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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calen	dar year,	or tax year beginning		, 2009, an	d endir	ıg		<u> </u>				
В	Check if	applicable		C Name of organization	_	 			D Employer Identification Number					
		ress change	Please use IRS label	Covenant Kids,		75-2889215								
	571	ne change	or print or type.	-		not delivered to street addr)	Room/s	uite	E Telephone number					
		-	See	P.O. Box 173038		•			(817) 516-9100					
	F== =4	al return	specific Instruc-	City, town or country	,	State ZIF	2 code + 4		(01/	, ,,	0-3100			
	Terr		tions.	'					_			_		
	Ħ	ended return		Arlington		TX 7	6003-				4,732,17			
	App	lication pending		and address of principal officer				H(a) Is this a H(b) Are all a	•		⊨ '°'	Ħ		
				m Lund PO Box 173	038 Ar		6003		attach a list (uctions) Yes	s No		
<u>L</u>	Tax-	exempt statu	ıs X 501	(c) (3) ((insert i	no)	4947(a)(1) or	527							
J	Web	site: ► ww		nantkids.com				H(c) Group e	xemption nur	nber -				
ĸ		of organization	X Corpora	ation Trust Associat	tion Oth	er► L Year	of Format	ion_2000	M St	ate of leg	al domicile TX	<u> </u>		
Pa	art'l	Summa	ary											
				ganization's mission or m						oving	<pre>1 and</pre>			
ø				<u>ily environment</u>		ich children i	may g	row, m	<u>ature </u>					
auc	<u>ء</u> ا	and expe	rience	the love of Go	<u>d</u>									
Ę	_													
ŏ	1	Check this bo		if the organization discor			d of mo	re than 25	5% of its a	ssetș				
9			•	bers of the governing bo						3 7				
200	1			it voting members of the	governing	body (Part VI, line 1b)		-	4 4				
₩ <u>₹</u>				yees (Part V, line 2a)					-	5 5				
2 9 2000 Activities & Governance				eers (estimate if necessa		olumn (C) uno 12			-	6 1	<u>u</u>			
		•		ousiness revenue from Pa s taxable income from Fo	-	• •			-	7a 7b		0.		
NQV	J D 1	vet uniterated	Dusiness	taxable income nom ro	1111 330-1,	iiie 54		T _		70				
			•					Pı	ior Year		Current Y			
SCANNED Revenue				ts (Part VIII, line 1h)					1,7			5,520.		
씾	1			ue (Part VIII, line 2g)	2.4	7.0		4	,726,32		4,725	619.		
Zá	1		•	art VIII, column (A), lines		•				17.		37.		
₹	1			II, column (A), lines 5, 6			.0		700 00	\ <u>-</u>	4 720	176		
	1			nes 8 through 11 (must e	•		(2)		,728,08			776.		
90	1			ounts paid (Part IX, colur					, 225, 29	9 ⊥•	2,079	700.		
	1			members (Part IX, colum										
တ္	15 S	Salaries, othe	er comper	nsation, employee benefit	ts (Part IX	, column (A), lines 5-1	10)	1	,648,09	93.	1,742	<u>,628.</u>		
Expenses	16a F	Professional	fundraisin	g fees (Part IX, column ((A), line 1	le)								
Č	ьт	otal fundrais	sing exper	地區中的西西西門	Lime 25)		0.	13	\$ 1.7 % 2.	(g), `		i j		
Û				X SILMINA SIRES Y	116.2	40			794,19	95.	872	,181.		
				nes 8-17 (must equal Pa				4	,667,57			,509.		
				s sontractions 13 fbm20		1111 (1), IIIIC 23)		1	60,50			,667.		
		CVCITAC 1C33	Схрспас		1 (0/2)			+						
\$ 50 G	00 7		(D1 V - 1-	Ö	2			Begin	ning of Ye		End of Y			
Bal	20 T	otal assets (17 50 7				411,15			,160.		
Net Assets or Fund Balancos	21 T	otal liabilitie		3	ري، • هميرا کي ک	<u> </u>			362,53			<u>,873.</u>		
	44	+		ances Subtract line 21 fr	om line 20)		<u> </u>	48,62	20.	86	,287.		
Pa	irt II 🦯	Signati	re Bloc	:K		···············								
		Under penaltie true correct, a	s of perjury, nd complete	I declare that I have examined the Declaration of preparer (other the	is return, incli ian officer) is	iding accompanying schedule based on all information of when the control of the	s and stat	ements, and t rer has any k	o the best of nowledge	my knowl	edge and belief,	it is		
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Sig	gn	- <u> </u>	بيب	4					44	\mathcal{L}_{μ}	\$0T	<u>U</u>		
He	re	Signature	of officer	1		こころ		Date	e /	1				
			\mathcal{H}	LUNG		_FU								
		Type or pr	int name and	title						-1-				
_						Date		Che	eck if	(see	arer's identifying instructions)	number		
Pa		Preparer's	- 11	1. I Ann		1. 101		em	ployed 🟲	_				
Pro	e- rer's	signature	<u>- ()</u>	ALLE A WITH	rurl	14 LYH 10/	25/1	0			<u></u>			
pa Us		Firm's name (o	or SOM	MERVILLE & ASSOC	CIATES,	ř.C.								
Or		yours if self- employed),	► 3030	MATLOCK RD ST	E 201			EIN	.					
		address, and ZIP + 4	ARL	INGTON		TX 76015-	2936	Pho	one no	(817)	795-50	46		
Ma	y the IR	S discuss th	ıs return v	with the preparer shown a	above? (se	ee instructions)					X Yes	No		

