OFEN IO FOBUIC	OPEN	ТО	PUBLIC
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			OT EN TO TOBELC			
	n	חר	Return of Organization Exempt Fro	om l	ncome Tax	OMB No. 1545-0047
Forn	" 9 9	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			ons) 2013
Depa	rtment of	the Treasury	Do not enter Social Security numbers on this form as it m	nay be n	nade public.	Open to Public
		ue Service	Information about Form 990 and its instructions is at			Inspection
AF	or the	2013 calend	ar year, or tax year beginning $$ OCT $$ 1 , $$ $$ 2013 $$ and endi	ing S	ĔP 30, 2014	
	heck if pplicable:	C Name of	organization		D Employer identifi	cation number
	Address					
	_change Name	E VAN	GELICAL CHILDREN'S HOME		12 0	654056
	_change ∃Initial		usiness As EVERY CHILD'S HOPE			654856
	_lreturn]Termin-		and street (or P.0. box if mail is not delivered to street address) Roor ST. CHARLES ROCK ROAD	n/suite	E Telephone numbe	427-3755
	Jated]Amende	ad			G Gross receipts \$	<u>427-3735</u> 21,943,350.
-	⊐return]Applica-		own, state or province, country, and ZIP or foreign postal code LOUIS, MO 63114		•	
	⊥tion pending		nd address of principal officer: MICHAEL P. BRENNAN		H(a) Is this a group r for subordinates	
			AS C ABOVE		H(b) Are all subordinates i	
<u> </u>	22-020	mpt status:		527		list. (see instructions)
JV	Vebsite		EVERYCHILDSHOPE.ORG		H(c) Group exemption	
				L Year of		A State of legal domicile: MO
		Summary		_		
	1 B	- Briefly describ	e the organization's mission or most significant activities: ${{{{\rm{SEE}}}}$ SCH	HEDU	LE O	
nce		5	· · · · · · · · · · · · · · · · · · ·			
rna	2 0	Check this bo	x	of more	than 25% of its net a	ssets.
ove	3 N	lumber of vot	ing members of the governing body (Part VI, line 1a)		3	18
Ğ	4 N	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	18
es {			of individuals employed in calendar year 2013 (Part V, line 2a)			227
iviti	6 T	otal number	of volunteers (estimate if necessary)		6	700
Activities & Governance			d business revenue from Part VIII, column (C), line 12			10,763.
_	bΝ	let unrelated	business taxable income from Form 990-T, line 34	<u></u>	7b	3,327.
					Prior Year	Current Year
ər			and grants (Part VIII, line 1h)		2,821,377.	4,294,696.
Revenue	9 P	Program servi	ce revenue (Part VIII, line 2g)		5,413,434.	5,441,233.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		2,742,810.	2,949,970.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,850.	54,227.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,043,471.	12,740,126.
			nilar amounts paid (Part IX, column (A), lines 1-3)	··	0.	361,802.
		-	to or for members (Part IX, column (A), line 4)		7,187,072.	7,259,333.
Expenses	15 5	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) \blacktriangleright 440, 195.		0.	1,259,555
neo		rotessional fi	undraising fees (Part IX, column (A), line 11e)		0.	0.
EXE			es (Part IX, column (L), line 25)	•	3,174,657.	3,109,357.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,361,729.	10,730,492.
			expenses. Subtract line 18 from line 12		681,742.	2,009,634.
es		EVENUE IESS			ginning of Current Year	End of Year
Net Assets or Fund Balances	20 T	otal assets (F	Part X, line 16)		28,147,564.	28,966,397.
Ass 1 Bal			(Part X, line 26)		2,036,485.	1,921,111.
Net -unc			fund balances. Subtract line 21 from line 20		26,111,079.	27,045,286.
		Signature		~ 1		
		•	I declare that I have examined this return, including accompanying schedules and	l stateme	ents, and to the best of m	y knowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which p			· •
	ŕ					

Sign Here									
	Print/Type preparer's name	Preparer's signature	Date						
Paid	MARY JANE PIERONI, CPA			^{II} self-employed P00538772					
Preparer	Firm's name 🍃 BDO USA, LLP		F	irm's EIN 13-5381590					
Use Only	Firm's address ⊾ 101 S HANLEY ROA	D, SUITE 800							
	ST LOUIS, MO 63	Р	Phone no. 314 - 889 - 1100						
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)								
332001 10-2	332001 10-29-13LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2013)								

