

507 McFarland Road, No. B, Lookout Mountain, GA 30750

Form 990 (2		27-2341083	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar vear end	ing with or within the organizatio	on's tax vear.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (Ď), (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."

Chalmers Center for Economic Development

• 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	erson	is bot	h an	compensation	compensation	amount of	
	week					1/1/1/1/1/1		from	from related	other
	(list any hours for	Individual trustee or director				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	Itrust	nal tru		oyee	ompe				and related
	below	vidua	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lndi	Inst	0Ħ	Key	Hig em I	For			
(1) Kevin O'Neal	1.00									
Board Chair		х		x				0.	0.	0.
(2) Jeff Hall	1.00									
Secretary, Chief Academic		х		x				0.	0.	0.
(3) Brian Fikkert	32.00	l						25.500		
Founder and President	1.00	X		X				37,500.	0.	0.
(4) Craig Stephenson	1.00							0.	0.	0
Treasurer	1 00	X	-	X				U.	υ.	0.
(5) Emily Mugisha Director	1.00	x						0.	0.	0
(6) Nat Belz	1.00	^						U.	0.	0.
(6) Nat Berz Director	1.00	x						0.	0.	0.
(7) Derek Halvorson	1.00	^					<u> </u>	U.	0.	<u> </u>
Director	1.00	x						0.	0.	0.
(8) Ravi Jayakaran	1.00	^						0.	0.	<u> </u>
Director	1.00	x						0.	0.	0.
(9) Karen Ellis	1.00							`		
Director		x						0.	0.	0.
(10) Jeff Galley	1.00									
Director		x						0.	0.	0.
(11) Naddie Winters	1.00									
Director		x						0.	٥.	0.
(12) Michael Briggs	40.00									
Executive Director				х				118,030.	0.	27,921.
(13) Stu Minshew	40.00									
VP of Operations				х				74,694.	0.	26,726.
		1								
			_	<u> </u>			<u> </u>			
			1							- 000 (00.00)

Chalmers Center for Economic Development

	at Covenant C	College, In	с.	10 .	Dev	010	pilloi	10		27-234	1083		Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A) Name and title		(B) Average hours per week	box	not c , unle	ss pe	ition more rson i) than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI	IS	com fr orga and	pensa om the anizati d relate	e ion ed
1b Sub-total									230,224.		0.		54,	647.
c Total from continuation st d Total (add lines 1b and 1c 2 Total number of individuals	:)								0. 230,224. eceived more than \$100	.000 of reportab	0. 0. ole		54,	0. 647.
compensation from the org							_,			,			<u> </u>	1
3 Did the organization list any line 1a? <i>If</i> "Yes," <i>complete</i>						•	•		•				Yes	No X
 For any individual listed on and related organizations g 	line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	l ot	-	the organization		3		x
5 Did any person listed on lin rendered to the organizatio	e 1a receive or a n? <i>If</i> "Yes," com	accrue compei	nsat	ion f	from	any	unr	elat	ted organization or indivi	idual for services	5	5		X
Section B. Independent Contra 1 Complete this table for you		moonsated in	don	ando	nt c	ontr	racto	re t	that received more than	\$100.000 of con		ation f	rom	
the organization. Report co											ipens	ation		
Nam	(A) ne and business	address	NO	NE					(B) Description of s	ervices	С	(C Comper		า
								_						