Form	990 (2009) Covenant Kids, Inc.	75-2889215	Page 2
Par	*** Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	To provide a safe, loving and structured family environment in wh children may grow, mature and experience the love of God. and experience the love of God.		
2	Did the organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ?		res X No
	If 'Yes,' describe these new services on Schedule O		res A 140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services if 'Yes.' describe these changes on Schedule O	57	Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and all expenses, and revenue, if any, for each program service reported	expenses Section ocations to others	1 501(c)(3) , the total
4a	(Code) (Expenses \$ 3,798,743. Including grants of \$ 2,079,424.) (Recovenant Kids places children in need into approved foster homes assists in providing basic and therapeutic foster care to enhance well-being in a family setting. The organization provides foster with monetary supplements and other resources for daily maintenan In 2009, Covenant Kids worked with approximately 300 foster famil	and a child's families ce. ies.	
4b	(Code) (Expenses \$70,431. Including grants of \$276.) (Recovenant Kids also provides private domestic adoption services deminister to birth families who desire to make an adoption plan for their unborn child.	signed to r	
4c	(Code) (Expenses \$ 210,205. including grants of \$ 0.) (Re Covenant Kids conducts Kinship Assessments, Foster-Adopt Studies, and Readiness Assessments for Texas Department of Family and Protestations		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 4,079,379.		

Page 3

Form 990 (2009) Covenant Kids, Inc.

Part iV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
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 public office? If 'Yes,' complete Schedule C, Part I	3_		_X_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts # 'Yes,' complete Schedule D, Part I	6_		<u> </u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? Yes, complete Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services if 'Yes,' complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments from the organization of the	10		х
11	Is the organization's answer to any of the following questions 'Yes' 7f so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		X
(Did the organization report an amount for land, buildings and equipment in Part X, line 10% 'Yes,' complete Schedule D, Part VI		.,,	
•	Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	. 83		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 257f 'Yes,' complete Schedule D, Part X			· .
•	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? If es, 'complete Schedule D, Part X		ξ 5 ^C 3	
	Did the organization obtain separate, independent audited financial statement for the tax year **If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	Son 1. 1st
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			1 (v.) 2 (v.)
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	29	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States?/f 'Yes,' complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e ⁹ If 'Yes,' complete Schedule G, Part I	17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) Covenant Kids, Inc. 75-2889215 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 X 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? Yes, complete 23 Schedule J Х 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 20027f 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a 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-EZM 'Yes,' complete Schedule L. Part I 25b X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? Yes, complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor, or a grant selection comittee member, or to a person related to such an individual if 'Yes,' complete 27 Schedule L, Part III 28 Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee If Yes, complete Schedule L. Part IV 28a Х

30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	
31	Did the organization liquidate, terminate, or dissolve and cease operations If 'Yes,' complete Schedule N, Part I	31	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? Yes, complete Schedule N, Part II	32	
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	

Was the organization related to any tax-exempt or taxable entity If 'Yes,' complete Schedule R. Parts II, III, IV, and V, 34 34

c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV

Is any related organization a controlled entity within the meaning of section 512(b)(13)3f 'Yes,' complete Schedule R, 35 Part V, line 2

b A family member of a current or former officer, director, trustee, or key employee 7f 'Yes,' complete

Did the organization receive more than \$25,000 in non-cash contributions If 'Yes,' complete Schedule M

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O 38

Х Form 990 (2009)

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X

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Х

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Schedule L, Part IV

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable 1 a 46 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1_b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c Х (gambling) winnings to prize winners? 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 53 2 a 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3a b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4a financial account in a foreign country (such as a bank account, securities account, or other financial account) **b** If 'Yes.' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6b deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 a Х 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7c X Form 8282 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7 e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х q For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 q h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations and the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against