	990 (2013) EVANGELICAL CHILDREN'S HOME 43-0654856 Pa
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ASSISTING CHILDREN, YOUTH AND THEIR FAMILIES IN THEIR QUEST FOR HEALTH
	AND WHOLENESS THROUGH FAITHFUL, PROFESSIONAL SERVICES.
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," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
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 \$ 3,899,914. including grants of \$ 151,692.) (Revenue \$ 2,846,19
	RESIDENTIAL TREATMENT SERVICES-ECH OFFERS SPECIALIZED CARE AS WELL AS BOTH SAFE AND INTENSIVE AND OPEN RESIDENTIAL TREATMENT SERVICES FOR
	TROUBLED CHILDREN AND YOUTH. THIS ALLOWS ECH TO ACCEPT INDIVIDUALS WI
	A WIDE SPECTRUM OF MENTAL HEALTH ISSUES. THE PURPOSE OF RESIDENTIAL
	TREATMENT FOR THE CHILD/YOUTH IS STABILIZATION AND IMPROVED
	FUNCTIONING. COMPREHENSIVE SERVICES AVAILABLE IN EACH LEVEL OF TREATMENT INCLUDE PSYCHIATRIC AND PSYCHOLOGICAL CARE; PHYSICAL HEALTH
	CARE; INDIVIDUAL, FAMILY AND GROUP THERAPY PROVIDED BY LICENSED
	PROFESSIONALS; CASE MANAGEMENT; CRISIS INTERVENTION; MEDICATION
	MANAGEMENT; SPECIAL EDUCATION SERVICES; AND RECREATION AND ART THERAP
	SAFE AND INTENSIVE UNITS (SI) SERVE 20 CHILDREN (10 MALE AND 10 FEMAL
4b	(Code:) (Expenses \$ 2,602,051. including grants of \$ 181,004.) (Revenue \$ 1,046,70
	STEPPINGSTONE INDEPENDENT/TRANSITIONAL LIVING SERVICES:
	ECH'S STEPPINGSTONE PROGRAM IS A COMPREHENSIVE PROGRAM THAT PROVIDES
	LONG-TERM SHELTER FOR AT-RISK, RUNAWAY AND HOMELESS YOUTH AGES 16-21
	TO 18-MONTHS IN A SAFE, SUPERVISED LIVING ENVIRONMENT. STEPPINGSTONE
	SERVICES ARE OFFERED ON BOTH ECH'S ST. LOUIS AND KANSAS CITY CAMPUSES
	BASED ON THE YOUTH'S LEVEL OF SELF- DEPENDENCE AT INITIAL ASSESSMENT,
	THE YOUTH IS PLACED IN THE APPROPRIATE LEVEL OF CARE AND SUPERVISION
	THE THREE PHASE PROGRAM IN EITHER A GROUP LIVING (PHASE 1), STRUCTURE APARTMENT (PHASE 2), OR A SCATTERED SITE/COMMUNITY APARTMENT (PHASE 3)
	STEPPINGSTONE PROVIDES SERVICES TO HELP YOUTH DEVELOP SELF-SUFFICENCY
4c	(Code:) (Expenses \$ 2,029,356. including grants of \$ 26,103.) (Revenue \$ 1,308,94
	FAMILY CONNECTIONS:
	ECH OFFERS A WIDE RANGE OF OFFICE AND COMMUNITY-BASED MENTAL HEALTH
	SERVICES THAT INCLUDE INDIVIDUAL AND FAMILY COUNSELING SESSIONS AND
	OUTPATIENT PSYCHIATRIC SERVICES TO CHILDREN AND YOUTH. SERVICES INCLU
	INDIVIDUAL AND FAMILY COUNSELING, PARENT EDUCATION AND CASE MANAGEMEN FOR FAMILIES IN CRISIS WITH YOUTH UNDER THE AGE OF 20 LIVING IN THE
	HOME.
	OUTPATIENT PSYCHIATRIC SERVICES ARE AVAILABLE TO CHILDREN AND YOUTH
	UNDER THE AGE OF 20 RESIDING IN ST. LOUIS COUNTY, MISSOURI. PSYCHIATRIC SERVICES PROVIDED INCLUDE ASSESSMENT, THERAPEUTICAL
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 487,886 · including grants of \$ 3,003 ·) (Revenue \$ 282,852 ·) Total program service expenses ▶ 9,019,207 ·
4e	Total program service expenses ► 9,019,207.
3200 0-29	SEE SCHEDULE O FOR CONTINUATION(S)
በባ	2 721 310548 8423.300 2013.06000 EVANGELICAL CHILDREN'S HOME 8423_3
50	AL SIGSIG GIZSISGO ZOISIGOUU EVANGELICAL CHILDREN S NOME 0423_3

P	art	IV
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Form 990 (2013)

