

**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)

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

**A For the 2010 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>EPWORTH CHILDREN &amp; FAMILY SERVICES, INC.</b>		<b>D Employer identification number</b> <b>43-1069741</b>
	Doing Business As		<b>E Telephone number</b> <b>314.918.5718</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>110 NORTH ELM AVENUE</b>		<b>G Gross receipts \$</b> <b>13,968,217.</b>
City or town, state or country, and ZIP + 4 <b>SAINT LOUIS, MO 63119</b>		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F Name and address of principal officer:</b> <b>KEVIN DROLLINGER</b> <b>SAME AS C ABOVE</b>		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ <b>WWW.EPWORTH.ORG</b>			
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>1976</b> <b>M State of legal domicile:</b> <b>MO</b>	

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO HELP YOUTH AND FAMILIES FIND STRENGTHS, BREAK THROUGH OBSTACLES, AND BUILD BRIGHTER FUTURES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>44</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>44</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>255</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>987</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>2,397,718.</b>	<b>3,367,079.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,442,535.</b>	<b>6,726,288.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>-83,316.</b>	<b>202,782.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,756.</b>	<b>-52,236.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>8,759,693.</b>	<b>10,243,913.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>6,943,605.</b>	<b>7,091,821.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>609,944.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>2,895,556.</b>	<b>2,890,724.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>9,839,161.</b>	<b>9,982,545.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-1,079,468.</b>	<b>261,368.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>12,765,630.</b>	<b>12,614,856.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,176,274.</b>	<b>438,764.</b>
		<b>11,589,356.</b>	<b>12,176,092.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	▶ Signature of officer	Date			
	<b>KEVIN DROLLINGER, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ANTHONY J. CALECA</b>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ <b>BROWN SMITH WALLACE, L.L.C.</b>	Firm's address ▶ <b>1050 N. LINDBERGH BLVD. ST. LOUIS, MO 63132-2912</b>	Firm's EIN ▶	Phone no. <b>314.983.1200</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: TO HELP YOUTH AND FAMILIES FIND STRENGTHS, BREAK THROUGH OBSTACLES, AND BUILD BRIGHTER FUTURES.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,044,921. including grants of \$ ) (Revenue \$ 3,236,206.) MULTIPLE LEVELS OF RESIDENTIAL CARE ARE OFFERED FOR YOUTH BETWEEN THE AGES OF 11-18 WHO ARE EXPERIENCING EMOTIONAL, BEHAVIORAL OR MENTAL CHALLENGES. MANY OF THESE YOUTH COME TO EPWORTH WITH HISTORIES OF NEGLECT AND PHYSICAL, SEXUAL OR EMOTIONAL ABUSE. THEY ARE COMMONLY IN THE CUSTODY OF THE MISSOURI DEPARTMENT OF SOCIAL SERVICES CHILDREN'S DIVISION AND FREQUENTLY PRESENT WITH LOWER THAN AVERAGE IQ SCORES. INTENSIVE, INDIVIDUAL, GROUP AND FAMILY INTERVENTIONS WITH LICENSED THERAPISTS OCCUR WHILE YOUTH LIVE IN A SUPERVISED, STRUCTURED SETTING. PSYCHIATRIC AND NURSING SERVICES ARE PROVIDED ALONG WITH RECREATION THERAPY. OUR THERAPEUTIC APPROACH FOCUSES ON DISCOVERING THE STRENGTH WITHIN EACH CHILD IN ORDER TO BUILD HIS OR HER SELF-CONFIDENCE AND FACILITATE HEALING. THE GOAL OF EACH INDIVIDUALIZED TREATMENT PLAN IS

4b (Code: ) (Expenses \$ 1,293,559. including grants of \$ ) (Revenue \$ 1,303,877.) STUDENTS AGES 7-21 WHO ARE EXPERIENCING EMOTIONAL, BEHAVIORAL AND MENTAL DISORDERS OR WHO HAVE LEARNING DISABILITIES ARE REFERRED TO EPWORTH'S SPECIAL EDUCATION SCHOOL AFTER COMMUNITY SCHOOLS HAVE EXHAUSTED ALL OTHER ALTERNATIVES. IT IS THE COMBINATION AND INTENSITY OF THE EDUCATIONAL AND EMOTIONAL NEEDS OF THESE YOUTH ALONGSIDE THE INABILITY OF THEIR FAMILIES TO AFFORD PRIVATE SERVICES THAT TYPICALLY LEADS TO PLACEMENT IN EPWORTH'S SPECIAL EDUCATION PROGRAM. WHEN THE YOUTH'S HOME SCHOOL DISTRICT IS NO LONGER ABLE TO EFFECTIVELY MEET THEIR EMOTIONAL AND ACADEMIC NEEDS, EPWORTH'S HOLISTIC APPROACH HELPS STRUGGLING STUDENTS ACHIEVE MILESTONES PRESCRIBED IN THEIR INDIVIDUALIZED EDUCATION PLANS. THROUGH INDIVIDUAL THERAPY, DAILY PHYSICAL EDUCATION AND INTERACTIVE CLASSROOMS WITH 1:4 STAFF TO STUDENT