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
 0

Form	n 990) (2	2018) at Cove	nant Colle	ge, Inc.			27-2341083	Page 9
Pa	rt V	111	Statement of Rever	nue					
			Check if Schedule O cont	ains a respon	se or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
araı our			Membership dues						
Am (Fundraising events						
Giff		d	Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts			Government grants (contribut						
er S		f	All other contributions, gifts, gran						
Ę			similar amounts not included above		2,703,965.				
ont od (Noncash contributions included in lines						
σī		h	Total. Add lines 1a-1f		🕨	2,703,965.			
					Business Code				
Program Service Revenue	2		Training Course Income		611600	148,242.	148,242.		
serv ue		b			_				
ven S		с			-				
gra Re		d			-				
Pro		e 4							
_			All other program service reve			148,242.			
	3	y	Total. Add lines 2a-2f			110,212.			
	3		other similar amounts)			98.			98.
	4		Income from investment of tax						
	5		Royalties	•		66,333.			66,333,
	-			(i) Real	(ii) Personal	,			,
	6	а	Gross rents		(1)				
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securitie					
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
		с	Gain or (loss)						
			Net gain or (loss)						
e	8	а	Gross income from fundraising	g events (not					
Other Revenue			including \$						
Re			contributions reported on line	,					
her			Part IV, line 18						
đ			Less: direct expenses Net income or (loss) from func						
			Gross income from gaming ac	-	s >				
	5	u	Part IV, line 19		а				
		b	Less: direct expenses						
			Net income or (loss) from gam		-				
			Gross sales of inventory, less						
			and allowances		а				
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu	e	Business Code				
	11	а			_]				
		b			_				
		с			_				
			All other revenue			901.			901
		е	Total. Add lines 11a-11d			901.			
	12		Total revenue. See instructions		🕨	2,919,539.	148,242.	0.	67,332

	Check if Schedule O contains a respons	e or note to any line in	this Part IX		<u>x</u>
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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,	295 442	260 081	10 200	10.07
~	trustees, and key employees	285,443.	260,981.	12,388.	12,07
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2,974.	2,719.	129.	12
7	Other salaries and wages	669,495.	609,916.	31,384.	28,19
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	16,401.	14,806.	786.	80
9	Other employee benefits	187,884.	162,490.	18,089.	7,30
0	Payroll taxes	68,536.	46,438.	19,928.	2,17
1	Fees for services (non-employees):	,	,	,	,
а	Management				
	Legal	2,846.	2,669.	177.	
	Accounting	34,012.	24,364.	4,824.	4,82
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	605,186.	528,967.	10,938.	65,28
2	Advertising and promotion	18,375.	18,375.		
3	Office expenses	46,748.	19,623.	26,973.	15
4	Information technology	82,412.	49,783.	16,690.	15,93
5	Royalties				
6	Occupancy	76,908.	56,099.	8,216.	12,59
7	Travel	155,181.	105,257.	13,025.	36,89
3	Payments of travel or entertainment expenses				
9	for any federal, state, or local public officials Conferences, conventions, and meetings				
0					
1	Payments to affiliates	24,186.	17,276.	3,455.	3,45
2	Depreciation, depletion, and amortization	15,409.	17,278.	1,844.	
3 4	Insurance 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.)	13,403.	11,720.	1,011.	1,04
а					
b					
c					
d					
е	All other expenses	7,975.	6,142.	1,203.	63
5	Total functional expenses. Add lines 1 through 24e	2,299,971.	1,937,625.	170,049.	192,29
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
		1		I	
	educational campaign and fundraising solicitation.				

Form 990 (2018)

at Covenant College, Inc.

832011 12-31-18

Chalmers Center for Economic Development at Covenant College, Inc.