Form 990 (2009)

12 a

amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

11 b

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

Sec	ction A.	Governing Body and Management				
					Yes	No
1:	a Enter the	number of voting members of the governing body	1a 7			
	b Enter the	number of voting members that are independent	1b 4			
2	Did any o	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		
3	Did the o	rganization delegate control over management duties customarily performed by or s, directors or trustees, or key employees to a management company or other pers	under the direct supervision	3		
Δ		rganization make any significant changes to its organizational documents	on.	4		X
•		prior Form 990 was filed?				
5		rganization become aware during the year of a material diversion of the organization	on's assets?	5		х
6		organization have members or stockholders?		6		Х
		organization have members, stockholders, or other persons who may elect one or	more members of the	7a	-	Х
ı	•	g body. Jecisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
	,	rganization contemporaneously document the meetings held or written actions under	· ·			
٠	the follow		creater daring the year by			
	•	rning body?		8a	Х	
		nmittee with authority to act on behalf of the governing body?		8ь	X	
	organızat	any officer, director or trustee, or key employee listed in Part VII, Section A, who ca ion's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9		x
Sec	ction B.	Policies (This Section B requests information about policies not	required by the Internal			
Rev	enue Code)		ı		
			1		Yes	No
10	a Does the	organization have local chapters, branches, or affiliates?		10a		_X
١	b If 'Yes,' o and bran	loes the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	10 Ь		
11	Has the o	organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х	
11.	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990	0	т		
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	Χ	
١	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests $^{ m 2}$	that could give rise	12 b	х	
,		organization regularly and consistently monitor and enforce compliance with the polynomial O how this is done	olicy¶f 'Yes,' describe in	12 c	х	
13	Does the	organization have a written whistleblower policy?		13	Х	
14	Does the	organization have a written document retention and destruction policy?		14		Х
15	Did the p	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent			
		nization's CEO, Executive Director, or top management official		15 a	X	
	•	cers of key employees of the organization		15 b	Х	
		line 15a or 15b, describe the process in Schedule O (See instructions)				
16	a Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar ling the year?	arrangement with a taxable	16a		J
ı	h If 'Yes ' h	has the organization adopted a written policy or procedure requiring the organization	n to evaluate its participation			
	in joint ve	enture arrangements under applicable federal tax law, and taken steps to safeguard th respect to such arrangements?	d the organization's exempt	16b		
		Disclosures				
17	List the s	tates with which a copy of this Form 990 is required to be filed NONE				
18	Inspection	in 104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available. Check all that apply website. Another's website. X Upon request	and 990-T (501(c)(3)s only) av	aılable	e for p	oublic
19	Describe	in Schedule O whether (and if so, how) the organization makes its governing docur ts available to the public	ments, conflict of interest poli	cy, an	d fina	ncıal
20		name, physical address, and telephone number of the person who possesses the l				
	► <u>Willia</u>	am_Lund P.O. Box 173038 Arlington T	X _ 76003 (81	5)_5	16-9	100

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Form 990 (2009)

BAA

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees See instructions for definition of 'key employees'
- 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 the organization did no	1	sate a	iny o			omicer	, air	ı		
(A)	(B)	-			c)		l. A	(D)	(E)	(F)
Name and Title	Average hours per week	ב ביומיאורן ישן לישיליניי מי מוניסי מינ	institutional trustee	_	a key employee	pp. High est connectionaled employees	roi,nei	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Pam Schmidt Director	1.00	х						0.	0.	0
Waymon Williams Director	1.00							0.	0.	0.
Judy Williams Director	1.00							0.	0.	0.
Dennis Erinakes Director	1.00							0.	0.	0 .
Ron Schmidt	1.00	Х		х				0.	0.	0
Karen Lund Sec/Treas/Director/Executive Dir	40.00	Х		х				102,901.	0.	3,407
William Lund President/Director	40.00	Х		х				125,401.	0.	3,407
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11/10/09