EVANGELICAL CHILDREN'S HOME

Checklist of Required Schedules

endowments, or quasiendowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X as applicable. 10 X a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c) Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11d X d) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f) Did the organization separate or consolidated financial statements for the tax year? 11f X 11e X 120 Did the organization separate or consolidated, independent audited financial statements for the tax year? 11f X 11f X 121 Did the organization aschool described in section 170(b)(1/A)(ii)? If "Yes," complete Schedule D, Part X 11f X 11d X 122 Did the organization aschool described in sectio				Yes	No
2 Is the organization required to complete Schedule G. Contribution? 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, 'complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in loobying activities on behalf of or in opposition to candidates for any similar amounts as defined in NervouP recedure C. Part II 4 X 5 Is the organization ascetton 501(c)(4). 501(c)(5), or 501(c)(6) organization that ceaves membership dues, assessments, or ismilar amounts as defined in NervouP recedure D, Part II 6 X 6 Ub the organization reactive or hold ascetton or anounts in such finds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such (4). Depart II 7 X 7 Did the organization reactive or hold a conservation assements. Including assements to preserve open space, the environment. Instructures II Yes, 'complete Schedule D, Part II 7 X 7 Did the organization report an amount in Part X, ime 21, for escrow or outstodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit organization, hold assets in temporarily restricted endowments, permanent endowments, IP mark X, organization serveres 7 7 X 10 Did the organization report an amount for humosthmets - pro	1		1	x	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public direct PT Vess," complete Schedule C, Part II 3 X 4 Section 501(c)(3) organization sugge in lobbying activities, or have a section 501(b) election in effect during the taxy earl II 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as didinid in Revenue Procedure 88-1871 'Yes," complete Schedule C, Part II 6 X 6 Did the organization revenue Procedure 88-1871 'Yes," complete Schedule C, Part II 7 X 7 Did the organization mention any domor advised measement, including assemments to preserve open space, the environment, historic land areas, or historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for secrow or outstodial account liability; serve as a custodiant for amounts not listed in Part X, or provide credit conselling, dott management, credit regari, or dott negotiation services? If 'Yes," complete Schedule D, Part V 10 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 10 X 10 Did the organization servere any of the following questions is 'Ye	2			Х	
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect 4 X 5 Is the organization ascients 501(n)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Nervone Procedure B1971 'Yes,' complete Schedule C, Part II 5 X 6 6 Did the organization receive or hold acconservation assement, including assements to preserve open space, the environment, historical transa, or historical transaction report an advised funds or account? I 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or outodial account liability, serve as a custodian for amounts not listed in Part X, or provide cradit conselling, debt management, credit repair, or debt regolation services? If 'Yes,' complete Schedule D, Part II 9 X 10 Did the organization report an amount for investments - other securities in Part X, line 121, line 127, line 128, line 132, line 133, line 133, line 133, line 134,	3				
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the sayra // Yies, ' complete Schedule C, Part // Image: Complete Schedule C, Part // 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or amilar amounts as diffined in Revenue Procedure 80:1971 // Yes, ' complete Schedule D, Part // Image: Complete Schedule D, Part //			3		х
during the tax year? If 'Yes,' complete Schedule C, Part II 4 X 5 is the organization a section Schedule C, Part III 5 6 Did the organization maintain any othor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts for which donors have the right to the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts on tisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? 9 X 10 Did the organization report an amount for levestments - organization tensor any of the following questions is "Yes," then complete Schedule D, Part V 10 X 11 If the organization report an amount for levestments - organize facture dark X, line 12 that is 5% or more of its total assets reported in Part X, line 16? M 'Yes, 'complete Schedule D, Part X 11 X 12 Did	4				
5 Is the organization ascience S01(c)(4), S01(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceeding 9:199 // Y×s, "complete Schedule Q, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right or provide advice on the distribution or investment of amounts in such funds or accounts for Which donors have the right or the environment, historic land areas, or historic structures /// Yes, "complete Schedule D, Part II 6 X 9 Did the organization maintain collections of works of art, historical treasures, or other aimilar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or guasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for law of the following questions is "Yes," then complete Schedule D, Part V 11a X 2 Did the organization report an amount for law of the restorem is maintar assets reported in Part X, line 10? If "Yes," complete Schedule D, Part X 11a X 11 Did the organization report an am			4		Х
6 Did the organization maintain any donor advised funds or any similar funds or accounts for Which donors have the right to provide advice on the distribution or investment in such funds or accounts for Whick, "complete Schedule D, Part II 6 X 7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? II "Yes," complete Schedule D, Part II 7 X 8 Did the organization methation collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization methation collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Did the organization, directly of through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization recept an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X 11 Did the organization report an amount for investments - order securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part X 11a X 111 Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets re	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization included to provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanetic endowments; or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 9 Did the organization report an amount for investments - organization in the organization report an amount for investments - organization and the response mitted in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 9 Did the organization report an amount for investments - organization report an amount for investments - organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 10 Did the organization report an amount for investments for the tax year include a foothote that addresses the organization report an amount for investments or the say complete Schedule D, Part X 11a X 11a Did the organiza	6				
the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 7 X 9 Did the organization report an amount in Part X, line 11, 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporamily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 111 X 12 Did the organization report an amount for investments - other securities in Part X, line 15? If "Yes," complete Schedule D, Part VII 111 X 13 Did the organization report an amount for investments - other securities in Part X, line 15? If "Yes," complete Schedule D, Part VIII 111 X 20 Did the organization report an amount for investments - other securities in Part X, line 15? If "Yes," complete Schedule D, Part X 111 X 21 Did the organization report an amount for investments - other securities in Part X, line 15? If "Yes," complete Schedule D, Part X 111 X 22 Did the organization repo		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III B X 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? If "Yes," complete Schedule D, Part IV 9 X D Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X c Did the organization report an amount for other assets in Part X, line 15 ft "Yes," complete Schedule D, Part X 11t X c Did the organization report an amount for other assets Part Part X 11t X c<	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 10 X 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11a X 13 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11d X 14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11d X 12 Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11d X 12a X 11d		the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? g X If 'Yes,' complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent of andowments, or quasiendowments? If 'Yes,' complete Schedule D, Part V 10 X If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part V 11a X Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 11a X Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11a X Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11d X Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11d X It the asset asset reported in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11d X Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11d X It the organization obtain separate, inde	8		8		x
If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-andowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VX, or X as applicable. 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X 14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 11c X 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d X 12 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X A and XII 11d X 13 X Iff X 11d X 11d <t< th=""><td>9</td><td>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for</td><td></td><td></td><td></td></t<>	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>II</i> "Yes," complete Schedule <i>D</i> , <i>Part V</i> 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VI, VI, VII, VII, VI, VI			9		x
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization included in consolidated financial statements for the tax year? 11f X f Tid the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12a Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is optional 12a X	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
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Form 990 (2013)

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			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
~~	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,		x	
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	x	
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.15		
•	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
•	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	31		<u></u>
32		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

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Form 990 (2013)

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 38			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 227			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	-		v
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b				
10-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
d	Is the organization licensed to issue qualified health plans in more than one state?	134		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
u	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			
~	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
	in roo, has trined at onit r20 to report these payments in roo, provide an explanation in our due of			(0040)

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Form 990	(2013)	B) EVANGELICAL CHILDREN'S HC)ME
Part V	Sta	tatements Regarding Other IRS Filings and Tax Co	mpliance

