

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

<b>A</b> For the 2017 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization EPWORTH CHILDREN & FAMILY SERVICES, INC.		<b>D</b> Employer identification number 43-1069741
	Doing business as		<b>E</b> Telephone number 314.961.5718
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 110 NORTH ELM AVENUE		<b>G</b> Gross receipts \$ 13,181,549.
	City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63119		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: MICHELLE TUCKER SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I</b> Tax-exempt status: <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>H(c)</b> Group exemption number ▶
<b>J</b> Website: WWW.EPWORTH.ORG			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1976	<b>M</b> State of legal domicile: MO

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>TO HELP CHILDREN, YOUTH AND FAMILIES MOVE TOWARD SELF-SUFFICIENCY</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	35
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	274
	6 Total number of volunteers (estimate if necessary)	6	1438
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,485.
b Net unrelated business taxable income from Form 990-T, line 34		7b	0.
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	11,771,992.	11,162,145.
	9 Program service revenue (Part VIII, line 2g)	495,122.	1,152,674.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	288,613.	351,863.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-142,965.	5,749.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,412,762.	12,672,431.
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,986,637.	8,884,246.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 726,101.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,906,828.	4,288,137.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,893,465.	13,172,383.	
19 Revenue less expenses. Subtract line 18 from line 12	-480,703.	-499,952.	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	16,980,848.	17,188,819.
	21 Total liabilities (Part X, line 26)	1,075,392.	962,254.
	22 Net assets or fund balances. Subtract line 21 from line 20	15,905,456.	16,226,565.

**Part II Signature Block**

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

Sign Here	Signature of officer		Date
	MICHELLE TUCKER, CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	JENNIFER M. VACHA	E-FILED SEE FORM 8879-EO	
	Firm's name ▶ BROWN SMITH WALLACE LLP	Firm's EIN ▶ 43-1001367	Check if self-employed <input type="checkbox"/> PTIN P01251998
	Firm's address ▶ 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141	Phone no. 314.983.1200	

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

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning \_\_\_\_\_, 2017, and ending \_\_\_\_\_, 20\_\_\_\_

**2017**Department of the Treasury  
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization

EPWORTH CHILDREN & FAMILY  
SERVICES, INC.

Employer identification number

43-1069741

Name and title of officer

MICHELLE TUCKER  
CEO**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	12,672,431.
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, line 3c) .....	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 2017 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 LLP

ERO firm name

to enter my PIN 69741Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2017 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 2017 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 ▶ 11/13/18**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 2017 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 ▶ 11/9/18**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

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**Part III Statement of Program Service Accomplishments**

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

☒ X**1** Briefly describe the organization's mission:

EPWORTH HELPS CHILDREN, YOUTH AND FAMILIES MOVE TOWARD  
 SELF-SUFFICIENCY BY FOCUSING ON HEALTH, HOUSING, EDUCATION AND  
 EMPLOYMENT.

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 3,140,764. including grants of \$ ) (Revenue \$ 91,050. )**RESIDENTIAL TREATMENT**

EPWORTH'S RESIDENTIAL TREATMENT PROGRAM SERVES YOUTH AGES 11 TO 18,  
 COMMONLY IN THE CUSTODY OF CHILDREN'S DIVISION, WHO ARE FACING MODERATE  
 TO SEVERE BEHAVIORAL AND MENTAL HEALTH ISSUES. MANY HAVE SUFFERED  
 EXTENSIVE PHYSICAL, PSYCHOLOGICAL OR SEXUAL ABUSE AND/OR NEGLECT.  
 YOUTH RECEIVE 24 HOUR STRUCTURED SUPERVISION; WEEKLY INDIVIDUAL, GROUP  
 AND FAMILY THERAPY; PSYCHIATRIC SUPPORT; RECREATION THERAPY DAILY; 24  
 HOUR CRISIS SUPPORT; EDUCATIONAL SERVICES; LIFE SKILLS TRAINING AND  
 MEDICAL CARE. SERVED 85 YOUTH IN 2017.

**4b** (Code: ) (Expenses \$ 1,888,887. including grants of \$ ) (Revenue \$ 847,829. )**FOSTER CARE**

EPWORTH BEGAN OFFERING PRIVATE, FOSTER CARE CASE MANAGEMENT SERVICES IN  
 2005 AS PART OF A THREE-AGENCY PARTNERSHIP (CHILDREN'S PERMANENCY  
 PARTNERSHIP). ONE PRIMARY AIM OF THE PROGRAM IS TO MATCH FOSTER  
 CHILDREN WITH PERMANENT LOVING HOMES, WHETHER BY REUNIFYING FAMILIES  
 THROUGH FOCUSED SUPPORT, MATCHING CHILDREN WITH CARING FOSTER HOMES, OR  
 ADOPTION. AMONG MANY OTHER SERVICES, EPWORTH PROVIDES TRAINING AND  
 ASSESSMENT FOR INDIVIDUALS, COUPLES AND FAMILIES WHO HAVE ROOM IN THEIR  
 HOMES, LIVES, AND HEARTS FOR A CHILD IN NEED. APPROXIMATELY 314 YOUTH  
 WERE SERVED IN 2017.

**4c** (Code: ) (Expenses \$ 1,580,385. including grants of \$ ) (Revenue \$ )**COMMUNITY SERVICES**

EPWORTH'S TRANSITIONAL LIVING PROGRAMS SERVE AGES 16-21, IN A  
 HIGHLY-STRUCTURED SUPPORTIVE HOUSING PROGRAM WHICH INCLUDES AN  
 EPWORTH-OWNED APARTMENT BUILDING AS WELL AS SCATTERED SITE APARTMENTS  
 IN THE COMMUNITY. IN THE TRANSITIONAL LIVING PROGRAM, 11 YOUNG ADULTS,  
 WHO NEED MORE INTENSIVE STRUCTURE AND STAFF SUPPORT, RESIDE IN OUR  
 UNIVERSITY CITY APARTMENT BUILDING. CLIENTS LIVE IN THEIR OWN  
 APARTMENTS WITH 24 HOUR STAFF SUPPORT, RECEIVING ALMOST DAILY CASE  
 MANAGEMENT SERVICES TO ACHIEVE EDUCATIONAL, VOCATIONAL AND HEALTH  
 RELATED GOALS, AS WELL AS SUPPORT FROM A LIFE SKILLS TRAINER THAT  
 PROVIDES WEEKLY LIFE SKILLS EDUCATION AND DAILY HANDS ON INSTRUCTION,  
 (SEE SCH O)

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 4,370,577. including grants of \$ ) (Revenue \$ 213,795.)