Part VII Section A. Officers, Directors, Trus		ley	Em			es,	an			
(A)	(B) Average	Posi	tion (check	-	hat a	(vlaa	(D) Reportable	(E)	(F) Estimated
Name and Title	hours per week	or director	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
	-									
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	-									
1 b Total							•	228,302.	0	<u> </u>
2 Total number of individuals (including but not limite from the organization2	d to tho	se lı	stec	l ab	ove)) wh	o re	ceived more than	\$100,000 in repo	rtable compensation
mont the organization				_	_					Yes No
3 Did the organization list anyformer officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste ndividua	ee, k	еу (emp	loye	e, c	or hi	ghest compensate	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual	portable than \$15	cor 50,00	mpe)0 <i>?l1</i>	nsat f 'Ye	tion s' <i>c</i>	and omp	l oth olete	er compensation Schedule J for si	from uch	4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	compens nedule J	atio for	n fro s <i>uch</i>	om a	any <i>rsor</i>	unre	elate	ed organization fo	services	5 X
Section B. Independent Contractors									•	
Complete this table for your five highest compensation from the organization	ted inde	pend	dent	cor	ntrac	ctors	s tna	it received more t	nan \$100,000 of	
(A) Name and business address	SS							Description	of Services	(C) Compensation
	-									
										**
2 Total number of independent contractors (including \$100,000 in compensation from the organization►		lımı	ted	to th	nos€	e list	ted a	above) who receiv	ed more than	

1	·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s.	1a Federated campaigns 1a					
ANT	b Membership dues 1b					
R S	c Fundraising events 1c					
FT S	d Related organizations 1d					
آ≩ِي	e Government grants (contributions) 1 e		,			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above	6,520.				
F 0	g Noncash contribns included in lns 1a-1f					
용	h Total. Add lines 1a-1f	•	6,520.			
끨		Business Code				
Ę.	2a Placement fees	900099	4,211,093.	4,211,093.	0.	0.
<u>8</u>	b Medicaid Revenue	900099	205,404.	205,404.	0.	0.
1CE	c Adoption Fees	900099	56,960.	56,960.	0.	0.
<u> </u>	d Family Assessment Fees	900099	252,162.	252,162.	0.	0.
Σ×	e	-		•		
용	f All other program service revenue					
윤	g Total. Add lines 2a-2f	•	4,725,619.			
	Investment income (including dividend other similar amounts)	ls, interest and	37.	0.	0.	37.
İ	4 Income from investment of tax-exempt	t bond proceeds	-			
	5 Royalties	>				
l	(ı) Real	(II) Personal				, ,
İ	6a Gross Rents				*	
ļ	b Less rental expenses					
1	c Rental income or (loss)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			ĺ
	d Net rental income or (loss)		australizarione. Vi la vincara d'irresponde independe			· when a man manner of
1	(A) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)			and a second second second second	*************************	
1	d Net gain or (loss)	•			8, 7,	
OTHER REVENUE	8a Gross income from fundraising events (not including \$			*, ``	•	
Ē	of contributions reported on line 1c)					
2	See Part IV, line 18	a				
뷛	b Less direct expenses	b				
°	c Net income or (loss) from fundraising	events 🟲				
	9a Gross income from gaming activities See Part IV, line 19	a				
		Ь		5 98		
	c Net income or (loss) from gaming activ	vities			**************************************	
	10a Gross sales of inventory, less returns					
ŀ		a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inve	entory				
Ì	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	_				
	12 Total revenue See instructions	▶	4.732.176.	4,725,619.	0.	37.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on li. 6b, 7b, 8b, 9b, and 10b of Part VIII.	ines	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to go and organizations in the U.S. See line 21	Part IV,	450.	450.		
2 Grants and other assistance to ind the U.S. See Part IV, line 22	lividuals in	2,079,250.	2,079,250.		
3 Grants and other assistance to govern organizations, and individuals outs U.S. See Part IV, lines 15 and 16					
4 Benefits paid to or for members					
5 Compensation of current officers, trustees, and key employees	directors,	228,969.	22,897.	206,072.	0.
6 Compensation not included above disqualified persons (as defined ur section 4958(f)(1) and persons des section 4958(c)(3)(B)	nder	61,996.	0.	61,996.	0.
7 Other salaries and wages		1,261,741.	1,252,225.	9,516.	0.
8 Pension plan contributions (includ 401(k) and section 403(b) employe contributions)	e section er	1,700.	800.	900.	0.
9 Other employee benefits		78,286.	70,581.	7,705.	0.
10 Payroll taxes		109,936.	90,282.	19,654.	0.
11 Fees for services (non-employees)	, –				
a Management					
b Legal		11,631.	0.	11,631.	0.
c Accounting		26,819.	0.	26,819.	0.
d Lobbying					
e Prof fundraising svcs See Part IV	, In 17				
f Investment management fees					
g Other		102,619.	96,550.	6,069.	0.
12 Advertising and promotion		7,704.	4,646.	3,058.	0.
13 Office expenses		142,845.	109,890.	32,955.	0.
14 Information technology		48,130.	47,576.	554.	0.
15 Royalties		222 622	000 561	04.001	
16 Occupancy		228,682.	203,761.	24,921.	0.
 17 Travel 18 Payments of travel or entertainme expenses for any federal, state, or public officials 		99,597.	99,597.	0.	0.
19 Conferences, conventions, and me	eetings	8,164.	8,164.	0.	0.
20 Interest		13,433.	6,215.	7,218.	0.
21 Payments to affiliates					
22 Depreciation, depletion, and amort	tization				
 Insurance Other expenses Itemize expenses covered above (Expenses groupe and labeled miscellaneous may no 5% of total expenses shown on lin below) 	d together of exceed	36,044.	25,231.	10,813.	0.
a Training		40,918.	40,918.	0.	0.
<pre>b_Relations</pre>		32,299.	32,299.	0.	0.
c Respite Care		23,180.	23,180.	0.	0.
d_Direct_Care		22,482.	22,482.	0.	0.
e Recruitment		13,552.	13,552.	0.	0.
f All other expenses		14,082.	8,833.	5,249.	0.
25 Total functional expenses Add lines 1 three		4,694,509.	4,259,379.	435,130.	0.
26 Joint costs. Check here ► if SOP 98-2 Complete this line only organization reported in column (E costs from a combined educationa campaign and fundraising solicitate.	3) joint il				-
BAA					Form 990 (2009)