EVANGELICAL CHILDREN'S HOME

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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			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 18						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other						
	officer, director, trustee, or key employee?	2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х			
6	Did the organization have members or stockholders?	6		Х			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or						
	more members of the governing body?	7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		х			
	persons other than the governing body?						
8							
а	· · · · · · · · · · · · · · · · · · ·						
b	, , , , , , , , , , , , , , , , , , , ,						
9							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		х				
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	л Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~				
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
10	in Schedule O how this was done						
13	· · · · · · · · · · · · · · · · · · ·						
14 15	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15-	х				
a b	The organization's CEO, Executive Director, or top management official	15a 15b	- 23	X			
b	Other officers or key employees of the organization	130					

	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		
	taxable entity during the year?	16a	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
	exempt status with respect to such arrangements?	16b	

exempt status with respect to such arrangements? Section C. Disclosure

NONE states with which a conv of this Form 990 is required to be filed \blacktriangleright

17	List the states with which a copy of this Form 990 is required to be filed NONE
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 Image: Check all that apply.
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, physical address, and telephone number of the person who possesses the books and records of the organization: BETTY MARKOWSKI - 314-427-3755
	1220 NORTH LINDBERGH, ST. LOUIS, MO 63132
332006	a 10-29-13 Form 990 (2013)

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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	(C) Positio (do not check mor		(C) Position		one	(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week (list any hours for related organizations	rustee or director			irecto	Highest compensated Stord Size	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
	below line)	Individual t	Institutio	Officer	Key employee	Highest of employed	Former			organizations
(1) REGINA BERWIN DIRECTOR	0.20	x						0.	0.	0.
(2) OLIVER BERWIN	1.00									
DIRECTOR		Х						0.	0.	0.
(3) ROBERT BRANNOM DIRECTOR	0.10	x						0.	0.	0.
(4) JEREMY FETTIG	0.20								••	
DIRECTOR	0.20	x						0.	0.	0.
(5) GERHARD GLASSL	0.40									
DIRECTOR		х						0.	0.	0.
(6) ALAN HAUTLY	0.20									
DIRECTOR		Х						0.	0.	0.
(7) RONALD HAIL	0.40									
DIRECTOR		X						0.	0.	0.
(8) GAIL SAXTON	1.00									
DIRECTOR		X						0.	0.	0.
(9) SUSAN SHELTON	0.20									
DIRECTOR		Х						0.	0.	0.
(10) LUCILLE SMITH	0.10									
DIRECTOR		Х						0.	0.	0.
(11) SELENA VAUGHN	0.20									
DIRECTOR		Х						0.	0.	0.
(12) ANNIE WILLIAMS	0.20									-
DIRECTOR		Х						0.	0.	0.
(13) SHARI SMITH	5.00									
PRESIDENT		Х		Х				0.	0.	0.
(14) DAVID VIEHMAN	0.20									
VICE PRESIDENT		Х		Х				0.	0.	0.
(15) PAUL FLYNN	4.00									
TREASURER		Х		Х				0.	0.	0.
(16) STEPHEN SCHROEDER	2.00									•
ASSISTANT TREASURER		X		х				0.	0.	0.
(17) DENNIS MERTZ	2.00			<u> </u>						•
SECRETARY		Х		Х				0.	0.	0.
332007 10-29-13						_				Form 990 (2013)

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Form	990	(2013)
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Part VII Section A. Officers, Directors, Trus		ploy	ees	, and	d Hi	ighe	st (Compensated Employe	es (continued)			
(A)	(B)		(C)					(D)	(E)		(F)
Name and title	Average	Position (do not check more than o			ר than	one	Reportable	Reportable			nated	
	hours per week	box	, unle	ss pei	rson	is bot or/trus	th an		compensation	n		unt of
	(list any							_ from the	from related organizations			her ensation
	hours for	direct				_			(W-2/1099-MIS		•	n the
	related	ee or	stee			nsate		(W-2/1099-MISC)		,		ization
	organizations	trust	nal tru		yee	ompe		, , ,			and r	elated
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				organi	zations
	line)	pul	lns	Offi	Key	Higen	For					
(18) JAMES BROOKS	0.10	x		v				0.		ο.		0
VICE PRESIDENT (19) MICHAEL BRENNAN	32.00	^		X				0.		0.		0.
CHIEF EXECUTIVE OFFICER	8.00			x				119,352.		ο.	31	,082.
(20) DONETTA KOWALSKI	32.00							115,552.		••		,002.
CHIEF FINANCIAL OFFICER	8.00			x				76,184.		0.	9	,980.
	0.00							/0/2010		<u> </u>		/ 5 6 6 1
		1										
							Ĺ	195,536.		0.	11	060
1b Sub-total								195,550.		0.	41	<u>,062.</u> 0.
c Total from continuation sheets to Part VI								195,536.		0.	/1	,062.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n 									000 of reportable	-	41	,002.
compensation from the organization		lose	liste	eu ai	DOV	e) wi		received more than \$100	,000 of reportable	е		1
											Y	es No
3 Did the organization list any former officer,	director. or tru	ustee	ə. ke	ev en	npla	ovee	. or	highest compensated e	no eevolam	ſ		
line 1a? If "Yes," complete Schedule J for s			,	,	•	,	,	5	1 5		3	X
4 For any individual listed on line 1a, is the su	m of reportab	le co	omp	ensa	atior	n and	d ot	ther compensation from	the organization			
and related organizations greater than \$150),000? If "Yes,	" со	mple	ete S	Sche	edule	e J	for such individual	-		4	X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	y unr	rela	ted organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										pensa	ation fro	m
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	/ithi		/ear.		(0)	
(A) Name and business	address							(B) Description of services			(C) ompens	ation
MICHAEL SHANKER, MD												
301 RIDGETRAIL DRIVE, ST	LOUIS	. 1	10	63	30:	17		PSYCHIATRIC	SERVICES		245	,888.
2 Total number of independent contractors (i		ot li	mite	d to	tho	se li: 1	steo	d above) who received m	ore than			
\$100,000 of compensation from the organiz	zation 🕨					T					- 01	0 (00 : -:
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Form 990 (20)13)	EVANGEL
Part VIII	Statemen	t of Revenue