**4e** Total program service expenses 10,980,613.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <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>	<b>4</b>	X
<b>5</b> 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>	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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 and XII is optional</i>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(iii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	X
<b>17</b> 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>	<b>17</b>	X
<b>18</b> 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>	<b>18</b> X	
<b>19</b> 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>	<b>19</b>	X



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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <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 or other assistance to or for domestic individuals 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 25a</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</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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, Part II, III, or IV, and Part V, line 1</i>		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>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 11b and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 61		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 274		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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

Check if Schedule O contains a response or note to any line 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> 35 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 35		
<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> Did the organization have members or stockholders? .....		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		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> Did the organization have local chapters, branches, or affiliates? .....		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .....		
<b>11a</b> Has the organization provided a complete 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> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b> Did the organization have a written whistleblower policy? .....	X	
<b>14</b> Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 314.961.5718**  
**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 or note to any line 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRYAN LEMOINE CHAIR	10.00	X		X				0.	0.	0.
(2) JOHN LINDBLOOM TREASURER	2.00	X		X				0.	0.	0.
(3) DEAN KPERE-DAIBO SECRETARY	2.00	X		X				0.	0.	0.
(4) SARAH BAIOCCHI DIRECTOR	1.00	X						0.	0.	0.
(5) CATHY CAMPBELL DIRECTOR	1.00	X						0.	0.	0.
(6) HON. SHAMED DOGAN DIRECTOR	1.00	X						0.	0.	0.
(7) KIMBERLY EILERTS DIRECTOR	1.00	X						0.	0.	0.
(8) KENNETH FREEMAN DIRECTOR	1.00	X						0.	0.	0.
(9) KIMBERLY GANNON DIRECTOR	1.00	X						0.	0.	0.
(10) KIMBERLY HAMACHER DIRECTOR	1.00	X						0.	0.	0.
(11) STEVEN HILL DIRECTOR	1.00	X						0.	0.	0.
(12) HON. JEANNE KIRKTON DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL LAWRENCE DIRECTOR	1.00	X						0.	0.	0.
(14) ERIC MARQUARDT DIRECTOR	1.00	X						0.	0.	0.
(15) PRINCESS MCDANIELS DIRECTOR	1.00	X						0.	0.	0.
(16) CHARLES MISKO DIRECTOR	1.00	X						0.	0.	0.
(17) JULIE MORRISON 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) FRANK NEUNER DIRECTOR	1.00	X						0.	0.	0.
(19) MEG PETRI DIRECTOR	1.00	X						0.	0.	0.
(20) GAIL SCANNELL DIRECTOR	1.00	X						0.	0.	0.
(21) REV. SHEILA SLEDGE DIRECTOR	1.00	X						0.	0.	0.
(22) ANDREW WAGGONER DIRECTOR	1.00	X						0.	0.	0.
(23) JOHANNA WHARTON DIRECTOR	1.00	X						0.	0.	0.
(24) BROOKE YAMINI DIRECTOR	1.00	X						0.	0.	0.
(25) BISHOP ROBERT FARR EX-OFFICIO	1.00	X						0.	0.	0.
(26) REV. LONDIA GRANGER-WRIGHT EX-OFFICIO	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>								636,836.	0.	21,102.
<b>d Total (add lines 1b and 1c)</b>								636,836.	0.	21,102.

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

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
H&M MANAGEMENT 35 TODDINGTON TERRACE, ST. LOUIS, MO 63128	FOOD SERVICE	216,009.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2017)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(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			
(27) LINDA GUTH-STANGL <u>EX-OFFICIO</u>	1.00	X						0.	0.	0.
(28) YVETTE RICHARDS <u>EX-OFFICIO</u>	1.00	X						0.	0.	0.
(29) SHARI SCOTT <u>EX-OFFICIO</u>	1.00	X						0.	0.	0.
(30) WILLIAM K. BUSCH <u>DIRECTOR EMERITUS</u>	1.00	X						0.	0.	0.
(31) BARBARA BUSH <u>DIRECTOR EMERITUS</u>	1.00	X						0.	0.	0.
(32) KATIE CLOYD <u>DIRECTOR EMERITUS</u>	1.00	X						0.	0.	0.
(33) CAROL COOKE <u>DIRECTOR EMERITUS</u>	1.00	X						0.	0.	0.
(34) JULIA GRUBB <u>DIRECTOR EMERITUS</u>	1.00	X						0.	0.	0.
(35) JAMES HILL <u>DIRECTOR EMERITUS</u>	1.00	X						0.	0.	0.
(36) MICHELLE TUCKER <u>CHIEF EXECUTIVE OFFICER</u>	40.00			X				156,452.	0.	3,580.
(37) LISA HEARN <u>CHIEF FINANCIAL OFCR (RESIGN 11/17)</u>	40.00			X				113,679.	0.	589.
(38) CHRIS JONES <u>CHIEF FINANCIAL OFFICER</u>	40.00			X				7,000.	0.	0.
(39) SUSAN MCDOWELL <u>CHIEF PROGRAM OFFICER (RESIGN 6/17)</u>	40.00			X				63,293.	0.	3,439.
(40) KATRINA PEOPLES <u>CHIEF PROGRAM OFFICER</u>	40.00			X				44,931.	0.	895.
(41) SHAELENE PLANK <u>CHIEF DEVELOPMENT OFFICER</u>	40.00			X				76,226.	0.	8,284.
(42) CAROLYN CHOC <u>CHIEF DESIGN &amp; DEVELOPMENT OFFICER</u>	40.00			X				96,923.	0.	0.
(43) REBECCA CORNATZER <u>CHIEF ADMIN OFFICER (RESIGN 4/17)</u>	40.00			X				78,332.	0.	4,315.
Total to Part VII, Section A, line 1c								636,836.		21,102.