Page 11

Balance Sheet **(B)** End of year (A) Beginning of year 2,900. 5,008 1 Cash - non-interest-bearing 2 20,910. Savings and temporary cash investments 16,814 3 3 Pledges and grants receivable, net 375,092 4 496,566. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) 6 <u>1,341.</u> and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 0. Notes and loans receivable, net 7 8 8 Inventories for sale or use 14,243. 9 9 Prepaid expenses and deferred charges 15,443. 10a 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D **b** Less accumulated depreciation 10b 10 c 11 Investments - publicly-traded securities 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 Total assets Add lines 1 through 15 (must equal line 34) 411,157. 16 537,160. 263,384. 290,874 Accounts payable and accrued expenses 17 18 Grants payable Deferred revenue 19 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22,000. 22 65,000. 77,153. 23 Secured mortgages and notes payable to unrelated third parties 23 44,999. Unsecured notes and loans payable to unrelated third parties 0. 24 50,000. 25 Other liabilities Complete Part X of Schedule D 25 362,537 450,873. 26 Total liabilities. Add lines 17 through 25 26 X and complete lines Organizations that follow SFAS 117, check here 27 through 29 and lines 33 and 34. 86,287. Unrestricted net assets 48,620 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 P Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 48,620. 33 86,287. 33 Total net assets or fund balances 537,160. Total liabilities and net assets/fund balances 411,157. 34 34

BAA

Form 990 (2009)

form 990 (2009) Covenant Kids, Inc.	/5-2889215		-age 12
Part XI Financial Statements and Reporting			
		Ye	s No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	_ 2:	a	X
b Were the organization's financial statements audited by an independent accountant?	21	b X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for overeview, or compilation of its financial statements and selection of an independent accountant?	ersight of the audit,	С	х
If the organization changed either its oversight process or selection process during the tax year, ex in Schedule O	cplain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the yea consolidated basis, separate basis, or both	r were issued on a		
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set f Audit Act and OMB Circular A-133?	forth in the Single	•	x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not under or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	rgo the required audit 31	<u> </u>	