EVANGELICAL CHILDREN'S HOME

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			Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			L
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Grants nounts	1	а	Federated campaigns	1a					
			Membership dues						
Am 0,0			Fundraising events		95,475.				
a Git			Related organizations						
in, in		е	Government grants (contribut	ions) 1e	2,717,853.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grant	ts, and					
			similar amounts not included above	/e 1f	1,481,368.				
1 T T T T T T T		g	Noncash contributions included in lines	1a-1f: \$	112,969.				
δĞ		h	Total. Add lines 1a-1f			4,294,696.			
					Business Code	F 444 000	5 444 000		
ice	2	-	CLIENT FEES		624100	5,441,233.	5,441,233.		
ue v		b							
Program Service Revenue		с							
gra Re		d							
Pro		e ∡	All other program convice rave						
			All other program service reve			5,441,233.			
-	3		Total. Add lines 2a-2f			3,111,200.			
	5		other similar amounts)			690,465.			690,465.
	4		Income from investment of tax			,			
	5		Royalties						
	-		···· , -·····	(i) Real	(ii) Personal				
	6	а	Gross rents	1.					
		b	Less: rental expenses	0.					
		с	Rental income or (loss)	1.					
		d	Net rental income or (loss)		►	1.	1.		
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	11,395,763.	1,700.				
		b	Less: cost or other basis						
			and sales expenses	9,137,958.	0.				
			Gain or (loss)						
			Net gain or (loss)		▶	2,259,505.			2,259,505.
an	8	а	Gross income from fundraising						
			including \$ 95						
Other Rever			contributions reported on line		E0 E74				
her		Ŀ-	Part IV, line 18		58,574. 58,574.				
ð			Less: direct expenses Net income or (loss) from func			0.			
			Gross income from gaming ac	-		0.			
	3	a	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam		•				
			Gross sales of inventory, less	-					
			and allowances		17,455.				
		b	Less: cost of goods sold		6,692.				
		с	Net income or (loss) from sale	s of inventory	►	10,763.		10,763.	
[Miscellaneous Revenu		Business Code				
[11	а	MISC		900099	43,463.	43,463.		
		b							ļ
		С							ļ
			All other revenue						
		е	Total. Add lines 11a-11d		🕨	43,463.			
33200	12		Total revenue. See instructions.		►	12,740,126.	5,484,697.	10,763.	
332009 10-29-	-13					9			Form 990 (2013)

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EVANGELICAL CHILDREN'S HOME

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	243 ((A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	361,802.	361,802.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	251 100	210 079	22 012	10 160
	trustees, and key employees	254,189.	210,978.	33,042.	10,169
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	5,758,834.	4,799,462.	758,474.	200,898
7 8	Other salaries and wages Pension plan accruals and contributions (include	5,,50,054		, , , , , , , , , , , , , , , , , , , ,	200,000
0	section 401(k) and 403(b) employer contributions)	143,634.	90,102.	40,613.	12,919
9	Other employee benefits	655,515.	576,440.	70,755.	8,320
0	Payroll taxes	447,161.	374,969.	56,613.	15,579
1	Fees for services (non-employees):		,		
a	Management				
b	Legal	10,172.		10,172.	
	Accounting	46,885.		46,885.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	717,609.	631,929.	63,735.	21,945
12	Advertising and promotion	12,696.	4,737.	2,751.	5,208
3	Office expenses	280,960.	151,311.	52,406.	77,243
4	Information technology				
15	Royalties				
6	Occupancy	351,753.	340,949.	10,804.	
7	Travel	179,890.	163,933.	14,839.	1,118
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	0 800		0 700	
20	Interest	2,722.		2,722.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	565,842.	565,842. 247,595.	21 211	E 012
3		284,819.	247,595.	31,311.	5,913
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	MAINTENANCE	234,677.	233,889.	540.	248
a b	FOOD	210,003.	210,003.	5101	240
с С	SPECIAL EVENTS	78,812.	,		78,812
d	MISC	37,610.	3,287.	34,240.	83
	All other expenses	94,907.	51,979.	41,188.	1,740
5	Total functional expenses. Add lines 1 through 24e	10,730,492.	9,019,207.	1,271,090.	440,195
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		Loans and other receivables from other disqua						
ts		section 4958(f)(1)), persons described in section						
		employers and sponsoring organizations of sec						
		employees' beneficiary organizations (see instr)			6			
Assets	7	Notes and loans receivable, net		15,427.	7	45,225.		
¥	8	Inventories for sale or use				-	8	
	9	Prepaid expenses and deferred charges				57,169.	9	42,364.
		Land, buildings, and equipment: cost or other	I I			•		-
	lou	basis. Complete Part VI of Schedule D	102	14,593,908.				
	h	Less: accumulated depreciation	10a		5	586,235.	10c	5,410,450.
	11			5,105,450.		279,135.	11	18,547,836.
	12	Investments - publicly traded securities Investments - other securities. See Part IV, line			10,	275,155.	12	10,517,0500
							13	
	13	Investments - program-related. See Part IV, line						
	14	Intangible assets			<u> </u>	844,076.	14	2,947,516.
	15	Other assets. See Part IV, line 11			<u>- 4,</u> - 20	147,564.	15	28,966,397.
	16	Total assets. Add lines 1 through 15 (must equ			20,		16	
	17	Accounts payable and accrued expenses				760,065.	17	185,016.
	18	Grants payable		21 701	18	24 200		
	19	Deferred revenue		34,721.	19	24,399.		
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					21	
ies	22	Loans and other payables to current and forme						
Liabilities		key employees, highest compensated employe						
.iat		Complete Part II of Schedule L			22			
-	23	Secured mortgages and notes payable to unrel			23	25 000		
	24	Unsecured notes and loans payable to unrelate	ed third p	parties		28,495.	24	35,000.
	25	Other liabilities (including federal income tax, pa	ayables t	o related third				
		parties, and other liabilities not included on line	s 17-24).	Complete Part X of	_			
		Schedule D		213,204.				
	26	Total liabilities. Add lines 17 through 25			2,	036,485.	26	1,921,111.
		Organizations that follow SFAS 117 (ASC 95	8), check	k here ▶ 🖾 and				
es		complete lines 27 through 29, and lines 33 a	nd 34.					
anc	27	Unrestricted net assets				692,543.		22,886,918.
3al	28	Temporarily restricted net assets				489,640.	28	1,126,477.
Ъ	29	Permanently restricted net assets			2,	928,896.	29	3,031,891.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	ASC 958)), check here 🕨 🛄 📗				
o.	and complete lines 30 through 34.							
ets	30	Capital stock or trust principal, or current funds					30	
Ass	31	Paid-in or capital surplus, or land, building, or e	quipmen	t fund			31	
et /	32	Retained earnings, endowment, accumulated in	ncome, o	or other funds			32	
z	33	Total net assets or fund balances				111,079.	33	27,045,286.
	34	Total liabilities and net assets/fund balances			28,	147,564.	34	28,966,397.
								Form 990 (2013)