art		2018) at Covenant College, Balance Sheet				27-234	1083 Page
		Check if Schedule O contains a response or no	te to any line	in this Part X			X
			-		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			806,103.	1	728,29
	2	Savings and temporary cash investments			231,763.	2	231,83
	3	Pledges and grants receivable, net				3	800,00
	4	Accounts receivable, net			43,197.	4	52,78
		Loans and other receivables from current and fe					
		trustees, key employees, and highest compens	ated employe	es. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B	B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9)	voluntary			
		employees' beneficiary organizations (see instr)	. Complete Pa	art II of Sch L		6	
	7	Notes and loans receivable, net		Γ		7	
		Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	310,837.			
	b	Less: accumulated depreciation		273,742.	40,843.	10c	37,0
1	11	Investments - publicly traded securities				11	
1	12	Investments - other securities. See Part IV, line				12	
1		Investments - program-related. See Part IV, line				13	
1	14	Intangible assets			14		
1	15	Other assets. See Part IV, line 11		15			
1	16	Total assets. Add lines 1 through 15 (must equ			1,121,906.	16	1,849,9
1	17	Accounts payable and accrued expenses	37,505.	17	152,0		
1	18	Grants payable				18	
1	19	Deferred revenue		46,859.	19	40,8	
2	20	Tax-exempt bond liabilities			20		
2	21	Escrow or custodial account liability. Complete				21	
2	22	Loans and other payables to current and forme					
		key employees, highest compensated employe					
		Complete Part II of Schedule L	, 1			22	
2	23	Secured mortgages and notes payable to unrel				23	
2	24	Unsecured notes and loans payable to unrelate	d third parties	s		24	
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). Com	plete Part X of			
		Schedule D				25	
2	26	Tabal Rabilitian Asial Researd 7 November 05		Γ	84,364.	26	192,8
		Organizations that follow SFAS 117 (ASC 958	3), check her	e▶ X and			
		complete lines 27 through 29, and lines 33 ar	nd 34.				
2	27	Unrestricted net assets			672,342.	27	92,9
2	28	Temporarily restricted net assets				28	
2	29	D			365,200.	29	1,564,1
		Organizations that do not follow SFAS 117 (A	SC 958), che	eck here 🕨 🗌			
		and complete lines 30 through 34.					
3	30	Capital stock or trust principal, or current funds				30	
3	31	Paid in or capital surplus, or land, building, or ea				31	
3	32	Retained earnings, endowment, accumulated in				32	
3	33	Total net assets or fund balances			1,037,542.	33	1,657,1
1.	34	Total liabilities and net assets/fund balances			1,121,906.	34	1,849,9

	Chalmers Center for Economic Development				
Form	1990 (2018) at Covenant College, Inc.	27-2341083		Ра	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2		,971.
3	Revenue less expenses. Subtract line 2 from line 1	3		619	,568.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,037	,542.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1	,657	,110.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

SCHEDULE A		Dublic Oberity Otetus and Dublic Overset					OMB No. 1545-0047				
		Public Charity Status and Public Support					2018				
		omplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.						2010			
		of the Treasury			Attach to Form 990 or F	orm 990-	EZ.			Open to Public	
					/Form990 for instruction		he latest i	nformation.	Frankassan	Inspection	
Nar	ne or i	the organization		ers Center for E venant College,	conomic Developmen	t				identification number	
Pa	irt I	Reason			All organizations must co	molete th	is nart) Se	e instruction		7-2341083	
					For lines 1 through 12, c				3.		
1 1			•		on of churches describe	•	,				
2	\square				Attach Schedule E (Forn			·//~/(י)•			
3	\square							ii)			
4		 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 									
-		city, and state	-	·	, .					, , , , , , , , , , , , , , , , , , ,	
5				or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in	
				Complete Part II.)	0		, ,				
6		A federal, sta	te, or local go	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizati	on that norma	ally receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in	
		section 170(I	o)(1)(A)(vi). (C	omplete Part II.)							
8		A community	trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a	land-grant	college	
		or university o	or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or	
		university:									
10		-		•	e than 33 1/3% of its sup					•	
					ct to certain exceptions,	. ,					
					(less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
				mplete Part III.)							
11	\square	-	•	-	ively to test for public sa	•					
12		-	-	-	ively for the benefit of, to				-		
					ed in section 509(a)(1) o					neck the box in	
_			-		of supporting organizatio				-	aivina	
a					upervised, or controlled gularly appoint or elect a						
			-	complete Part IV, Se		a majonty i				apporting	
b		٦ Ŭ		•	l or controlled in connec	tion with it	ts support	ed organizatio	on(s) by ha	vina	
~		••		•	anization vested in the s			•		•	
			0	t complete Part IV,						P	
c		¬ ĭ	()	• •	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,	
		its supporte	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	, ,		
c		Type III no	n-functionall	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)	
		that is not f	unctionally in	tegrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness	
		requiremen	t (see instruct	tions). You must cor	nplete Part IV, Sections	s A and D,	, and Part	۷.			
e		Check this	box if the org	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	e II, Type III		
			•		nally integrated support	ing organi:	zation.				
f				-							
<u> </u>				n about the supporte		(iv) is the orga	inization listed	(v) Americant a	functions	(ui) Amount of other	
	(i) Name of suppo organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)	
		organization			above (see instructions))	Yes	No				