4c (Code: ) (Expenses \$ 1,197,995. including grants of \$ ) (Revenue \$ 1,202,920.) YOUTH BETWEEN THE AGES OF 16 AND 21 RECEIVE ACCESS TO SAFE AND APPROPRIATE HOUSING, LIFE SKILLS TRAINING, EDUCATIONAL AND VOCATIONAL SUPPORT, AND HEALTH CARE IN ADDITION TO EMOTIONAL SUPPORT AND FINANCIAL ASSISTANCE AS THEY LEARN TO LIVE SELF-SUFFICIENTLY. SUPPORT IS GRADUALLY REDUCED AS YOUTH LEARN TO ACCESS RESOURCES INDEPENDENTLY. THESE PROGRAMS ARE DESIGNED FOR YOUTH TO LEARN THE SKILLS NEEDED TO BE SUCCESSFUL, INDEPENDENT ADULTS. PARTICIPANTS HAVE TO BE WILLING AND ABLE TO DEMONSTRATE HEALTHY DECISION-MAKING SKILLS WHETHER SUPERVISED OR UNSUPERVISED. THE SPECIFIC GOALS OF THE PROGRAM ARE TO PREVENT YOUTH FROM TURNING TO DRUGS, ALCOHOL OR CRIME IN ORDER TO SURVIVE, TO TEACH YOUTH TO BE SELF-SUFFICIENT THROUGH ACCOUNTABILITY FOR THEIR CHOICES, AND TO PROVIDE YOUTH THE INSTRUCTION AND RESOURCES TO DEVELOP

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,722,776. including grants of \$ ) (Revenue \$ 983,285.)

4e Total program service expenses 8,259,251.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> 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 "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	X	
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, prohibited transactions, and 501(c)(7), (12), and (29) organizations.

**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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b>	4	4
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b>	4	4
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

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

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE ORGANIZATION - 314.918.5718**  
**110 NORTH ELM AVENUE, SAINT LOUIS, MO 63119**

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROB HERHOLD CHAIR	10.00	X		X				0.	0.	0.
KENT KNICKMEYER PAST CHAIR	2.00	X		X				0.	0.	0.
AMY BERG CHAIR-ELECT	2.00	X		X				0.	0.	0.
KATHY WEYHRICH TREASURER	2.00	X		X				0.	0.	0.
SHEILA SLEDGE SECRETARY	2.00	X		X				0.	0.	0.
SUE ENGELHARDT DIRECTOR	1.00	X						0.	0.	0.
PAT ESSERMAN DIRECTOR	1.00	X						0.	0.	0.
KRISTIN GIPSON DIRECTOR	1.00	X						0.	0.	0.
ANN GUNN-COGSHELL DIRECTOR	1.00	X						0.	0.	0.
KEVIN HEMENWAY DIRECTOR	1.00	X						0.	0.	0.
CASTELLA HENDERSON DIRECTOR	1.00	X						0.	0.	0.
JAMES HILL DIRECTOR	1.00	X						0.	0.	0.
BILL JENKINS DIRECTOR	1.00	X						0.	0.	0.
DR. ANN JOHANSON DIRECTOR	1.00	X						0.	0.	0.
BRYAN LEMOINE DIRECTOR	1.00	X						0.	0.	0.
JAY LEVITT DIRECTOR	1.00	X						0.	0.	0.
DIANE MCCUAIG DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CHIP MISKO DIRECTOR	1.00	X					0.	0.	0.	
WHITNEY PENNINGTON DIRECTOR	1.00	X					0.	0.	0.	
JIM RITTS DIRECTOR	1.00	X					0.	0.	0.	
SCOTT SEIFFERT DIRECTOR	1.00	X					0.	0.	0.	
REP. RICK STREAM DIRECTOR	1.00	X					0.	0.	0.	
TIM WALSH DIRECTOR	1.00	X					0.	0.	0.	
VALARIE WILLIAMS DIRECTOR	1.00	X					0.	0.	0.	
JOHN WOOD DIRECTOR	1.00	X					0.	0.	0.	
REP. JAKE ZIMMERMAN DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							263,527.	0.	17,254.	
<b>d Total (add lines 1b and 1c)</b>							263,527.	0.	17,254.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
H & M MANAGEMENT 35 TODDINGTON TERRACE, ST. LOUIS, MO 63128	FOOD SERVICE	207,060.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REV. CARL SCHENCK DIRECTOR	1.00	X					0.	0.	0.	
TERRY PRINCE DIRECTOR	1.00	X					0.	0.	0.	
AMB. GEORGE HERBERT WALKER III DIRECTOR	1.00	X					0.	0.	0.	
LINDA HOLLIDAY DIRECTOR	1.00	X					0.	0.	0.	
SUSAN BLOCK DIRECTOR	1.00	X					0.	0.	0.	
JASON HUNTER DIRECTOR	1.00	X					0.	0.	0.	
LOUISE BLOOD EX-OFFICIO	0.00	X					0.	0.	0.	
GLORIA JONES EX-OFFICIO	1.00	X					0.	0.	0.	
YVETTE RICHARDS EX-OFFICIO	0.00	X					0.	0.	0.	
BISHOP ROBERT SCHNASE EX-OFFICIO	0.00	X					0.	0.	0.	
REV. KURT SCHUERMAN EX-OFFICIO	0.00	X					0.	0.	0.	
BILL BUSCH DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
KATIE CLOYD DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
JULIA GRUBB DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
JANE PAINE DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
GENE ROBERTSON DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
JERRY RUTH WILLIAMS DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
BARBARA BUSH DIRECTOR EMERITUS	1.00	X					0.	0.	0.	
KEVIN DROLLINGER EXECUTIVE DIRECTOR	40.00			X			177,894.	0.	8,502.	
KARI CHAPMAN CHIEF FINANCIAL OFFICER	40.00			X			85,633.	0.	8,752.	
Total to Part VII, Section A, line 1c							263,527.		17,254.	