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	681,182.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	317,597.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	9,061,828.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,101,538.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		132,217.				
	<b>h Total. Add lines 1a-1f</b>			11,162,145.			
	<b>Program Service Revenue</b>		<b>Business Code</b>				
<b>2 a</b> FOSTER CARE			623990	847,829.	847,829.		
<b>b</b> PREVENTION SERVICES			624100	105,863.	105,863.		
<b>c</b> RESIDENTIAL TREATMENT			624100	91,050.	91,050.		
<b>d</b> FAMILY SUPPORT SERVICE			624100	81,148.	81,148.		
<b>e</b> EMERGENCY SHELTER			624200	26,784.	26,784.		
<b>f</b> All other program service revenue							
<b>g Total. Add lines 2a-2f</b>				1,152,674.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			239,308.			239,308.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties			6,310.			6,310.
		(i) Real	(ii) Personal				
	<b>6 a</b> Gross rents						
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				439,444.			
	<b>b</b> Less: cost or other basis and sales expenses			326,889.			
	<b>c</b> Gain or (loss)			112,555.			
	<b>d</b> Net gain or (loss)			112,555.			112,555.
	<b>8 a</b> Gross income from fundraising events (not including \$ 317,597. of contributions reported on line 1c). See Part IV, line 18						
		<b>a</b>		145,984.			
	<b>b</b> Less: direct expenses	<b>b</b>		182,229.			
	<b>c</b> Net income or (loss) from fundraising events			-36,245.			-36,245.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
		<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> REFUNDS/MISC INC		900099	16,000.			16,000.	
<b>b</b> INSURANCE PROCEEDS		900099	15,353.			15,353.	
<b>c</b> EPIC		541610	2,485.		2,485.		
<b>d</b> All other revenue		900099	1,846.			1,846.	
<b>e Total. Add lines 11a-11d</b>			35,684.				
<b>12 Total revenue. See instructions.</b>			12,672,431.	1,152,674.	2,485.	355,127.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	657,938.	112,559.	363,946.	181,433.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	6,716,886.	5,655,282.	715,051.	346,553.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	38,361.	33,510.	2,533.	2,318.
<b>9</b> Other employee benefits	903,478.	762,805.	69,396.	71,277.
<b>10</b> Payroll taxes	567,583.	471,924.	47,397.	48,262.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	7,171.	3,475.	3,696.	
<b>c</b> Accounting	40,323.		40,323.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	30,998.		30,998.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,130,411.	1,102,331.		28,080.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	370,932.	299,379.	54,991.	16,562.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	270,488.	234,205.	28,887.	7,396.
<b>17</b> Travel	142,748.	135,722.	1,791.	5,235.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	44,746.	42,553.	339.	1,854.
<b>20</b> Interest	9,019.	9,019.		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	465,491.	379,435.	86,056.	
<b>23</b> Insurance	167,068.	158,715.	5,012.	3,341.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CLIENT SERVICE EXPENSES	1,201,798.	1,201,798.		
<b>b</b> BAD DEBT	189,286.	181,896.	4,434.	2,956.
<b>c</b> REPAIRS & MAINTENANCE	156,412.	151,287.	1,687.	3,438.
<b>d</b> MISCELLANEOUS EXPENSE	61,246.	44,718.	9,132.	7,396.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,172,383.	10,980,613.	1,465,669.	726,101.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing .....	1,668,950.	1	2,144,342.
	2 Savings and temporary cash investments .....		2	
	3 Pledges and grants receivable, net .....	1,099,978.	3	948,027.
	4 Accounts receivable, net .....	1,296,112.	4	928,641.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Loans and other 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 instr). Complete Part II of Sch L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....		8	
	9 Prepaid expenses and deferred charges .....	399,122.	9	261,083.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 12,223,945.		
	b Less: accumulated depreciation .....	10b 8,240,383.	4,336,771.	10c 3,983,562.
	11 Investments - publicly traded securities .....	5,340,981.	11	5,861,282.
	12 Investments - other securities. See Part IV, line 11 .....		12	
	13 Investments - program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....	2,838,934.	15	3,061,882.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16,980,848.	16	17,188,819.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	573,777.	17	524,548.
	18 Grants payable .....		18	
	19 Deferred revenue .....	50,000.	19	0.
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....	335,468.	23	319,861.
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	116,147.	25	117,845.
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	1,075,392.	26	962,254.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets .....	8,920,611.	27	8,698,380.
	28 Temporarily restricted net assets .....	2,377,529.	28	1,814,698.
	29 Permanently restricted net assets .....	4,607,316.	29	5,713,487.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	15,905,456.	33	16,226,565.
34 <b>Total liabilities and net assets/fund balances</b> .....	16,980,848.	34	17,188,819.	



**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,672,431.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,172,383.
3	Revenue less expenses. Subtract line 2 from line 1	3	-499,952.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,905,456.
5	Net unrealized gains (losses) on investments	5	594,526.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	226,535.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,226,565.

**Part XII Financial Statements and Reporting**

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

☒

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

Form 990 (2017)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

Employer identification number  
**43-1069741**

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,567,631.	4,183,592.	4,728,965.	11,771,992.	11,162,145.	37,414,325.
<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	5,567,631.	4,183,592.	4,728,965.	11,771,992.	11,162,145.	37,414,325.
<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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						37,414,325.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	5,567,631.	4,183,592.	4,728,965.	11,771,992.	11,162,145.	37,414,325.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	125,774.	136,482.	215,808.	226,298.	245,618.	949,980.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	22,717.	55,956.	23,317.	37,631.	33,199.	172,820.
<b>11 Total support.</b> Add lines 7 through 10						38,537,125.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	30,188,296.
<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 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97.09 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	<b>15</b>	96.82 %
<b>16a 33 1/3% support test - 2017.</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 - 2016.</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 - 2017.</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 VI 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 - 2016.</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 VI 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 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>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b> Total annual distributions. Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2018. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

**Part VI**

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

# Schedule B

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

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2017

Name of the organization

EPWORTH CHILDREN & FAMILY  
SERVICES, INC.

Employer identification number

43-1069741

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

## General Rule

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

## Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ .....

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)



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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 3,537,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 3,190,849.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 681,182.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 526,313.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 375,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 353,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> EPWORTH CHILDREN & FAMILY SERVICES, INC.	<b>Employer identification number</b> 43-1069741
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 297,892.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 264,666.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

EPWORTH CHILDREN &amp; FAMILY

43-1069741

SERVICES, INC.

**Part III**

**Exclusively** religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in 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" on Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 XIII, 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" on 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 XIII, 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) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on 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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	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, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,078,378.	5,936,285.	5,804,544.	5,817,211.	4,931,318.
b Contributions					387,905.
c Net investment earnings, gains, and losses	710,989.	301,774.	304,640.	162,204.	633,530.
d Grants or scholarships					
e Other expenditures for facilities and programs	162,188.	159,681.	172,899.	174,871.	135,542.
f Administrative expenses					
g End of year balance	6,627,179.	6,078,378.	5,936,285.	5,804,544.	5,817,211.

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

- a Board designated or quasi-endowment ☐ .00 %
- b Permanent endowment ☐ 86.20 %
- c Temporarily restricted endowment ☐ 13.80 %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		10,070,930.	6,360,894.	3,710,036.
c Leasehold improvements				
d Equipment		2,153,015.	1,879,489.	273,526.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,983,562.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN TRUSTS	3,061,882.
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,061,882.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECTION 457 PLAN	8,938.
(3) MEDICAL CLAIMS RESERVE	80,000.
(4) DUE TO CHILDREN'S SERVICE COALITION	21,346.
(5) FRIENDS GROUP/GUARDIAN ANGEL	5,033.
(6) CLIENT ACCOUNT OVERPAYMENT	2,528.
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	117,845.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	13,746,221.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	594,526.
b	Donated services and use of facilities	2b	70,500.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	408,764.
e	Add lines 2a through 2d	2e	1,073,790.
3	Subtract line 2e from line 1	3	12,672,431.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,672,431.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

1	Total expenses and losses per audited financial statements	1	13,425,112.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	70,500.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	182,229.
e	Add lines 2a through 2d	2e	252,729.
3	Subtract line 2e from line 1	3	13,172,383.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,172,383.