Schedule A (Form 990 or 990-EZ) 2018 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	496,187.	2,279,101.	1,765,331.	2,239,956.	2,703,965.	9,484,540.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	496,187.	2,279,101.	1,765,331.	2,239,956.	2,703,965.	9,484,540.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,651,270.
6	Public support. Subtract line 5 from line 4.						7,833,270.
	ction B. Total Support			·			
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	496,187.	2,279,101.	1,765,331.	2,239,956.	2,703,965.	9,484,540.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	46,017.	63,655.	64,733.	53,116.	66,431.	293,952.
9		,	,	,		,	,
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,047.	290.	28.	904.	901.	3,170.
11	Total support. Add lines 7 through 10	, -	-		-	-	9,781,662.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	573,500.
	First five years. If the Form 990 is for			fourth or fifth ta	x vear as a sectio		, -
	organization, check this box and stop	e e		, routin, or maria			
Se	ction C. Computation of Publ	ic Support Per	centage				
-	Public support percentage for 2018 (I			olumn (f))		14	80.08 %
	Public support percentage from 2017					15	87.55 %
	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies	•					
Ŀ	33 1/3% support test - 2017. If the c						
~	and stop here. The organization qual						
17=	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
r	10% -facts-and-circumstances test						
~	more, and if the organization meets th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
				,, , ,	,		

Schedule A (Form 990 or 990-EZ) 2018

27-2341083

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
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 \dots						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)				1		
	First five years. If the Form 990 is for	the organization'	s first, second, thir	d. fourth, or fifth t	ax vear as a section	n 501(c)(3) organiz	zation.
	check this box and stop here	•					
Sed	ction C. Computation of Publ				<u></u>		····· 🕨 🖵
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage for 2017 (Public support percentage from 2017					16	<u>%</u>
-							90
	ction D. Computation of Invest			no 10 notice (0)		47	
	Investment income percentage for 20					17	%
	Investment income percentage from 2						%
19a	33 1/3% support tests - 2018. If the						i / is not
	more than 33 1/3%, check this box a						►
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	>

Schedule A (Form 990 or 990-EZ) 2018 at Covenant College, Inc.

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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Yes

No

10b

	Chalmers Center for Economic Development			
Sche	dule A (Form 990 or 990-EZ) 2018 at Covenant College, Inc.	27-2341083	Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
000			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	NU
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		163	NO
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? 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			
	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 yeafsee inst	ructions).		
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 entit	v (see instruction:	5).	
2	Activities Test. Answer (a) and (b) below.	,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
a	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	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	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. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- Su		
2	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		V (Eorm 990 or 9		0010

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 at Covenant College, Inc.

27-2341083 Page **6**

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions.
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	on 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		
ect	on 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		
ect	on 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

	chaimers center for	=		
	dule A (Form 990 or 990-EZ) 2018 at Covenant College,	Inc.		7-2341083 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	. <u> </u>
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
_4	Amounts paid to acquire exempt-use assets			
_5	Qualified 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	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
	From 2017			
-	Total of lines 3a through e			
-	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
-	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
-	line 7: \$			
a	Applied to underdistributions of prior years			
-	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
Ŭ	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
0	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
-	Excess from 2014			
-	Excess from 2015			
-				
-	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			(5

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 at Covenant College, 27-2341083 Inc. Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Schedule A, Part II, Line 10, Explanation for Other Income: Miscellaneous 2014 Amount: \$ 1,047. 2015 Amount: \$ 290. 2016 Amount: \$ 28. 2017 Amount: \$ 904. 2018 Amount: \$ 901. 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) - 6 month period ending 6/30/15 Column (b) - Fiscal year ending 6/30/16 Column (c) - Fiscal year ending 6/30/17 Column (d) - Fiscal year ending 6/30/18 Column (e) - Fiscal year ending 6/30/19

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Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