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	429,100.				
	b	Membership dues	1b					
	c	Fundraising events	1c	426,250.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	770,351.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	174,137.8.				
	g	Noncash contributions included in lines 1a-1f: \$		115,180.				
	h	<b>Total.</b> Add lines 1a-1f		336,707.9.				
	Program Service Revenue	2 a	<b>RESIDENTIAL TREATMENT</b>	Business Code 624100	323,620.6.	323,620.6.		
b		<b>SUPPLEMENTARY EDUCATIO</b>	611600	130,387.7.	130,387.7.			
c		<b>COMMUNITY LIVING</b>	624100	120,292.0.	120,292.0.			
d		<b>FOSTER CARE</b>	623990	493,584.	493,584.			
e		<b>EMERGENCY SHELTER</b>	624200	407,742.	407,742.			
f		All other program service revenue	624100	81,959.	81,959.			
g		<b>Total.</b> Add lines 2a-2f		672,628.8.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		107,507.			107,507.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		16,130.			16,130.	
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 426,250. of contributions reported on line 1c). See Part IV, line 18	a		33,075.			
		b	Less: direct expenses	b	121,318.			
c		Net income or (loss) from fundraising events		-88,243.			-88,243.	
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	<b>MISCELLANEOUS INCOME</b>	900099		19,877.			19,877.	
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			19,877.				
12	<b>Total revenue.</b> See instructions.			10,243,913.	672,628.8.	0.	150,546.	

**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 lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	263,527.		183,527.	80,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	5,633,123.	4,785,065.	465,112.	382,946.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	737,702.	627,964.	65,371.	44,367.
10 Payroll taxes .....	457,469.	385,965.	44,235.	27,269.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	6,944.	3,850.	2,974.	120.
c Accounting .....	55,700.	30,882.	23,854.	964.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	541,450.	424,833.	108,128.	8,489.
12 Advertising and promotion .....				
13 Office expenses .....	290,837.	227,614.	25,647.	37,576.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	434,688.	400,037.	28,975.	5,676.
17 Travel .....	57,769.	51,036.	4,857.	1,876.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	155,970.	124,805.	16,351.	14,814.
20 Interest .....	14,014.		14,014.	
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	557,325.	468,536.	88,789.	
23 Insurance .....	72,318.	72,318.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>CLIENT SERVICE EXPENSES</b> .....	656,047.	655,657.	0.	390.
b <b>MISCELLANEOUS EXPENSE</b> .....	41,672.	689.	35,526.	5,457.
c <b>BAD DEBT EXPENSE</b> .....	5,990.		5,990.	
d .....				
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	9,982,545.	8,259,251.	1,113,350.	609,944.
26 <b>Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	273,215.	<b>1</b>	254,453.	
	<b>2</b> Savings and temporary cash investments .....	160,219.	<b>2</b>		
	<b>3</b> Pledges and grants receivable, net .....	1,174,778.	<b>3</b>	898,881.	
	<b>4</b> Accounts receivable, net .....	852,969.	<b>4</b>	1,041,052.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				<b>5</b>
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....				<b>6</b>
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	103,960.	<b>9</b>	200,432.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 8,573,136.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,800,137.	4,007,198.	<b>10c</b>	3,772,999.
	<b>11</b> Investments - publicly traded securities .....	4,360,244.	<b>11</b>	4,405,079.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,833,047.	<b>15</b>	2,041,960.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	12,765,630.	<b>16</b>	12,614,856.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	357,563.	<b>17</b>	351,226.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....	50,000.	<b>19</b>	50,000.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	768,711.	<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	0.	<b>25</b>	37,538.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,176,274.	<b>26</b>	438,764.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	6,512,036.	<b>27</b>	6,871,189.	
	<b>28</b> Temporarily restricted net assets .....	1,850,446.	<b>28</b>	1,900,215.	
	<b>29</b> Permanently restricted net assets .....	3,226,874.	<b>29</b>	3,404,688.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	11,589,356.	<b>33</b>	12,176,092.	
<b>34</b> Total liabilities and net assets/fund balances .....	12,765,630.	<b>34</b>	12,614,856.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,243,913.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,982,545.
3	Revenue less expenses. Subtract line 2 from line 1	3	261,368.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,589,356.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	325,368.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	12,176,092.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