**Part XIII Supplemental Information.**

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

**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 CONSTITUTES A QUALIFIED NOT-FOR-PROFIT ORGANIZATION UNDER  
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS, THEREFORE, EXEMPT  
FROM FEDERAL INCOME TAXES.

IN THAT REGARD, THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS, EXPIRING  
STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW  
AND NEW AUTHORITATIVE RULINGS AND BELIEVES THAT NO PROVISION FOR INCOME  
TAXES IS NECESSARY, AT THIS TIME, TO COVER ANY UNCERTAIN TAX POSITIONS.

**Part XIII** Supplemental Information (continued)

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED AGAINST SPECIAL EVENT REVENUE 182,229.

CHANGES IN BENEFICIAL INTEREST IN TRUST 222,948.

CHANGES IN ANNUITIES 3,587.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 408,764.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NETTED AGAINST SPECIAL EVENT REVENUE 182,229.

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

OMB No. 1545-0047

2017

**Open to Public Inspection**

Name of the organization EPWORTH CHILDREN & FAMILY SERVICES INC.

Employer identification number  
43-1069741

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- a ☐ Mail solicitations  
b ☐ Internet and email solicitations  
c ☐ Phone solicitations  
d ☐ In-person solicitations  
e ☐ Solicitation of non-government grants  
f ☐ Solicitation of government grants  
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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 (add col. (a) through col. (c))
		WINE DINNER (event type)	DERBY (event type)	1 (total number)	
Revenue	1 Gross receipts .....	332,677.	88,538.	42,366.	463,581.
	2 Less: Contributions .....	210,083.	73,251.	34,263.	317,597.
	3 Gross income (line 1 minus line 2) .....	122,594.	15,287.	8,103.	145,984.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	5,312.	3,228.		8,540.
	7 Food and beverages .....	55,384.	9,343.		64,727.
	8 Entertainment .....	3,250.	280.		3,530.
	9 Other direct expenses .....	62,264.	7,097.	36,071.	105,432.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				182,229.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-36,245.

**Part III Gaming.** Complete if the organization answered "Yes" on 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))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	3 Noncash prizes .....				
	4 Rent/facility costs .....				
	5 Other direct expenses .....				
	6 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	
	7 Direct expense summary. Add lines 2 through 5 in column (d) .....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

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

a Is the organization licensed to conduct 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 conduct 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 conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 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. 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 provide any additional information. See instructions.

SCH. G, PART II, DESCRIPTION OF FUNDRAISING EVENTS

EPWORTH UTILIZES A DIVERSE APPROACH TO FUNDRAISING. THERE WERE TWO

PRIMARY FUNDRAISING ACTIVITIES UNDERTAKEN THIS YEAR.

THE WINE DINNER AND AUCTION IS A UNIQUE OPPORTUNITY FOR GUESTS TO

SAMPLE FINE WINE IN A FESTIVE ATMOSPHERE. SPONSORS UNDERWRITE THE

EXPENSES ASSOCIATED WITH CONDUCTING THE EVENT, AND GUESTS CONTRIBUTE

FINANCIAL SUPPORT.



**Part IV** Supplemental Information (continued)

THE SECOND EVENT WAS THE HORSES & HATS DERBY PARTY WHERE GUESTS ENJOYED

AN AFTERNOON OF BOURBON TASTINGS, BOURBON PULLS, AND SIPPED MINT JULEPS

ALL WHILE VIEWING THE KENTUCKY DERBY LIVE. SPONSORS UNDERWRITE THE

EXPENSES ASSOCIATED WITH CONDUCTING THE EVENT, AND GUESTS CONTRIBUTE

FINANCIAL SUPPORT.

IN ADDITION TO SPECIAL EVENTS, EPWORTH SOLICITS FUNDING THROUGH DIRECT

MAIL, GRANT APPLICATIONS, PERSONAL REQUESTS, AND PLANNED GIVING.

**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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

EPWORTH CHILDREN & FAMILY  
SERVICES, INC.

Employer identification number

43-1069741

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as, maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

☒ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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 on 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 aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

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

[illegible]

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

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	5,696.FMV	
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	12	126,521.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 ▶ ( ) .....				
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 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2017

**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**  
Open to Public  
Inspection

Name of the organization	EPWORTH CHILDREN & FAMILY SERVICES, INC.	Employer identification number	43-1069741
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FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

IN MAY 2017, EPWORTH EXPANDED ITS SERVICES BY ADMITTING ITS FIRST  
CLIENTS INTO A NEW RESIDENTIAL BEHAVIORAL HEALTH ("RBH") PROGRAM. THIS  
PROGRAM IS DESIGNED TO ASSIST FAMILIES WITH CHILDREN FACING MENTAL  
HEALTH CRISES THAT HAVE RESULTED IN UNSAFE SITUATION INCLUDING  
AGGRESSION, SELF-HARM, AND SUICIDALITY. THE "RBH" PROGRAM HAS MULTIPLE  
LEVELS OF FOCUS INCLUDING STRENGTH BASED AND TRAUMA INFORMED CARE.  
CLIENTS COME FROM MANY DIFFERENT REFERRAL SOURCES INCLUDING HOSPITALS  
AND SCHOOLS AND ARE ADMITTED INTO A RESIDENTIAL SETTING WITH THE  
AVAILABILITY OF AFTERCARE SERVICES UPON DISCHARGE.

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

IN THE INDEPENDENT LIVING PROGRAM, CLIENTS HAVE THEIR OWN APARTMENTS IN  
THE COMMUNITY. CASE MANAGERS MEET WITH CLIENTS REGULARLY 1-3 TIMES A  
WEEK, AND ASSIST THEM WITH LIFE SKILLS INSTRUCTION, HOUSEHOLD  
MANAGEMENT, HEALTHY MEALS, FINANCIAL MANAGEMENT, EMPLOYMENT, AND DAILY  
LIFE SKILLS. PARENTING CLIENTS ALSO RECEIVE PARENTS AS TEACHERS  
INSTRUCTION. SERVED 164 DIRECT YOUTH IN 2017.