EVANGELICAL CHILDREN'S HOME

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from other disqualified persons (as defined under

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 43-0654856 Page 11

(A) Beginning of year

496,352.

20,299.

848,871.

1 2

3

4

5

(B) End of year

473,865.

656,189.

842,952.

Part X | Balance Sheet

Form 990 (2013)

1

2

3

4

5

6

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Form	1990 (2013) EVANGELICAL CHILDREN'S HOME	43-	065485	6	Page 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			126.
2	Total expenses (must equal Part IX, column (A), line 25)	2			492.
3	Revenue less expenses. Subtract line 2 from line 1	3			,634.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,079.
5	Net unrealized gains (losses) on investments	5	- 9	92,	,891.
6	Donated services and use of facilities	6			
7	Investment expenses	7	_	77,	643.
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-4	,893.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	27,0	45,	,286.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Y	es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			5 Z	ζ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			<u>c</u> Σ	ζ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit		
	Act and OMB Circular A-133?			a 📃	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			5	

Form 990 (2013)

SCHEDULE A	
------------	--

Department of the Treasury

(Form	990	or	990-EZ)
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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.

Open to Public

OMB No. 1545-0047

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u> .							tion							
Name of the organization Employer identif							icatio	n num	ber					
			EVANGEL	ICAL CHILDRE	N'S H	OME				4	3-06	548	856	
Pa	art I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this parl	.) See inst	ructions.					
The	orgar	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1		A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i)						
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
4		A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hos	pital's	name,	,
		city, and state:												
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	oed in			
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6		A federal, sta	te, or local governm	ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).						
7	X	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit c	r from the	general	public	descri	bed in	
		section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8		A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9		An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gros	s rece	eipts fro	om
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	/3% of its	support	t from g	ross ir	nvestm	ient
		income and ι	Inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	nization	after Ju	une 30	, 1975	
		See section	509(a)(2). (Complete	e Part III.)										
10		An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	ŀ).					
11		An organizati	on organized and op	perated exclusively for th	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	e purpos	ses of	one or	
		more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509(a	a)(3). Ch	eck the	box t	hat	
		describes the	e type of supporting	organization and comple		Ū.								
		a 📖 Type I			ype III - Fu	-	-		• •	e III - No		-	-	
e	•	, ,		t the organization is not		•				•	•			
			•	han one or more publicly		•				9(a)(1) or	sectior	ı 509(a	a)(2).	
1		•		ten determination from t										
				nis box										
ç	J	-		rganization accepted ar			-		• •			Г		
				irectly controls, either al									Yes	No
				upported organization?								1g(i)		
				n described in (i) above?								g(ii) g(iii)		
ł				person described in (i) of about the supported or							[11]	<u>9(11) </u>		
'	•	T TOVIDE LITE I	ollowing information	about the supported of	ganzation	(3).								
(i) Name	e of supported	(ii) EIN	(iii) i ypo o'i o'i guinzuiion		organization			(vi) Is organizatio	the	(vii) An	nount c	of mone	tary
	org	anization				sted in your document?		ion in col.	(i) organiz	ed in the		suppo	ort	
				above or IRC section (see instructions))				-	U.S.					
				, ,,	Yes	No	Yes	No	Yes	No				

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Form 990 or 990-EZ.