<b>Name of the organization</b> EPWORTH CHILDREN & FAMILY SERVICES, INC.	<b>Employer identification number</b> 43-1069741
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An 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.)
  - 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
    - a  Type I
    - b  Type II
    - c  Type III - Functionally integrated
    - d  Type III - Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,596,269.	4,206,060.	3,942,977.	2,397,718.	3,367,079.	16,510,103.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,596,269.	4,206,060.	3,942,977.	2,397,718.	3,367,079.	16,510,103.
<b>5</b> 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) .....						1,724,282.
<b>6 Public support.</b> Subtract line 5 from line 4.						14,785,821.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	2,596,269.	4,206,060.	3,942,977.	2,397,718.	3,367,079.	16,510,103.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	154,110.	151,189.	182,184.	154,799.	123,637.	765,919.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	189,796.	206,576.	128,616.	-35,096.	-88,243.	401,649.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	91,183.	18,992.	6,027.	20,181.	19,877.	156,260.
<b>11 Total support.</b> Add lines 7 through 10						17,833,931.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b> 34,799,161.	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	82.91	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	83.22	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**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, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**EPWORTH CHILDREN & FAMILY SERVICES, INC.**

Employer identification number

**43-1069741**

**Part I 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) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 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.

**Part III 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 (ASC 958), 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 (ASC 958), 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:

(i) Revenues included in 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, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X .....

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,987,480.	5,681,766.	6,598,829.		
b Contributions		2,680.	2,749,295.		
c Net investment earnings, gains, and losses	452,135.	-1,615,488.	-937,864.		
d Grants or scholarships					
e Other expenditures for facilities and programs	56,617.	81,478.	2,713,972.		
f Administrative expenses			14,522.		
g End of year balance	4,382,998.	3,987,480.	5,681,766.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100.00 %
  - c Term endowment  \_\_\_\_\_ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) unrelated organizations  \_\_\_\_\_
  - (ii) related organizations  \_\_\_\_\_
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  \_\_\_\_\_

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		6,910,052.	3,600,079.	3,309,973.
c Leasehold improvements				
d Equipment		1,652,733.	1,200,058.	452,675.
e Other		10,351.		10,351.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,772,999.

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

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

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN TRUSTS</b>	<b>2,041,960.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	<b>2,041,960.</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) <b>GIFT ANNUITY LIABILITY</b>	<b>31,002.</b>	
(3) <b>SECTION 457 PLAN</b>	<b>6,536.</b>	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>37,538.</b>	

**2.** FIN 48 (ASC 740) 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 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,243,913.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,982,545.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	261,368.
4	Net unrealized gains (losses) on investments	4	325,368.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	325,368.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	586,736.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	10,779,350.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	325,368.
b	Donated services and use of facilities	2b	89,600.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	121,319.
e	Add lines 2a through 2d	2e	536,287.
3	Subtract line 2e from line 1	3	10,243,063.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	850.
c	Add lines 4a and 4b	4c	850.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,243,913.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	10,192,614.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	89,600.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	120,469.
e	Add lines 2a through 2d	2e	210,069.
3	Subtract line 2e from line 1	3	9,982,545.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	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	9,982,545.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE INTEREST INCOME FROM THE PERMANENT ENDOWMENT IS**