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

OLDER YOUTH SERVICES  
CHAFEE SERVES FOSTER YOUTH AGES 14-21 IN ST LOUIS CITY AND COUNTY.  
AGING OUT SERVES YOUTH AGES 17-25 THAT WERE PREVIOUSLY IN THE FOSTER  
CARE SYSTEM. YOUTH ARE REFERRED BY FOSTER CARE CASE MANAGERS PER LEGAL

MANDATE TO LIFE SKILLS EDUCATION, ADVOCACY, CASE MANAGEMENT AND

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

Schedule O (Form 990 or 990-EZ) (2017)



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

Employer identification number  
43-1069741

COMMUNITY RESOURCES INCLUDING FINANCIAL SUPPORT AND CRISIS INTERVENTION

SERVICES. WE OFFER EDUCATIONAL CLASSES MULTIPLE DAYS/WEEK ON LIFE

SKILLS EDUCATION, AS WELL AS, ONE ON ONE SUPPORT FROM A CASE MANAGER TO

WORK TOWARDS THEIR PERSONAL GOALS FOR ADULTHOOD. OLDER YOUTH MAY

CHOOSE TO CONTINUE TO RECEIVE EDUCATION AND SUPPORT SERVICES THROUGH

AGE 25. BY MERGING THESE TWO PROGRAMS, EPWORTH ENSURES A SEAMLESS

TRANSITION FROM CHAFEE INTO AGING OUT, INCLUDING CONSISTENT STAFF

THROUGHOUT THE ENTIRE PROGRAM.

STREET OUTREACH AIMS TO REDUCE THE RISK OF EXPLOITATION AND DANGER

FOR RUNAWAY AND HOMELESS YOUTH. OUR GOAL IS TO PROVIDE A CONTINUUM OF

CARE TO HELP YOUTH SUCCESSFULLY TRANSITION TO ADULTHOOD. DURING

REGULAR MOBILE OUTREACH ROUTES IN THE COMMUNITY WHERE HOMELESS OR

AT-RISK YOUTH CAN BE FOUND, WORKERS PROVIDE FOOD, HYGIENE SUPPLIES,

EMERGENCY ASSISTANCE AND RESOURCE REFERRALS TO ADOLESCENTS WHO ARE

CURRENTLY HOMELESS OR AT RISK FOR HOMELESSNESS, WITH THE GOAL TO GET

THEM INTO SHELTER AND ULTIMATELY INTO A STABLE LIVING ENVIRONMENT. THE

OUTREACH TEAM ENCOURAGES YOUTH TO ACCESS OUR DROP-IN CENTER, LOCATED ON

NATURAL BRIDGE, WHICH IS OPEN EACH WEEKDAY AFTERNOON, AS A SAFE PLACE

TO RECEIVE COMPREHENSIVE SERVICES: LAUNDRY, SHOWER, KITCHEN, COMMON

AREA TO HANG OUT, ACCESS TO COMPUTERS, AND GROUP SESSIONS TO LEARN LIFE

SKILLS, EDUCATION SUPPORT, RECREATION, CRISIS COUNSELING, AND CASE

MANAGEMENT.

SERVED 1,612 OLDER YOUTH DURING 2017.

EXPENSES \$ 1,246,959. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FAMILY SUPPORT SERVICES

FAMILY SUPPORT NETWORK (FSN) IS DESIGNED TO PREVENT CHILD ABUSE AND

NEGLECT BY PROVIDING SUPPORT TO FAMILIES BEFORE CRISIS OCCURS THROUGH

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

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IN-HOME FAMILY THERAPY, CASE MANAGEMENT, AND PSYCHO-EDUCATION.

REFERRALS COME FROM A VARIETY OF COMMUNITY ORGANIZATIONS, SCHOOLS, ETC.

TO FSN FOR FAMILIES IN NEED TO PREVENT CHILD ABUSE & NEGLECT. THIS

PROGRAM FOCUSES ON FAMILIES WITH CHILDREN 13 YEARS AND UNDER. FSN

PROVIDES LICENSED THERAPISTS WHO OFFER WEEKLY, IN-HOME INDIVIDUAL &

FAMILY COUNSELING SERVICES, CASE MANAGEMENT, PSYCHO-EDUCATION, AND

ADVOCACY. FSN UTILIZES THE STRENGTHENING FAMILIES MODEL, WHICH

IDENTIFIES PROTECTIVE FACTORS TO REDUCE THE FAMILY'S RISK OF CHILD

ABUSE & NEGLECT. EPWORTH PROVIDES THESE SERVICES FOR AN AVERAGE OF 6

TO 9 MONTHS. UPON PROGRAM COMPLETION, WE PROVIDE FACE TO FACE

FOLLOW-UP SERVICES AT 3 & 12 MONTHS TO MEASURE AND SUPPORT FAMILY

PROGRESS. SERVED 1,926 FAMILIES IN 2017.

EXPENSES \$ 1,139,008. INCLUDING GRANTS OF \$ 0. REVENUE \$ 81,148.

#### EMERGENCY SHELTER

YOUTH EMERGENCY SERVICES (YES) PROVIDES EMERGENCY CRISIS SHELTER, FOOD,

CLOTHING, THERAPY AND EDUCATIONAL ASSISTANCE TO HOMELESS, RUN-AWAY, AND

FOSTER YOUTH AGES 11-21. THE TARGET POPULATION FOR YES IS AT-RISK

YOUTH WHO ARE IN CRISIS, INCLUDING YOUTH WHO HAVE BEEN VICTIMS OF ABUSE

OR NEGLECT, HOMELESS YOUTH, THOSE EXPERIENCING A FAMILY CRISIS AND

TRAUMATIZED AND DISCONNECTED YOUTH WHO HAVE NO ADULT SUPERVISION. YES

PROVIDES EMERGENCY SHELTER, FOOD, CLOTHING, LIFE SKILLS EDUCATION,

INDIVIDUAL/GROUP/FAMILY THERAPY AND EDUCATIONAL ASSISTANCE TO HOMELESS

AND RUNAWAY YOUTH AGES 11-21, AND OPERATES A 24-HOUR HELPLINE TO SERVE

YOUTH AND FAMILIES IN CRISIS. SERVED 194 YOUTH DURING 2017.

EXPENSES \$ 888,011. INCLUDING GRANTS OF \$ 0. REVENUE \$ 26,784.

#### PREVENTION SERVICES

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

Employer identification number  
43-1069741

PROGRESSIVE YOUTH CONNECTION (PYC) IS A SCHOOL AND COMMUNITY-BASED

PROGRAM THAT IS DESIGNED TO PREVENT BULLYING AND VIOLENCE BY PROVIDING

YOUTH WITH THE SKILLS THEY NEED TO COMMUNICATE, RESOLVE CONFLICT,

SELF-ADVOCATE, AND CONTRIBUTE TO THEIR COMMUNITIES IN POSITIVE WAYS.