27 - 2341083

Name of the organization					
Chalmers Center for Economic Development					
at Covenant College, Inc.					
Organization type (check one):					

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Schedule B

(Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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 **>** \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 2
Name of or			Employer identification number
	Center for Economic Development ant College, Inc.		27-2341083
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
1		\$261	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		\$200	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		\$175	Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4		\$150	,240. Person X Payroll □ Noncash □ (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
5		\$150	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
6		\$150	,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)

	B (Form 990, 990-EZ, or 990-PF) (2018)		-	Page 2
	rganization		Employ	yer identification number
	; Center for Economic Development mant College, Inc.		27-	2341083
Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
7			0,696.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
8		\$75	<u>,200.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
9		\$75	<u>,000.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
10		\$70	0 <u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
11		\$60) <u>,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ons	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

	ganization Center for Economic Development	E	mployer identification numb
	center for Economic Development ant College, Inc.		27-2341083
Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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

Schedule	B (Form 990, 990-EZ, or 990-PF) (2018)		Page 4
Name of o	organization		Employer identification number
Chalmers	s Center for Economic Development		
at Coven	nant College, Inc.		27-2341083
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	a) through (e) and the following line charitable, etc., contributions of \$1,000	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		e) Transfer of g	ift
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

(For	HEDULE D m 990) triment of the Treasury	Complete if the org Part IV, line 6, 7, 8, 9, 10	al Financial Statements anization answered "Yes" on Form 990 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 Attach to Form 990.).		ОМВ No. 15 20 Ореп to	18
	al Revenue Service		90 for instructions and the latest inform	nation.		Inspecti	on
Nam	e of the organizat	ion Chalmers Center for Economi	c Development		Employer	identificatio	n number
		at Covenant College, Inc.				7-2341083	
Pa	rt I Organiz	ations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or A	ccounts.	Complete if th	ne
	organizatio	on answered "Yes" on Form 990, Part IV, lin					
			(a) Donor advised funds	(b) Funds an	d other accou	ints
1	Total number at e	nd of year					
2	Aggregate value of	of contributions to (during year)					
3	Aggregate value of	of grants from (during year)					
4		at end of year					
5	-	on inform all donors and donor advisors in	-			_	
	are the organization	on's property, subject to the organization's	exclusive legal control?			Yes	l No
6	•	on inform all grantees, donors, and donor a	• •				
	for charitable purp	poses and not for the benefit of the donor o	or donor advisor, or for any other purpose	e confer	ring		
	impermissible priv					Yes	No No
		vation Easements. Complete if the org	-	Part IV,	line 7.		
1		servation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·				
		n of land for public use (e.g., recreation or e		-	•		
		of natural habitat	Preservation of a cert	tified his	storic struct	ure	
-		n of open space					
2		a through 2d if the organization held a qualit	fied conservation contribution in the form	of a co			
	day of the tax yea					at the End of th	e lax Year
		onservation easements			2a		
b	•				2b		
c		rvation easements on a certified historic str			2c		
d		rvation easements included in (c) acquired a					
•		nal Register			2d		
3		rvation easements modified, transferred, re	leased, extinguished, or terminated by th	ie organ	ization durir	ng the tax	
	year						
4		where property subject to conservation ear	·				
5		ation have a written policy regarding the per					
~	,	forcement of the conservation easements in				. └── Yes	└── No
6		er hours devoted to monitoring, inspecting,	filanding of violations, and emorcing con	iservatio	Drieasemen	ts during the	year
7	Amount of ovner	 ses incurred in monitoring, inspecting, hand	lling of violations, and onforcing concern	ation or	somonto du	ring the year	
'	Amount of expension ► \$	ses incurred in monitoring, inspecting, hand	and enorcing conserva	auon ea	sements du	ning the year	
8	-	rvation easement reported on line 2(d) abov	a satisfy the requirements of soction 170	ם/h\ <i>(א</i> \נם	:)/i)		
0		n)(4)(B)(ii)?				Yes	
9		be how the organization reports conservati				•	
5		ble, the text of the footnote to the organization	•		-		
	conservation ease				jai lization 3	accounting to	1
Pa		ations Maintaining Collections o	f Art. Historical Treasures, or C	Other S	Similar A	ssets.	
	-	if the organization answered "Yes" on Form					
12		n elected, as permitted under SFAS 116 (AS		ment ar	nd balance s	sheet works of	fart
10		es, or other similar assets held for public ext					
		the similar assets here for public exitences that description of the similar assets here and the public exitences the similar assets here and the public exitences and the similar assets here and the public exitences and the similar assets here and the public exitences and the similar assets here and the public exitences and the similar assets here and the public exitences and the similar assets here and the public exitences and the similar assets here and the public exitences and the similar assets here and the public exitences and the similar assets here and there and the similar assets here and the similar as				55, provido, ili	urc /un,
b		elected, as permitted under SFAS 116 (AS		nt and h	alance shee	t works of art	historical
5		r similar assets held for public exhibition, ed					
	relating to these it			2010 001	, provid		gamounts
					• •		