**RESTRICTED FOR GENERAL OPERATIONS AND FACILITY IMPROVEMENTS.**

**PART X, LINE 2: THE ORGANIZATION HAS ADDRESSED THE PROVISIONS OF ASC**

**740, ACCOUNTING FOR INCOME TAXES. IN THAT REGARD, THE ORGANIZATION HAS**

**EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, PROPOSED**

**SETTLEMENTS, CHANGES IN TAX LAW AND THE NEW AUTHORITATIVE RULINGS AND**

**BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY, AT THIS TIME, TO**

**Part XIV** Supplemental Information (continued)

COVER ANY UNCERTAIN TAX POSITIONS.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED AGAINST SPECIAL EVENT REVENUE 121,319.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

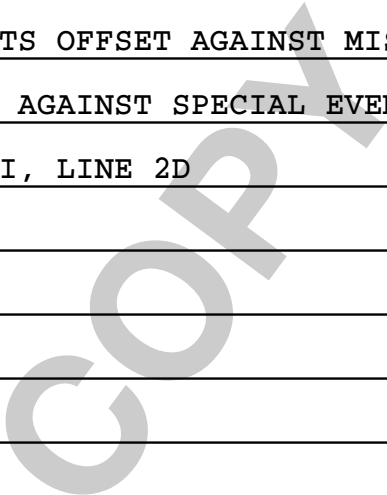
REALIZED GAIN ON SALE OF ASSETS OFFSET AGAINST MISC EXPENSE 850.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

REALIZED GAIN ON SALE OF ASSETS OFFSET AGAINST MISC EXPENSE -850.

SPECIAL EVENT EXPENSES NETTED AGAINST SPECIAL EVENT REVENUE 121,319.

TOTAL TO SCHEDULE D, PART XIII, LINE 2D 120,469.





**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PILLAR OF STRENGTH AWAMATCH & DIN (event type)	CHARITY POLO MATCH & DIN (event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....	431,099.	28,226.		459,325.
	<b>2</b> Less: Charitable contributions .....	398,024.	28,226.		426,250.
	<b>3</b> Gross income (line 1 minus line 2) .....	33,075.			33,075.
Direct Expenses	<b>4</b> Cash prizes .....	0.	0.		
	<b>5</b> Noncash prizes .....	1,805.	0.		1,805.
	<b>6</b> Rent/facility costs .....	4,697.	2,442.		7,139.
	<b>7</b> Food and beverages .....	31,083.	599.		31,682.
	<b>8</b> Entertainment .....	18,540.	1,000.		19,540.
	<b>9</b> Other direct expenses .....	47,506.	13,646.		61,152.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 121,318 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-88,243.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17** Mandatory distributions:
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization

**EPWORTH CHILDREN & FAMILY SERVICES, INC.**

Employer identification number

**43-1069741**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input checked="" type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>X</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>		<b>X</b>								
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p>	<b>4a</b>	<b>X</b>								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	<b>4b</b>	<b>X</b>								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	<b>X</b>								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>	<b>5a</b>	<b>X</b>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5b</b>	<b>X</b>								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>	<b>6a</b>	<b>X</b>								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6b</b>	<b>X</b>								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<b>X</b>								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

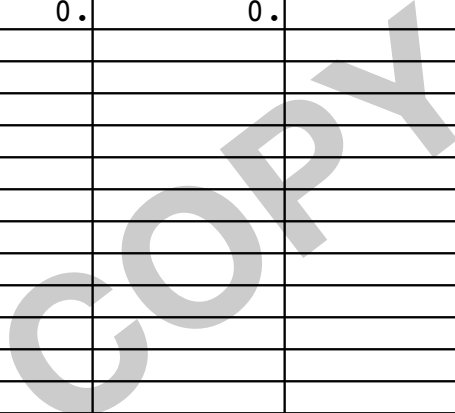
Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN DROLLINGER	(i)	156,794.	14,500.	6,600.	500.	8,002.	186,396.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part III Supplemental Information**

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

PART I, LINE 1A: AS PART OF THE COMPENSATION ARRANGEMENT, THE EXECUTIVE  
DIRECTOR IS PROVIDED AN AUTOMOBILE ALLOWANCE. THE ALLOWANCE IS A  
NON-ACCOUNTABLE PLAN AND IS THEREFORE INCLUDED IN THE EXECUTIVE DIRECTOR'S  
TOTAL COMPENSATION.

COPY

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
**EPWORTH CHILDREN & FAMILY SERVICES, INC.**

Employer identification number  
**43-1069741**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....	X	1	10,400.	FMV
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	10	76,124.	FMV
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( <u>PROPERTY IMPR</u> ) .....	X	1	28,656.	FMV
26 Other ▶ ( _____ ) .....				
27 Other ▶ ( _____ ) .....				
28 Other ▶ ( _____ ) .....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE  
NUMBER OF CONTRIBUTORS.