PYC PROVIDES SCHOOL AND COMMUNITY-BASED CHARACTER EDUCATION PROGRAMMING

AND INDIVIDUAL SESSIONS TO YOUTH IN GRADES K - 12, MASTERS LEVEL

SOCIAL WORKERS ENGAGE CLIENTS IN DISCUSSIONS, ACTIVITIES, AND ROLE

PLAYS TO TEACH AND DEMONSTRATE THE INTERPERSONAL, RESILIENCY, AND

SELF-MANAGEMENT SKILLS CLIENTS NEED IN ORDER TO RESPOND TO

EVER-INCREASING CHALLENGES OF BULLYING, DATING VIOLENCE, PREJUDICE AND

POOR SELF-IMAGE.

TEEN OUTREACH PROGRAM (TOP) IS AN EVIDENCED-BASED CURRICULUM ADDED

IN 2014 IN THE FERGUSON-FLORISSANT SCHOOL DISTRICT. THIS PROGRAM

PROVIDES SCHOOL-BASED CHARACTER EDUCATION AND COMMUNITY SERVICE

LEARNING OPPORTUNITIES TO MIDDLE & HIGH SCHOOL AGED YOUTH WITH THE GOAL

OF IMPROVING EDUCATION OUTCOMES, PREVENTING TEEN PREGNANCY, AND

PROMOTING SOCIAL SKILLS. SERVED 1,500 STUDENTS DURING 2017.

EXPENSES \$ 568,652. INCLUDING GRANTS OF \$ 0. REVENUE \$ 105,863.

PSYCHOLOGICAL SERVICES

EPWORTH OFFERS COMPREHENSIVE PSYCHOLOGICAL EVALUATIONS AND THERAPY

SERVICES. THIS CURRENT SERVICE OFFERING WAS MADE POSSIBLE THROUGH A

GRANT FROM THE ST. LOUIS COUNTY CHILDREN'S SERVICE FUND. SERVED 207

YOUTH IN 2017.

EXPENSES \$ 527,947. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY SENIOR MANAGEMENT AND THE FINANCE PILLAR MEMBERS.

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

Employer identification number  
43-1069741

A COPY OF THE FORM 990 IS THEN EMAILED TO THE MEMBERS OF THE BOARD PRIOR TO  
FILING.

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 ORGANIZATION SHALL  
DO BUSINESS WITH THE ENTITY.

FORM 990, PART VI, SECTION B, LINE 15:

THE GOVERNANCE BOARD SHALL CAUSE THE CORPORATION TO EMPLOY A CHIEF  
EXECUTIVE OFFICER OF THE CORPORATION. THE GOVERNANCE BOARD SHALL MAINTAIN  
AN EXECUTIVE COMPENSATION TASKFORCE COMPRISED OF THE PAST CHAIRPERSON,  
CURRENT CHAIRPERSON, WORKFORCE ENGAGEMENT PILLAR CHAMPION AND ONE DIRECTOR  
AT LARGE. THE EXECUTIVE COMPENSATION TASKFORCE WILL EVALUATE THE  
PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER AND SET FORTH A COMPENSATION  
PACKAGE PER THE POLICIES AND PROCEDURES OF THE CORPORATION, AS ADOPTED OR  
AMENDED FROM TIME TO TIME. THE EXECUTIVE COMPENSATION TASKFORCE WILL  
REVIEW THE PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVEMENTS  
AGAINST THE SCORECARD, ASSIGNED GOALS AND ESTABLISHED COMPETENCIES. THEY  
WILL ALSO REVIEW APPROPRIATE MARKET DATA ON COMPENSATION FOR CHIEF  
EXECUTIVE OFFICERS AT SIMILAR NOT-FOR-PROFIT ORGANIZATIONS. THE  
DETERMINATION OF ANY CHANGE IN COMPENSATION FOR SENIOR MANAGEMENT STAFF

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

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WILL BE BASED ON THIS MARKET DATA, INTERNAL EQUITY, AFFORDABILITY AND JOB

PERFORMANCE. THE EXECUTIVE COMPENSATION TASKFORCE SHALL COMPLETE A WRITTEN

PERFORMANCE APPRAISAL AND COMPENSATION PACKAGE FOR THE CHIEF EXECUTIVE

OFFICER EFFECTIVE APRIL 1 OF EACH YEAR. THE GOVERNANCE BOARD SHALL APPROVE

THE EXECUTIVE ANNUAL COMPENSATION PACKAGE BY SIMPLE MAJORITY PRIOR TO

IMPLEMENTATION OF THE ANNUAL COMPENSATION PACKAGE. IN ADDITION, THE

GOVERNANCE BOARD APPROVES THE BUDGET FOR EACH FISCAL YEAR, WHICH INCLUDES

THE OVERALL BUDGET FOR INCREASES FOR ALL KEY EMPLOYEES AS WELL AS OTHER

EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

EPWORTH MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REASONABLE WRITTEN

REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN TRUSTS 222,948.

CHANGE IN ANNUITIES 3,587.

TOTAL TO FORM 990, PART XI, LINE 9 226,535.

FORM 990, PART XI, LINE 2C:

THERE HAS BEEN NO CHANGE IN THE OVERSIGHT PROCESS OR SELECTION PROCESS

DURING THE CURRENT TAX YEAR.

## Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ► Attach to Form 990.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

# 2017

Open to Public Inspection

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" on Form 990, Part IV, line 33.

[illegible]

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

[illegible]

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

Schedule R (Form 990) 2017

[illegible][illegible]

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to related organization(s)	1b	
c	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
e	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	
g	Sale of assets to related organization(s)	1g	
h	Purchase of assets from related organization(s)	1h	
i	Exchange of assets with related organization(s)	1i	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o	Sharing of paid employees with related organization(s)	1o	
p	Reimbursement paid to related organization(s) for expenses	1p	
q	Reimbursement paid by related organization(s) for expenses	1q	
r	Other transfer of cash or property to related organization(s)	1r	
s	Other transfer of cash or property from related organization(s)	1s	

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



**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]



# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	EPWORTH CHILDREN & FAMILY SERVICES, INC. 110 NORTH ELM AVENUE SAINT LOUIS, MO 63119
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2018
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0087