	· · · · · · · · · · · · · · · · · · ·			
	(i) Revenue included on Form 990, Part VIII, line 1	•	\$	
	(ii) Assets included in Form 990, Part X	•	\$	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, prov	vic	le	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1	•	\$	
b	Assets included in Form 990, Part X	•	\$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18 Schedule D (Form 990) 2018

Coho	dulo D (Form 000) 2018 at Covenant	t College, Inc.	LIC DC	veropmene			27-2341	0.83	Daga 9
	dule D (Form 990) 2018 at Covenant t III Organizations Maintaining C	,	rt His	torical Tr		r Other			Page 2
3	Using the organization's acquisition, access								,
3	(check all that apply):	ion, and other record	us, criec	k any or the	10110Willig that	are a siyi	inicant use of its	COllection	II ILEITIS
а	Public exhibition		1 🗌	Loan or exc	hange progra	ms			
b	Scholarly research	e			• • •				
c	Preservation for future generations	· · · ·	•						
4	Provide a description of the organization's c	ollections and explai	in how tl	nev further t	he organizatio	n's exemi	ot nurnose in Par	+ XIII	
5	During the year, did the organization solicit of							. /	
Ũ	to be sold to raise funds rather than to be m							Yes	🗌 No
Pa	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pa			o ga nzatie			onn ooo, r arrry,		
- 1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not in	cluded		
14	on Form 990, Part X?							Yes	
b	If "Yes," explain the arrangement in Part XIII						<u> </u>		
~			Jieting					Amount	
c	Beginning balance						1c	/ arroarr	
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance						1f		
	Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII								
	rt V Endowment Funds. Complete								
		(a) Current year		rior year	(c) Two years		Three years back	(e) Four	years back
1a	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the cur		ce (line 1	g, column (a	a)) held as:				
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
с	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	and administer	red for the	organization		
	by:							[Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	ired on S	Schedule R?				3b	
	Describe in Part XIII the intended uses of the		owment	funds.					
Pa	t VI Land, Buildings, and Equipn	nent.							
	Complete if the organization answere	ed "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	, Part X, lir	ne 10.		
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Acc	umulated	(d) Bool	k value
		basis (investr	ment)	basis	(other)	depre	eciation		
1a	Land								
	Buildings								
	Leasehold improvements				186,543.		171,226.		15,317.
d	Equipment				124,294.		102,516.		21,778.
	Other								
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c.)		►		37,095.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Schedule D (Form 990) 2018

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

Sche	- dule D (Form 990) 2018 at Covenant College, Inc.			27-2341083	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	3,121,370.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		201,831.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	201,831.
3	Subtract line 2e from line 1			3	2,919,539.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,919,539.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			·	
1	Total expenses and losses per audited financial statements			1	2,501,802.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	201,831.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	201,831.
3	Subtract line 2e from line 1			3	2,299,971.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,299,971.
Pa	rt XIII Supplemental Information.				