COPY

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

EPWORTH CHILDREN & FAMILY SERVICES, INC.

Employer identification number

43-1069741

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TO EMPOWER YOUTH TO SUCCEED AND BECOME PRODUCTIVE MEMBERS OF THE  
COMMUNITY. THE RESIDENTIAL TREATMENT PROGRAM SERVED APPROXIMATELY 178  
YOUTH AND FAMILIES IN 2010.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RATIO, EPWORTH'S STAFF IS ABLE TO NOT ONLY TEACH REQUIRED COURSES BUT  
TO DEVELOP A ONE-ON-ONE RAPPORT WITH EACH STUDENT. THE GOAL IS TO  
ASSIST YOUTH IN GAINING THE NECESSARY BEHAVIORAL AND ACADEMIC SKILLS TO  
ALLOW THEM TO SUCCESSFULLY TRANSITION BACK TO AND GRADUATE FROM THEIR  
COMMUNITY SCHOOL. THE SPECIAL EDUCATION PROGRAM SERVED 122  
INDIVIDUALS DURING 2010.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

LIFE MANAGEMENT SKILLS, INDEPENDENT LIVING SKILLS, EDUCATIONAL AND  
VOCATIONAL GOALS AND HEALTHY SUPPORT NETWORKS. THE INDEPENDENT AND  
TRANSITIONAL LIVING PROGRAMS SERVED 93 INDIVIDUALS DURING 2010.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

YOUTH EMERGENCY SERVICE (YES), EPWORTH'S CRISIS CARE PROGRAM, PROVIDES  
EMERGENCY SHELTER, FOOD, CLOTHING, THERAPY AND EDUCATIONAL ASSISTANCE  
TO HOMELESS AND RUN-AWAY YOUTH, AGES 11 - 21, AND OPERATES A 24-HOUR  
HELPLINE TO SERVE YOUTH AND FAMILIES IN CRISIS. ALL PROGRAM  
PARTICIPATION IS VOLUNTARY. YES PROVIDES AT-RISK TEENAGERS, MOST OF  
WHOM HAVE EXPERIENCED ABUSE OR NEGLECT, WITH SERVICES THAT ASSIST THEM  
TO OVERCOME DIFFICULT SITUATIONS. THE CORE COMPONENTS OF THE PROGRAM

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, INC.	Employer identification number 43-1069741
--	--

INVOLVE ASSISTING YOUTH TO MANAGE DEPRESSION, CONTINUE THEIR EDUCATION, AVOID UNSAFE PRACTICES, AND GAIN SELF-ESTEEM. THE PROGRAM ALSO PROVIDES RESPITE SERVICES TO ASSIST FAMILIES DURING STRESSFUL PERIODS BY FACILITATING FAMILY THERAPY. IDENTIFYING AND ACCESSING RESOURCES TO ALLEVIATE STRESSORS THAT MAY TRIGGER ABUSIVE AND/OR NEGLECTFUL BEHAVIOR IS CRITICAL TO THE GOAL OF RE-UNIFYING YOUTH WITH THEIR FAMILIES WHENEVER APPROPRIATE. THE YOUTH EMERGENCY SERVICE CRISIS SHELTER SERVED 230 INDIVIDUALS DURING 2010.

EXPENSES \$ 673,358. INCLUDING GRANTS OF \$ 0. REVENUE \$ 407,742.

CASE MANAGEMENT SERVICES FOR CHILDREN AGES BIRTH - 21 WHO ARE IN THE CUSTODY OF THE MISSOURI DEPARTMENT OF SOCIAL SERVICES, CHILDREN'S DIVISION ARE OFFERED IN FOSTER HOMES. YOUTH RECEIVE APPROPRIATE HEALTHCARE, POSITIVE BEHAVIORAL ROLE MODELING AND ACCESS TO EDUCATION FROM LICENSED CARE GIVERS UNTIL THEY CAN BE REUNITED WITH BIOLOGICAL RELATIVES OR ADOPTED. PERMANENT PLACEMENTS FOR FOSTER CHILDREN ARE SOUGHT THROUGH A MULTI-AGENCY PARTNERSHIP THAT FOCUSES ON MATCHING THE UNIQUE NEEDS OF EACH CHILD. THE FOSTER CARE PROGRAM SERVED 65 YOUTH AND FAMILIES DURING 2010.

EXPENSES \$ 494,851. INCLUDING GRANTS OF \$ 0. REVENUE \$ 493,584.