Total

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LHA For Paperwork Reduction Act Notice, see the Instructions for

2013.06000 EVANGELICAL CHILDREN'S HOME 8423_301

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 EVANGELICAL CHILDREN'S HOME

43-0654856 Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,039,055.	3,146,153.	3,691,184.	2,821,377.	4,294,696.	14,992,465.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,039,055.	3,146,153.	3,691,184.	2,821,377.	4,294,696.	14,992,465.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1,081,497.
6	Public support. Subtract line 5 from line 4.						13,910,968.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	1,039,055.	3,146,153.	3,691,184.	2,821,377.	4,294,696.	14,992,465.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	506,812.	531,292.	546,817.	634,379.	690,466.	2,909,766.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		12,359.	9,368.	8,431.	10,763.	40,921.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	53,955.	100,773.	123,492.	57,419.	43,468.	379,107.
11	Total support. Add lines 7 through 10						18,322,259.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 21	,858,757.
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					>
	ction C. Computation of Publ						
	Public support percentage for 2013 (14	75.92 %
	Public support percentage from 2012					15	70.17 %
1 6a	33 1/3% support test - 2013. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2012. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					•	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the				• •		
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2013

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Schedule A (Form 990 or 990 EZ) 2013 EVANGELICAL CHILDREN'S HOME Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support	() 0000	<i>"</i>)	() 00//	()) 00 (0)	() 00/0	(0
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	r the organization'	first socood this	d fourth or fifth t			
14	First five years. If the Form 990 is for check this box and stop here	-			•		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (column (f))		15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inve						
17	Investment income percentage for 20	13 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2012 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33.1/3% , and line	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tl			
33202	23 09-25-13			15	Sch	edule A (Form 99	00 or 990-EZ) 2013

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t IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12
	Also complete this part for any additional information. (See instructions).

32024 09-25-13	Schedule A (For	m 000 or 000 EZ

Schedule of Contributors

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at <u>www.irs.gov/form990</u>. OMB No. 1545-0047

2013

Employer identification number

43-0654856

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

EVANGELICAL CHILDREN'S HOME

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., purpose, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2013)

Employer identification number

43-0654856

EVANGELICAL CHILDREN'S HOME

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

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
— <u>-</u>			
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		—	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
-		—	
-			

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lame of orga	nization		Employer identification number
EVANGE:	LICAL CHILDREN'S HOME		43-0654856
Part III	Exclusively religious, charitable, etc., ind year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e Use duplicate copies of Part III if addition	tc., contributions of \$1,000 or less for)(7), (8), or (10) organizations that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		·	
		(e) Transfer of gif	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	 t
	Transferee's name, address, a	., -	Relationship of transferor to transferee
-			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	 t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
-			
23454 10-24-1	3	20	Schedule B (Form 990, 990-EZ, or 990-PF) (20

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SCHEDULE D)
------------	---

(Form 990)

Supplemental Financial Statements

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

ONIB NO. 1545-0047
2013
Open to Public

.....

 Department of the Treasury Internal Revenue Service
 ► Information about Schedule D (Form 990) and its instructions is at www irs gov/form990

 Name of the organization
 Empl

Employer identification number

	EVANGELICAL CHILDRE		43-0654856
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or <i>I</i>	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's e	xclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose confe	erring
	impermissible private benefit?		
Pa			
1	Purpose(s) of conservation easements held by the organization		, ,
•	Preservation of land for public use (e.g., recreation or ed		Illy important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a c	onservation easement on the last
-	day of the tax year.		
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic structure		20 20
с С			
a	Number of conservation easements included in (c) acquired af		
•	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the orga	inization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
-	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and er		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the o	rganization's accounting for
De	conservation easements.	Art Historical Traceruse or Other	Cimilar Accete
Pa	t III Organizations Maintaining Collections of		Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhil		f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
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, edu	ucation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 110	6 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2013

21 2013.06000 EVANGELICAL CHILDREN'S HOME 8423_301

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Sche	dule D (Form 990) 2013 EVANGEL	ICAL CHILD	REN'S HOME				43-06	5485	5 Pa	age 2
Par	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, c	or Othe	r Simila	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	t are a sig	gnificant	use of its	collectio	n item	S
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizati	on's exen	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or oth	er similar	assets		-		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		te if the organizatio	on answered '	'Yes" to F	⁻ orm 990	, Part IV, I	ine 9, or		
12	Is the organization an agent, trustee, custod		iany for contribution	ns or other as	sets not i	ncluded				
ia	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:				······	103		1 110
			lowing table.					Amount		
с	c Beginning balance							,		
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21?			·		Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par).				
		(a) Current year	(b) Prior year	(c) Two year	s back 🚺	d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	2,953,569.	2,732,274.	2,417	7,144.	2,4	68,284.	1	943,	844.
	Contributions	245.	100.			113.				
	Net investment earnings, gains, and losses	142,899.	365,168.	411	L,920.		46,660.		643,	148.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	23,214.	143,973.	96	5,790.		97,913.		118,	708.
f	Administrative expenses									
	End of year balance	3,073,499.	2,953,569.	2,732	2,274.	2,4	17,144.	2	468,	284.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment > 98.65	%	_							
		1.35 %								
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held a	Ind administe	red for th	e organiz	zation			
	by:							Γ	Yes	No
	(i) unrelated organizations							3a(i)	Х	
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a. S	ee Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Ac	cumulate	ed	(d) Bool	k value	е
		basis (investr	,	(other)	dep	reciation				
1a	Land			1,545.						45.
	Buildings		12,91	9,992.	7,8	44,0	07.	5,07	5,9	85.
	Leasehold improvements									
	Equipment			6,601.		39,92				80.
	Other		37	5,770.	2	99,5			5,2	
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10(c).)				5,410),4	50.
							Schedule	D (Form	n 990)	2013