**2017**

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations OnlyDepartment of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b>  Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) EPWORTH CHILDREN & FAMILY <b>SERVICES, INC.</b> Number, street, and room or suite no. If a P.O. box, see instructions. 110 NORTH ELM AVENUE City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63119	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>43-1069741</b>
		<b>E</b> Unrelated business activity codes (See instructions.) <b>541519</b>
		<b>C</b> Book value of all assets at end of year <b>17,188,819.</b>
<b>F</b> Group exemption number (See instructions.) ▶		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **IT CONSULTING SERVICES****I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **THE ORGANIZATION** Telephone number ▶ **314.961.5718**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales	<b>2,485.</b>			
<b>b</b> Less returns and allowances				
<b>c Balance</b> ▶		<b>2,485.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)				
<b>3</b> Gross profit. Subtract line 2 from line 1c		<b>2,485.</b>		
<b>4a</b> Capital gain net income (attach Schedule D)				
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)				
<b>c</b> Capital loss deduction for trusts				
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)				
<b>6</b> Rent income (Schedule C)				
<b>7</b> Unrelated debt-financed income (Schedule E)				
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)				
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				
<b>10</b> Exploited exempt activity income (Schedule I)				
<b>11</b> Advertising income (Schedule J)				
<b>12</b> Other income (See instructions; attach schedule)				
<b>13 Total.</b> Combine lines 3 through 12		<b>2,485.</b>		<b>2,485.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	<b>2,410.</b>
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	
<b>23</b> Depletion		<b>23</b>	
<b>24</b> Contributions to deferred compensation plans		<b>24</b>	
<b>25</b> Employee benefit programs		<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b> Other deductions (attach schedule)		<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>	<b>2,410.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	<b>75.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)		<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>32</b>	<b>75.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>34</b>	<b>0.</b>

Part III Tax Computation

35	Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1)	\$	(2)	\$
(3)	\$		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$	
	(2) Additional 3% tax (not more than \$100,000)	\$	
c	Income tax on the amount on line 34	35c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
	<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37	Proxy tax. See instructions	37	
38	Alternative minimum tax	38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b	Other credits (see instructions)	41b		
c	General business credit. Attach Form 3800	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e	Total credits. Add lines 41a through 41d	41e		
42	Subtract line 41e from line 40	42		0.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		
44	Total tax. Add lines 42 and 43	44		0.
45a	Payments: A 2016 overpayment credited to 2017	45a		
b	2017 estimated tax payments	45b		
c	Tax deposited with Form 8868	45c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	45g		
46	Total payments. Add lines 45a through 45g	46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		0.
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		0.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refunded	50	

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
			X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	CEO Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	JENNIFER M. VACHA		11-12-18	P01251998
	Firm's name	BROWN SMITH WALLACE LLP		Firm's EIN
	6 CITYPLACE DRIVE, SUITE 900	ST. LOUIS MO 63141		43-1001367
	Firm's address	ST. LOUIS MO 63141		Phone no. 314.983.1200

# 2017 TAX RETURN FILING INSTRUCTIONS

MISSOURI FORM MO-1120

FOR THE YEAR ENDING

DECEMBER 31, 2017

Prepared for	EPWORTH CHILDREN & FAMILY SERVICES, INC. 110 NORTH ELM AVENUE SAINT LOUIS, MO 63119
Prepared by	BROWN SMITH WALLACE LLP 6 CITYPLACE DRIVE, SUITE 900 ST. LOUIS, MO 63141
To be signed and dated by	THE APPROPRIATE CORPORATE OFFICER(S).
Amount of tax	Total tax \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 NO PMT REQUIRED \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	MISSOURI DEPARTMENT OF REVENUE P.O. BOX 700 JEFFERSON CITY, MO 65105-0700
Return must be mailed on or before	NOVEMBER 15, 2018
Special Instructions	

Missouri Department of Revenue  
2017 Corporation Income Tax ReturnDepartment Use Only  
(MM/DD/YY)Missouri Tax  
I.D. NumberMissouri Corporation Income  
Tax Return for 2017Beginning  
(MM/DD/YY)Ending  
(MM/DD/YY)Federal Employer  
I.D. NumberCharter  
NumberCorporation  
Name

Address

City

State

ZIP



1711011019

☐ Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension (Form 7004).

Select Applicable Boxes. Failure to select the address change box may result in mailings going to the last address on file.

- ☐ Consolidated MO Return    ☐ Consolidated Federal and Separate Missouri Return    ☐ Amended Return    ☐ Name Change
- ☐ Address Change    ☐ Final Return and Close Corporation Income Tax Account    ☐ Bankruptcy    ☐ 1120C    ☒ 990T
- ☐ All Missouri source income is from an interest(s) in a partnership(s)

## Computation of Income Tax

- |   |    |   |     |
|---|----|---|-----|
| 1. Federal Taxable Income from Federal Form 1120, Line 30 .....   | 1  | 0 | .00 |
| 2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income .....   | 2  |   | .00 |
| 3. Missouri modifications - Additions (complete Page 3, Part 1) .....   | 3  |   | .00 |
| 4. Total additions - Add Lines 2 and 3 .....  | 4  |   | .00 |
| 5. Missouri modifications - Subtractions (complete Page 3, Part 2) .....  | 5  |   | .00 |
| 6. Balance - Line 1 plus Line 4 less Line 5 .....   | 6  |   | .00 |
| 7. Federal Income Tax - current year (complete Page 4, Part 3) .....  | 7  |   | .00 |
| 8. Taxable Income - all sources - Line 6 less Line 7 .....  | 8  |   | .00 |
| 9. Missouri Taxable Income - if all Missouri income, repeat Line 8. If not, complete <b>Form MO-MS</b> and enter apportionment method chosen and the applicable percentage below.   |    |   |     |
| Method <input type="checkbox"/> Percent <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Multiply Line 8 by the percentage ..... | 9  |   | .00 |
| 10. Missouri Dividends Deduction (see instructions before entering an amount) .....   | 10 |   | .00 |
| 11. Enterprise Zone or Rural Empowerment Zone Income Modification .....   | 11 |   | .00 |
| 12. Bring Jobs Home Deduction (see instructions before entering an amount) .....  | 12 |   | .00 |
| 13. Transportation Facilities Deductions:   |    |   |     |
| <input type="checkbox"/> Port Cargo Expansion <input type="checkbox"/> International Trade Facility <input type="checkbox"/> Qualified Trade Activities   | 13 |   | .00 |
| 14. Missouri Taxable Income - Line 9 less Lines 10, 11, 12, and 13 .....  | 14 |   | .00 |

Tax	
15. Corporation income Tax - 6.25% of Line 14	15 0.00
16. Recapture of Missouri Low Income Housing Credit (attach a copy of Federal Form 8611) (see instructions)	16 0.00
17. Total Tax - Add Lines 15 and 16	17 0.00

Credits and Payments	
18. Tax credits - (attach <b>Form MO-TC</b> )	18 0.00
19. Estimated tax payments (include approved overpayments applied from previous year)	19 0.00
20. Payments with <b>Form MO-7004</b>	20 0.00
21. Amended Return Only: Tax paid with (or after) the filing of the original return	21 0.00
22. Subtotal - Add Lines 18 through 21	22 0.00
23. Amended Return Only: Overpayment, if any, as shown on original return or as later adjusted	23 0.00
24. Total - Line 22 less Line 23	24 0.00

25. If Line 24 is more than Line 17, enter overpayment here	25 0.00
26. Amount remitted or amount of tax overpayment to be contributed to the funds listed below	26 0.00

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	Organ Donor Program Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
00	00	00	00	00	00	00	00	00	00	00

Refund or Tax Due	
27. Overpayment to be applied to next filing period	27 0.00
28. Overpayment to be refunded - Line 25 less Lines 26 and 27 Refund	28 0.00
29. If Line 24 is less than Line 17, enter underpayment here	29 0.00
30. Enter the total of the below on Line 30	30 0.00

Interest 0.00 Penalty 0.00 MO-2220 0.00

31. Total Due - Add Lines 29 and 30 (U.S. funds only) DOR Only	Total Due 31 0.00
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If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff.