BOTH THE AGING OUT AND CHAFEE PROGRAMS ARE DESIGNED TO SUPPORT YOUTH AND ASSIST THEM IN PREPARING FOR ADULTHOOD. BECAUSE FOSTER YOUTH OFTEN EXPERIENCE UNSTABLE HOME ENVIRONMENTS AND ABUSIVE CIRCUMSTANCES, MANY HAVE EMOTIONAL, BEHAVIORAL, AND /OR PHYSICAL HEALTH CHALLENGES. THE GOAL IS FOR YOUNG PEOPLE LEAVING THE FOSTER CARE SYSTEM TO BE ECONOMICALLY SELF-SUSTAINING, TO BE ABLE TO IDENTIFY AND ACCESS NEEDED RESOURCES AND TO HAVE STRONG INTERPERSONAL CONNECTIONS AND

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, INC.	Employer identification number 43-1069741
--	--

SELF-CONFIDENCE. SPECIFICALLY, THE AGING OUT INITIATIVE IS YOUTH-DRIVEN AND FOCUSES ON TEACHING SELF-ADVOCACY, ACHIEVING EDUCATIONAL GOALS (HIGH SCHOOL DIPLOMA/GED), AND ACQUIRING VITAL PERSONAL DOCUMENTATION. LEGAL AND PERSONAL DOCUMENTS ARE COMPILED IN A LIFE BINDER FOR EACH YOUTH SO THAT HE OR SHE MAY OBTAIN EMPLOYMENT OR REGISTER FOR SCHOOL. THE CHAFEE PROGRAM IS AVAILABLE TO YOUTH BETWEEN 14 - 21 YEARS OF AGE. THEY RECEIVE TRAINING AND SUPPORT GEARED TOWARD DEVELOPING INDEPENDENT LIVING SKILLS. THEY MAY ACCESS COMPUTERS, PHONES, LAUNDRY FACILITIES AND RESOURCE PERSONNEL AT THE DROP-IN CENTER. THE AGING OUT INITIATIVE AND CHAFEE PROGRAM SERVED APPROXIMATELY 579 INDIVIDUALS DURING 2010. EXPENSES \$ 554,567. INCLUDING GRANTS OF \$ 0. REVENUE \$ 81,959.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF THE FORM 990 WAS EMAILED TO THE MEMBERS OF THE BOARD PRIOR TO FILING. KARI CHAPMAN, THE CHIEF FINANCIAL OFFICER OF EPWORTH, AND JIM RITTS, A CURRENT MEMBER OF THE BOARD AND A CERTIFIED PUBLIC ACCOUNTANT WITH SIGNIFICANT EXPERIENCE PREPARING RETURNS FOR TAX EXEMPT ENTITIES, REVIEWED THE RETURN BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND KEY EMPLOYEES MUST COMPLETE A RELATIONSHIP/INDEPENDENCE QUESTIONNAIRE ANNUALLY TO IDENTIFY ANY CONFLICTS OF INTEREST. IN THE EVENT THAT THE ORGANIZATION CONDUCTS OR IS ABOUT TO CONDUCT BUSINESS WITH ANY ENTITY IN WHICH A DIRECTOR HAS A MATERIAL (FINANCIAL OR PERSONAL) INTEREST OR A BUSINESS RELATIONSHIP FROM WHICH THE DIRECTOR SHALL GAIN A MATERIAL (FINANCIAL OR PERSONAL) BENEFIT, THE DIRECTOR MUST REVEAL TO THE BOARD OF DIRECTORS HIS OR HER RELATIONSHIP TO THAT ENTITY, SO THAT THE BOARD MAY TAKE IT INTO CONSIDERATION IN DETERMINING WHETHER OR NOT THE CORPORATION SHALL DO

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, INC.	Employer identification number 43-1069741
--	--

BUSINESS WITH THE ENTITY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS OF EPWORTH CHILDREN & FAMILY SERVICES SITS AS THE COMPENSATION COMMITTEE. ON AN ANNUAL BASIS, IN THE TWO MONTHS FOLLOWING THE END OF THE FISCAL YEAR, THE COMMITTEE:

- ASSIGNS A COMMITTEE MEMBER TO SERVE AS COMPENSATION COMMITTEE CHAIR
- REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR BASED ON ACHIEVEMENTS AGAINST THE SCORECARD, ASSIGNED GOALS, AND ESTABLISHED COMPETENCIES
- PROVIDES A WRITTEN REVIEW WHICH IS DELIVERED TO THE EXECUTIVE DIRECTOR IN PERSON BY THE BOARD CHAIR AS WELL AS THE COMMITTEE MEMBER ASSIGNED AS COMPENSATION COMMITTEE CHAIR
- REVIEWS APPROPRIATE MARKET DATA ON COMPENSATION FOR EXECUTIVE DIRECTORS AT SIMILAR NOT-FOR-PROFIT ORGANIZATIONS, AS SUPPLIED AND ANALYZED BY THE COMPENSATION COMMITTEE CHAIR
- DETERMINES ANY CHANGE IN COMPENSATION FOR THE EXECUTIVE DIRECTOR BASED ON MARKET DATA, INTERNAL EQUITY, AFFORDABILITY, AND JOB PERFORMANCE