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

SCHEDULE F (Form 990)			ivities Outside the Un n answered "Yes" on Form 990, Part			MB No. 1545-0047
Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	► Go to	www.irs.gov/Fo	orm990 for instructions and the lates	t information.	h	nspection
Name of the organization					Employer identif	ication number
Chalmers Center for E at Covenant College,		opment			27-2341083	
		Activities Ou	tside the United States. Compl	ete if the organ		Yes" on
Form 990, Part				oto il tilo orgai		
,		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award th	e grants or ass	istance?	Yes 🗌 No
-	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and c	ther assistance out	side the
United States.	The following Der	t Lina 2 tabla a	an he duplicated if additional analysis	needed)		
3 Activities per Region. ((a) Region	(b) Number of		an be duplicated if additional space is (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) negion	offices	employees.	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describ	e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	e(s) in the region	in the region
				Training an	nd educational	
Sub-Saharan Africa	C	2	Program Services	research		290,181.
	_					
3 a Subtotal	c	2				290,181.
b Total from continuation						
sheets to Part I	C	0 0				0.
c Totals (add lines 3a						
and 3b)	C	2				290,181.

Statement of Activities Outside the United States

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

Schedule F (Form 990) 2018

OMB No. 1545-0047

at Covenant College, Inc.

27-2341083

Schedule F (Form 990) 2018

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)	
			recognized as charities by the					1	
by the IRS, or for whic 5 Enter total number of	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

Schedule F (Form 990) 2018

Page 2

Schedule F (Form 990) 2018	at Covenant College	, Inc.	-	27	-2341083		Page
Part III Grants and Other Assistar			ates. Complete i	f the organization answered "Yes" of	on Form 990, Par	t IV, line 16.	
Part III can be duplicated if	additional space is neede				-		
(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)
							ļ

Schedule F (Form 990) 2018

Page 3

Sched	ule F (Form 990) 2018 at Covenant College, Inc.	27-2341083	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018 at Covenant College, Inc. 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	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
(Form 990 or 990-EZ)	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		Open to Public
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection
Name of the organization			identification number
	at Covenant College, Inc.	27-234	1083
Form 990, Part VI,	Section A, line 7a:		
The eleven director	s of the Board of Directors of The Chalmers Center is		
derived from three	separate pools. Six directors (Class A) are appointed by		
a majority vote of	the Board. Three directors (Class B) are appointed by		
the Executive Commi	ttee of the Covenant College Board upon nomination by		
the Covenant Colleg	e's President and Senior Leadership Team after		
consulting with the	e Chalmers Center Executive Director and its Senior		
Leadership Team in	accordance with the Bylaws. In practice, Class B		
Directors nominatio	ons have been initiated by the Executive Director and		
Senior Leadership	eam of The Chalmers Center for submission to the		
Executive Committee	e of the Covenant College Board. Two Ex Officio		
Directors (Class C)	include the President and the Chief Academic Officer of		
Covenant College.			
Form 990, Part VI,	Section B, line 11b:		
Form 990 is prepare	ed 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 dim	rectors prior to filing with the IRS.		
Form 990, Part VI,	Section B, Line 12c:		
The organization ha	as a detailed written conflict of interest policy. Both		
Board members and e	employees are required to disclose conflicts and sign a		
disclosure statemer	t annually. The Board Chair and the Vice President of		
Operations review t	the annually signed statements. Should any potential		
conflicts of intere	est be disclosed, the Board member or officer would be		
asked to refrain fi	com participation in any deliberation or decision with		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization Chalmers Center for Economic Develog at Covenant College, Inc.	pment	Employer identification number 27-2341083
at covenant correge, inc.		27 2341003
regard to matters affected by the relationship.		
Form 990, Part VI, Section B, Line 15:		
Question 15a - Compensation for the Executive Director w	as determined by	
obtaining comparable external salary data from similar-s	ized non-profits in	
the region. Compensation amounts were approved by the Bo	ard and documented	
in the Board minutes.		
Question 15b - Compensation for officers and key employed	es included review	
and approval by the independent board, comparability dat	a and	
contemporaneous substantiation of the deliberation and d	ecision.	
Form 990, Part VI, Section C, Line 19:		
orm 990, Part VI, Section C, Eine IS:		
Governing documents, conflict of interest policy, and find	nancial statements	
are available to the public upon request. The audited fi	nancial statements	
are also made available on the organization's website.		
Form 990, Part IX, Line 11g, Other Fees:		
Outside Contract Services:		
Program service expenses	294,849.	
Management and general expenses	10,938.	
rundraising expenses	64,966.	
otal expenses	370,753.	
raining Fees:		
Program service expenses	234,118.	
	·	
Management and general expenses	0.	
fundraising expenses	0.	
32212 10-10-18		Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 9	90-EZ) (2018)		Page 2
Name of the organization	Chalmers Center for Economic 1 at Covenant College, Inc.	Development	Employer identification number 27-2341083
Total expenses		234,118.	
Consulting Fees:			
Program service expe	nses	0.	
Management and gener	al expenses	0.	
Fundraising expenses		315.	
Total expenses		315.	
Total Other Fees on	Form 990, Part IX, line 11g, Co	ol A 605,186.	
Form 990, Part X, Li	nes 27-29:		
In accordance with t	he principles of FASB ASU 2016	-14 (ASC 958), the	
organization has imp	lemented required changes to i	ts audited financial	
statements for the p	eriod ended 6/30/2019. The 201	18 Form 990 and its	
associated schedules	have not been updated to refle	ect changes made by	
this standard. Thus	, we have reported the revised	net asset categories	
from the audited fin	ancial statements as follows or	n Form 990, Part X,	
Lines 27-29:			
Line 27 - Net assets	without donor restrictions	\$ 92,997	
Line 29 - Net assets	with donor restrictions	\$1,564,113	
Total net assets		\$1,657,110	
Form 990, Part XII,	Line 2c:		
The Board's audit co	mmittee assumes responsibility	for oversight of the	
audit of its financi	al statements and selection of	its independent	