Department Use Only

☐ S ☐ E ☐ F

☒ Yes ☐ No

Signature	
Signature of Officer	Printed Name
Telephone Number	Date Signed (MM/DD/YY)
3 1 4 9 6 1 5 7 1 8	
Preparer's Signature (Including Internal Preparer)	Preparer's FEIN, SSN, or PTIN
Telephone Number	Date Signed (MM/DD/YY)
3 1 4 9 8 3 1 2 0 0	P 0 1 2 5 1 9 9 8
	11 12 18





Part 1 - Missouri  
Modifications - Additions

- 1a. State and local bond interest (except Missouri) ..... 1a ..... 00
- 1b. Less: related expenses (omit if less than \$500). Enter Line 1a less  
Line 1b on Line 1 ..... 1b ..... 00
2. Fiduciary and partnership adjustment (enter share of adjustment from **Form MO-1041**,  
Page 2, Part 1, Line 19 or **Form MO-1065**, Line 17) ..... 2 ..... 00
3. Net operating loss modification (**Section 143.431.4, RSMo**) (Do not enter NOL carryover) ..... 3 ..... 00
4. Donations claimed for the Food Pantry Tax Credit that were deducted from federal taxable income,  
**Section 135.647, RSMo** ..... 4 ..... 00
5. Total - Add Lines 1 through 4. Enter here and on Page 1, Line 3 ..... 5 ..... 00

## Part 2 - Missouri Modifications - Subtractions

- 1a. Interest from exempt federal obligations  
(must attach a detailed schedule) ..... 1a ..... 00
- 1b. Less: related expenses (omit if less than \$500). Enter Line 1a less  
Line 1b on Line 1 ..... 1b ..... 00
2. Federally taxable - Missouri exempt obligations ..... 2 ..... 00
3. Agriculture Disaster Relief (**Section 143.121.3(10), RSMo**) ..... 3 ..... 00
4. Previously taxed income ..... 4 ..... 00
5. Amount of any state income tax refund included in federal taxable income ..... 5 ..... 00
6. Capital gain exclusion from the sale of low income housing project ..... 6 ..... 00
7. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1,  
Line 20 or Form MO-1065, Line 18) ..... 7 ..... 00
8. Missouri depreciation basis adjustment (**Section 143.121.3(7), RSMo**) ..... 8 ..... 00
9. Subtraction Modification offsetting previous Addition Modification from a Net Operating  
Loss (NOL) deduction from an applicable year (**Section 143.121.2(4), RSMo**) ..... 9 ..... 00
10. Depreciation recovery on qualified property that is sold (**Section 143.121.3(9), RSMo**) ..... 10 ..... 00
11. Build America and Recovery Zone Bond Interest ..... 11 ..... 00
12. Missouri Public-Private Partnerships Transportation Act ..... 12 ..... 00
13. Total - Add Lines 1 through 12. Enter here and on Page 1, Line 5 ..... 13 ..... 00



17111031019

Consolidated Federal and Separate Missouri Return - See Instructions

## Part 3 - Federal Income Tax - Current Year

1. Federal tax from Federal Form 1120, Schedule J, Line 11 ..... 1 ..... 00
2. Foreign tax credit (from Federal Form 1120, Schedule J, Line 5a) ..... 2 ..... 00
3. Federal income tax - add Lines 1 and 2; multiply the total by 50%; and enter here and on Page 1, Line 7 ..... 3 ..... 00
- Consolidated federal and separate Missouri returns must complete Lines 4-6
4. Numerator (the amount of separate company federal taxable income) ..... 4 ..... 00
5. Denominator (enter the total positive separate company federal taxable income) ..... 5 ..... 00
6. Divide Line 4 by Line 5. 0 0 0 0 0 0 0 Multiply by Line 3. Enter here and on Page 1, Line 7. (Consolidated federal and separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero.) ..... 6 ..... 00

## Part 4 - Amended Reason

If this is an amended return, select one box indicating the reason. A separate Form MO-1120 must be filed for each reason.

- ☐ A. Missouri Correction Only ☐ B. Federal Correction ☐ C. Loss Carryback (Complete Part 5)
- ☐ D. Federal Tax Credit Carryback ☐ E. IRS Audit (RAR)
- ☐ F. Missouri Tax Credit Carryback (Enter on Part 5, Line 1 the first year that the credit became available.)

Department Use Only

A

R

N

Department Use Only

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## Part 5 - Amended Return Loss Carryback or Federal Tax Credit Carryback

If this is an amended return and if a loss carryback, federal tax credit carryback or Missouri tax credit carryback is involved in this amended return, complete the following section. Consolidated federal and separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated amended Form 1139 or Form 1120X showing the carryback or page 1 of the Federal Consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Also, enclose a copy of the consolidated income statement for this year and the year of the loss. (If NOL, federal tax credit carryback or Missouri tax credit carryback, enter year that the credit first became available.)

1. Year of loss ..... 1 ..... M M D D Y Y
2. Total net capital loss carryback ..... 2 ..... 00
3. Total net operating loss carryback ..... 3 ..... 00
4. Federal income tax adjustment - Consolidated federal and separate Missouri filers must attach computations ..... 4 ..... 00

## Mail To:

## Balance Due:

Missouri Department of Revenue  
P.O. Box 3365  
Jefferson City, MO 65105-3365

## Refund or No Amount Due:

Missouri Department of Revenue  
P.O. Box 700  
Jefferson City, MO 65105-0700

Phone: (573) 751-4541

Fax: (573) 522-1721

E-mail: [corporate@dor.mo.gov](mailto:corporate@dor.mo.gov)

Form MO-1120 (Revised 12-2017)

Visit <http://dor.mo.gov/business/corporate/> for additional information.

17111041019