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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arl	1	Reaso	<u>า fo</u>	r Pu	<u>blic C</u>	harity	<u>Statu</u>	ıs (Ai	l orga	<u>anızat</u>	tions	must c	comple	te this	part.)	See <u>ı</u>	<u>nstruct</u>	ions		
he c	rgai	nization is	not	a pri	vate fo	undatio	n becau	ise it	ıs (Fo	r lines	1 thro	ugh 11,	check o	nly one	box)					
1	\prod	A church	, con	venti	on of c	hurches	s or ass	ociatio	on of c	hurche	s desc	cribed in	section	170(b)(1)(A)(i).					
2	П	A school	desc	ribed	in sect	tion 170)(b)(1)(A	۱)(ii).	(Attacl	h Sche	dule E	()								
3	=	A hospita											n 170(b)	χ1χΑχί	i).					
4	=	-		•		•		_							•	ъх1хА)	(iii). Ente	er the hosp	ıtal's	
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5			ızatı	on op	erated	for the te Part	benefit II)	of a	college	or uni	versity	owned	or oper	ated by	a gover	nmenta	I unit de	scribed sec	tion	
6		A federal																		
7		An organ ın sectio i	ızatı n 17 0	on tha 0(b)(1	at norm ((A)(vi)	ally red	ceives a plete Pa	subs art II)	tantıal	part of	f its su	ipport fro	om a go	vernme	ntal uni	t or fron	n the ger	neral public	: desci	rıbed
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts																			
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. Sesection 509(a)(4).																			
10																				
11		An organ more pub describes	ızatı dıcly the	on org supp type	ganized orted of sup	d and o organiz oporting	perated ations d organiz	exclu descrit zation	sively bed in and c	for the section omplet	benet 509(a e lines	fit of, to a)(1) or s 11e thr	perform section rough 1	the fun 509(a)(2 th	ctions o ?) Se s i	of, or ca ection 5	rry out tl 09(a)(3).	he purpose Check the	s of or	ne or that
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е		By check than four 509(a)(2)	idātie	his bo	ox, I ce anagers	rtify tha and o	at the or ther tha	ganız n one	ation i or mo	s not c ore pub	ontroll licly si	led direc upportec	tly or in d organi	directly zations	by one describe	or more ed in se	disqual ction 509	ified perso (a)(1) or s	ins oth ection	ner
f																				
q	g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?																			
•			_																Yes	No
							directly of the s					together	with pe	rsons d	escribed	d in (ii)	and (III)	11 g (i)		
				_			on desc			-								11 g (ii)		
			-				a person					hove?						11 g (iii)		
L		Provide t				-												119(11)		<u></u>
h		Name of Su Organizati	pporte		III IIIIO	(ii) EIN	about	(111	Type of	f organization lines	ation		Is the	(v) Did y	ou notify		ls the	(viı) Amour	nt of Sup	port
										IRC sect tructions		gove	d in your erning ment?	your su	(i) of ipport?	(i) organi U	zed in the S ?			
								<u> </u>				Yes	No	Yes	No	Yes	No			
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Page 2 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) Section A. Public Support Calendar year (or fiscal year (b) 2006 (c) 2007 (a) 2005 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 25,949 6,876. 7.894. 1,718. 6,520. 48,957. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge Total. Add lines 1-through 3 25,949 6,876 7,894 1,718 6,520 48,957. The portion of total contributions by each person (other than a governmental ĕġ. unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 19,005. Š Public support. Subtract line 5 from line 4 29,952. Section B. Total Support Calendar year (or fiscal year beginning in) ► (c) 2007 (d) 2008 (e) 2009 (a) 2005 (b) 2006 (f) Total 25,949 6,876 7,894 1,718 6,520 48,957. Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 638 56. 47 37 778. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10 49,735. 12 Gross receipts from related activities, etc. (see instructions) 12 23,053,846. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 60.22% Public support percentage from 2008 Schedule A, Part II, line 14 15 51.99% 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box andtop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. **b 10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box an**dtop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 Covenant Kids, Inc. 75-2889215 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 1 6 7c from line 6) Section B. Total Support (c) 2007 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form 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 inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box andstop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

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

Schedule A	(Form 990	or 990	-EZ) 2	009	Co	vena	nt	Kid	s,	Inc							75-	2889	215		_ Page 4
Part IV	Suppler	nenta	Info	rmat	ion.	Com	plet	e thi	s pa	art to	pro	vide	the	expla	natior	ns red	quired	by F	art II.	, line	0;
	Part II,	ine 17	a or	17b;	and	Part	Ш,	line	12.	Prov	vide	any	othe	er add	itional	Into	rmatio	n. Se	ee ins	structio	ons.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public Inspection

Employer Identification number

Covenant Kids, Inc. 75-2889215 Part | Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06. 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year < Does each conservation easement reported on line 2(d) above satisfy the requirements of section No Yes 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items Revenues included in Form 990, Part VIII, line 1

amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

b Assets included in Form 990, Part X

a Revenues included in Form 990, Part VIII, line 1

▶\$

►\$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following

Schedule D (Form 990) 2009 Cover				75-288				
Part III Organizations Mainta	ining Collection	<u>ns of Art, Histo</u>	<u>rical Treasures,</u>	or Other Similar Ass	ets (continued)			
3 Using the organization's acquisition accession and other records, check any of the following that are a significant use of its collection items (check all that apply)								
a Public exhibition d Loan or exchange programs								
b Scholarly research e Other								
c Preservation for future generations								
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? 								
5 During the year, did the organiza assets to be sold to raise funds i	ition solicit or recei rather than to be m	ve donations of art aintained as part o	, historical treasures f the organization's	s, or other similar collection?	☐ Yes ☐ No			
Part IV Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.								
1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No								
b If 'Yes,' explain the arrangement in Part XIV and complete the following table								
					Amount			
	c Beginning balance							
d Additions during the year				1d				
e Distributions during the year				1e				
f Ending balance		0 D-4 V I 013		<u> 1f </u>				
2a Did the organization include an a		0, Part X, line 217			☐ Yes ☐ No			
b If 'Yes,' explain the arrangement Part V Endowment Funds Co		ration answers	d 'Voc' to Form	990 Part IV June 10	•			
Part V Endowment Funds Co	(a) Current year	(b) Prior year	(c) Two years 1		(e) Four years back			
1 a Beginning of year balance	(a) Current year	(b) Filor year	(C) TWO YEARS I	dack (u) Three years back	(e) rour years back			
b Contributions					7			
c Net Investment earnings, gains, and losses								
d Grants or scholarships				,				
 Other expenditures for facilities and programs 			, ,	*	-			
f Administrative expenses				š .	•			
g End of year balance								
2 Provide the estimated percentage of the year end balance held as								
a Board designated or quasi-endowment ► %								
b Permanent endowment ► %								
c Term endowment >%								
3a Are there endowment funds not	in the possession o	f the organization	that are held and ad	lministered for the				
organization by	• •							
	(i) unrelated organizations 3a(i)							
(ii) related organizations					3a(ii)			
b If 'Yes' to 3a(ıı), are the related of	-				3b			
4 Describe in Part XIV the intende				V line 10				
Part VI Investments—Land, B					(d) Deals Value			
Description of investmen		ost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value			
1a Land	-							
b Buildings				-				
c Leasehold improvements								
d Equipment	 							
e Other	n (d) must sava! Fa	urm 900 Port V aa	lumn (R) line 10(a)) •				
Total. Add lines 1a through 1e (Column BAA	r (u) must equal Fo	IIII 330, FAIL A, CO	iumin (D), ime 10(C)		dule D (Form 990) 2009			
DAA				Scried	adic D (1 01111 990) 2009			

TEEA3302 02/02/10

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

^{2.} FIN 48 Footnote In Part XIV, 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

Sche	edule D (Fòrm 990) 2009 Covenant Kids, Inc.	75-2889215	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Staten	nents	
1	Total revenue (Form 990, Part VIII,column (A), line 12)		732,176.
2	Total expenses (Form 990, Part IX, column (A), line 25)	4,	694,509.
3	Excess or (deficit) for the year Subtract line 2 from line 1		37,667.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities	·	
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		37,667.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e per Return	
1	Total revenue, gains, and other support per audited financial statements		732,176.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
á	Net unrealized gains on investments		
	Donated services and use of facilities 2b		
•	Recoveries of prior year grants 2c		
	1 Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1		732,176.
4	Amounts included on Form 990, Part VIII, line 12, but not on line		
٦,	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		732,176.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expen		7327170.
	Total expenses and losses per audited financial statements		694,509.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	331,303.
	a Donated services and use of facilities		
	e Add Innes 2a through 2d		504 500
3	Subtract line 2e from line 1	3 4,	<u> 594,509.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	CO 4 FOO
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 4,	<u>694,509.</u>
Pai	t XIV Supplemental Information		
line -	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complemation	4, Part IV, lines 16 and 26 ete this part to provide any	, Part V, v additional
BAA	TEEA3304 02/02/10	Schedule D (Fo	m 990) 2009

Schedule D (Form 990) 2009 Covenant Kids, Inc.	75-2889215	Page !
Part XIV Supplemental Information (continued)		<u></u> -
·		

SCHEDULE I (Form 990)

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

1545-0047	
OMB No	

2009

Open to Public Inspection Employer identification number Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

Department of the Treasury Internal Revenue Service	Complete It the organization abswered Tes, to Form 990, Fait IV, Illies 21 of 22.	Open to Public Inspection	tion
Name of the organization	Employer ident	Employer identification number	
Covenant Kids, Inc.	Inc. 75-2889215	215	
Part General In	Part I General Information on Grants and Assistance		
1 Does the organize the selection crite	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	X Yes	° □
2 Describe in Part IV	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States		

Dott I County and Other Spring to Consumer and Owen in the I listed Cited nco to County	ntc and Orasni	tial odt at onother	ad Ctates Complete	toriacono odt ti o	OV' boyourage ac	- +0 Form	
990, Part IV, line 21 for any recipient that received more than \$5,0 Part IV, and Schedule I.1 (Form 990) if additional space is needed	ite to doverning by recipient that re Form 990) if addit	eceived more th	more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	his box if no one r	ecipient received	more than \$5,000	. Use
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	(3) and government or	ganizations					

		BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
		Form
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	other	aper
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	er to	Priv
	3 Enter total number of other organizations	For
	က	BAA