THE COMMITTEE HAS THE LATITUDE TO PROVIDE A CHANGE IN BASE PAY, A BONUS, A LUMP-SUM "MERIT" INCREASE, AN INCREASE IN ALLOWANCES OR NON-CASH COMPENSATION. THE COMPENSATION COMMITTEE CHAIR IS RESPONSIBLE FOR OVERSEEING IMPLEMENTATION OF ANY PAY CHANGE THROUGH COMMUNICATION WITH THE CFO. THE EXECUTIVE COMMITTEE APPROVES AND PRESENTS TO THE BOARD OF DIRECTORS THE BUDGET FOR EACH FISCAL YEAR, WHICH INCLUDES THE BUDGET FOR INCREASES AND FOR ALL KEY EMPLOYEES AS WELL AS OTHER EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: EPWORTH MAKES ITS GOVERNING

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES, INC.	Employer identification number 43-1069741
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DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REASONABLE WRITTEN REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 325,368.

FORM 990, PART XI, LINE 2C:

THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE CURRENT TAX YEAR.

SCH. G, PART II, DESCRIPTION OF FUNDRAISING EVENTS

EPWORTH UTILIZES A DIVERSE APPROACH TO FUNDRAISING. TRADITIONALLY THERE ARE 2 PRIMARY SPECIAL EVENTS EACH YEAR. THE PILLAR OF STRENGTH AWARD DINNER RECOGNIZES AN INDIVIDUAL WHO DEMONSTRATES A COMMITMENT TO YOUTH, THE ABILITY TO POSITIVELY INFLUENCE OTHERS AND A WILLINGNESS TO GIVE SELFLESSLY FOR THE BENEFIT OF THOSE WHO ARE IN NEED. SPONSORS UNDERWRITE THE EXPENSES ASSOCIATED WITH CONDUCTING THE EVENT AND GUESTS CONTRIBUTE FINANCIAL SUPPORT. PAST HONOREES INCLUDE GREG AND LISA BOYCE, AMBASSADOR GEORGE HERBERT WALKER AND SUE ENGELHARDT. THE SECOND EVENT IS DESIGNED TO CULTIVATE DONORS AND VOLUNTEERS WHILE ALSO ATTRACTING NEW SUPPORTERS. THE ANNUAL POLO MATCH IS A FAMILY EVENT HELD OUTDOORS, AND IT FEATURES A LIVE POLO MATCH ALONG WITH CHILDREN'S ACTIVITIES AND DEMONSTRATIONS IN A PICNIC SETTING. SPONSORS UNDERWRITE EXPENSES AND THE ST. LOUIS POLO CLUB OVERSEES THE COMPETITION. ASIDE FROM SPECIAL EVENTS, EPWORTH SOLICITS FUNDING THROUGH DIRECT MAIL, GRANT APPLICATIONS, PERSONAL REQUESTS, AND PLANNED GIVING.

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

**EPWORTH CHILDREN & FAMILY SERVICES, INC.**

Employer identification number

**43-1069741**

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

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

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

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



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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for other organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by other organization(s) .....	<b>1e</b>	
<b>f</b> Sale of assets to other organization(s) .....	<b>1f</b>	
<b>g</b> Purchase of assets from other organization(s) .....	<b>1g</b>	
<b>h</b> Exchange of assets .....	<b>1h</b>	
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....	<b>1j</b>	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....	<b>1l</b>	
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	<b>1m</b>	
<b>n</b> Sharing of paid employees .....	<b>1n</b>	
<b>o</b> Reimbursement paid to other organization for expenses .....	<b>1o</b>	
<b>p</b> Reimbursement paid by other organization for expenses .....	<b>1p</b>	
<b>q</b> Other transfer of cash or property to other organization(s) .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property from other organization(s) .....	<b>1r</b>	



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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization <b>EPWORTH CHILDREN &amp; FAMILY SERVICES, INC.</b>	Employer identification number <b>43-1069741</b>
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Name and title of officer  
**KEVIN DROLLINGER  
EXECUTIVE DIRECTOR**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	<b>10243913</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **BROWN SMITH WALLACE, L.L.C.** to enter my PIN **69741**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**43387801367**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**