auditors. This process has not changed since the prior year.

Schedule O (Form 990 or 9		Page 2			
Name of the organization	Chalmers Center for Economic Development	Employer identification number			
	at Covenant College, Inc.	27-2341083			

(Rev. January 2019)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

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 file	er's identi	fying number
Type or print	Name of exempt organization or other filer, see instruc Chalmers Center for Economic Development	Employe	Employer identification number (EIN) o			
File by the	at Covenant College, Inc.				27-2341083	
due date for filing your	V ^{our} 507 McFarland Road No B			Social se	Social security number (SSN)	
return. See instructions.	City, town or post office, state, and ZIP code. For a for Lookout Mountain, GA 30750	reign add	lress, see instructions.	•		
Enter the	Return Code for the return that this application is for (file	a separa	ate application for each return)			0 1
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individua	ıl)		09
Form 990	PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above) 06 Fo			Form 8870 12			12
	Doug Glidewell		-			
• The bo	ooks are in the care of 🕨 507 McFarland Road, No.	. B - L	ookout Mountain, GA 30750)		
Teleph	none No. 🕨 706-956-4034		Fax No. 🕨			
	organization does not have an office or place of business	in the Ur	nited States, check this box			
	is for a Group Return, enter the organization's four digit G					
box 🕨 [ch a list with the names and EINs			
1 Ire	quest an automatic 6-month extension of time until	May 1	5, 2020 , to	file the exem	npt organi	zation return for
	organization named above. The extension is for the orga					
▶[calendar year or					
▶[X tax year beginning JUL 1, 2018	, an	dending JUN 30, 2019			
			-			
2 If th	ne tax year entered in line 1 is for less than 12 months, ch	eck reas	on: 🗌 Initial return 🗌	Final retur	n	
	Change in accounting period					
3a lfth	nis application is for Forms 990-BL, 990-PF, 990-T, 4720, o	or 6069,	enter the tentative tax, less			
any	nonrefundable credits. See instructions.			3a	\$	0.
b lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	enter an	y refundable credits and			
est	imated tax payments made. Include any prior year overpa	ayment a	llowed as a credit.	3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pay					
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
	If you are going to make an electronic funds withdrawal (n 8453-EO a	nd Form 8	879-EO for payment
instructio						

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

Form 8868 (Rev. 1-2019)