Schedule I (Form 990) 2009

Page 2 **Partill** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 75-2889215 Covenant Kids, Inc. Schedule I (Form 990) 2009

(f) Description of non cash assistance Ration Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. The organization does not give grants or assistance to other organizations. (e) Method of valuation (book, FMV, appraisal, other) The assistance is provided to the families that provide foster care. The foster families receive monthly assistance based on the number of days care provided to the child. The amount of assistance is 0 (d) Amount of non cash assistance _dependent_upon_the_child's_level_of_care. 2,049,424 (c) Amount of cash grant 189 (b) Number of recipients (a) Type of grant or assistance Foster care assistance Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2 Pt_I_Line_2

BAA

Schedule I (Form 990) 2009

SCHEDULE'L (Form 990 or 990-EZ)

Transactions with Interested Persons

2009

Department of the Treasury Internal Revenue Service

or 990-EZ.

► Complete if the organization answered
'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

	One Property
<	Open to rubite
	Inspection

OMB No 1545-0047

Covenant Kids, Inc						I .				mber		
							5-288				_	
Partil Excess Benefit Transaction Complete if the organization answer	s (sectored 'Yes	tion 501(' on Form	(c)(3) a 990, Par	and section t IV, line 25a o	501(c)(or 25b, or	4) organıza Form 990-EZ,	ations Part V	only , line	/). 40b.			
					(L) D						(c) Cor	rected?
1 (a) Name of disqualified person		-			(b) Description	on of transaction	<u>.</u>				Yes	No
						_						
								·				
2 Enter the amount of tax imposed on the section 4958	organiza	tion mana	gers or	disqualified pe	ersons du	ring the year	under	► \$				
3 Enter the amount of tax, if any, on line 2				organization				▶ \$				
Partili Loans to and/or From Inter				L IV 1 00	F 004) [7 D	20.					
Complete if the organization answe	red Yes	on Form	990, Par	t IV, line 26 or	Form 990	J-EZ, Part V, I	ine 388	ì.				
(a) Name of interested person and purpose	(b) Loan the orga	to or from anization?	o or from (c) Original principal amount		(d) B	alance due	(e) In d	lefault?	(f) App by boa	ard or	(g) W agree	/ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
Dennis Erinakes Operating Cas	h X			65,000.		65,000.		Х	Х		Х	
Daniel Lund Employee Advanc	е	X		1,341.		1,341.	ļ	Х	Х		Х	
	 						ļ					<u> </u>
												<u> </u>
	 					•	ļ					
Total				▶ \$		66,341.	11 112			32.		
Part III Grants or Assistance Bene	fitting l	ntereste	d Pers	ons.			10.1 - 3000	A. M. TV . 178	2007-2000	·	**************************************	<u> </u>
Complete if the organization	answ	ered 'Ye	s' on F	orm 990, P	art IV, I	ine 27.						
(a) Name of interested person		(b) Relationship between interested person and the organization (d		(c) Amount and type of assistance								
	1										<u></u>	
, , , , , , , , , , , , , , , , , , ,											_	
								•		-		
Partily Business Transactions Inventor Complete if the organization	olving I	Intereste	d Pers	s ons. orm 990, Pa	art IV, lı	ne 28a, 28	b, or	 28c.	·			·
(a) Name of interested person	(b) R intere	Relationship between rested person and the organization		n (c) Amount of		(d) Description of transaction		ection		(e) Sha organiz reven		
				-					<u>.</u>		Yes	No
Daniel Lund	Family	Member of I	Orector	_5(6,929.	Employme	ent					X
	_											
					orm 990	<u> </u>	edule					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

> Attach to Form 990.

Covenant Kids, Inc.	75-2889215
Pt_VI-A, Line 2 _ William Lund and Karen_Lund have a	family relationship.
Pt_VI-A, Line 2 Ron Schmidt and Pam Schmidt have a	family relationship.
Pt_VI-A, Line_2 _ Waymon Williams and Judy Williams h	ave a family relationship
Pt_VI-B, Line 11A The Form 990 is e-mailed to the boa	rd for review
before filing	
Pt_VI-B, Line 12c Potential conflicts of interest are	_disclosed_to_the
board. They are reviewed by the bo	ard, and their
decision is enforced.	
Pt VI-B, Line 15 The organization uses a salary surv	ey to set the salary
for the CEO and comparative data to	_set_the_salary
for the rest of the board members t	hat are compensated.
The salaries are approved by the in	dependent members
of the board.	
Pt VI-C, Line 19 The organization makes the governin	g documents, financial
statements, and conflict of interes	t policy available
upon_request	

TEEA4901 07/17/09