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Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	r end-of-year market value
(1) Financial derivatives			•
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)	. <u></u>		
(F)	. <u></u>		
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
	to Forme 000 Dout IV/ line		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	r end of vear market value
	(b) DOOK value	(c) Method of Valdation. Cost of	i end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		_	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTEREST TRUST	S		2,947,516
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	. 15)		2,947,516
I GLAI, COULINIT (D) THUSE EQUALT OTHER 330, FALLA, COL. (D) III IC			
Part X Other Liabilities.			e 25.
Part X Other Liabilities. Complete if the organization answered "Yes"		e 11e or 11f. See Form 990, Part X, lir	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability			e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes		e 11e or 11f. See Form 990, Part X, lir (b) Book value	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES		e 11e or 11f. See Form 990, Part X, lir (b) Book value 276 , 425 .	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES (3) ACCRUED VACATION		e 11e or 11f. See Form 990, Part X, lir (b) Book value 276 , 425 . 235 , 794 .	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES (3) ACCRUED VACATION (4) GIFT ANNUITY LIABILITY		e 11e or 11f. See Form 990, Part X, lir (b) Book value 276, 425. 235, 794. 1, 113, 743.	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES (3) ACCRUED VACATION (4) GIFT ANNUITY LIABILITY (5) ENTERPRISE LEASING		e 11e or 11f. See Form 990, Part X, lir (b) Book value 276, 425. 235, 794. 1, 113, 743. 17, 919.	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES (3) ACCRUED VACATION (4) GIFT ANNUITY LIABILITY (5) ENTERPRISE LEASING (6) ACCRUED PENSION COSTS		e 11e or 11f. See Form 990, Part X, lir (b) Book value 276,425. 235,794. 1,113,743. 17,919. 29,315.	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES (3) ACCRUED VACATION (4) GIFT ANNUITY LIABILITY (5) ENTERPRISE LEASING (6) ACCRUED PENSION COSTS (7) DUES AND PLEDGES PAYABLE		e 11e or 11f. See Form 990, Part X, lir (b) Book value 276, 425. 235, 794. 1, 113, 743. 17, 919.	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES (3) ACCRUED VACATION (4) GIFT ANNUITY LIABILITY (5) ENTERPRISE LEASING (6) ACCRUED PENSION COSTS (7) DUES AND PLEDGES PAYABLE (8)		e 11e or 11f. See Form 990, Part X, lir (b) Book value 276,425. 235,794. 1,113,743. 17,919. 29,315.	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES (3) ACCRUED VACATION (4) GIFT ANNUITY LIABILITY (5) ENTERPRISE LEASING (6) ACCRUED PENSION COSTS (7) DUES AND PLEDGES PAYABLE (8) (9)	to Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, lir (b) Book value 276,425. 235,794. 1,113,743. 17,919. 29,315. 3,500.	e 25.
Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED WAGES (3) ACCRUED VACATION (4) GIFT ANNUITY LIABILITY (5) ENTERPRISE LEASING (6) ACCRUED PENSION COSTS (7) DUES AND PLEDGES PAYABLE (8)	to Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, lir (b) Book value 276,425. 235,794. 1,113,743. 17,919. 29,315. 3,500. 1,676,696.	

Schedule D (Form 990) 2013

332053 09-25-13

Schedule D	(Form 990) 2013

Pa	rt XI Reconcilia	ition of Revenue per Audited Financial Sta	tements With Rever	ue per Return.	
	Complete if th	ne organization answered "Yes" to Form 990, Part IV, lir	e 12a.		
1	Total revenue, gains,	and other support per audited financial statements			
2	Amounts included or	n line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains	on investments	2a		
b		d use of facilities			
с	Recoveries of prior y	ear grants	2c		
d	Other (Describe in Pa	art XIII.)	2d		
е	Add lines 2a through	2d		2e	
3	Subtract line 2e from	1 line 1			
4		n Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses	s not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Pa	art XIII.)	4b		
с	Add lines 4a and 4b				
5		nes 3 and 4c. (This must equal Form 990, Part I, line 12			
Pa	rt XII Reconcilia	tion of Expenses per Audited Financial St	atements With Expe	nses per Return.	
		ne organization answered "Yes" to Form 990, Part IV, lir			
1	Total expenses and I	osses per audited financial statements			
2	Amounts included or	n line 1 but not on Form 990, Part IX, line 25:			
а	Donated services an	d use of facilities	2a		
b	Prior year adjustmen	ts	2b		
С	Other losses		2c		
d	Other (Describe in Pa	art XIII.)	2d		
е	مانون ومناطره ومعاد المام الم				
2		2d			
3		1 2d			
3 4	Subtract line 2e from				
-	Subtract line 2e from Amounts included or	n line 1			
4	Subtract line 2e from Amounts included or Investment expenses	n line 1 n Form 990, Part IX, line 25, but not on line 1:	4a		
4 a b	Subtract line 2e from Amounts included or Investment expense Other (Describe in Pa Add lines 4a and 4b	n line 1 n Form 990, Part IX, line 25, but not on line 1: s not included on Form 990, Part VIII, line 7b art XIII.)	4a 4b	3 4c	
4 a b c 5	Subtract line 2e from Amounts included or Investment expenses Other (Describe in Pa Add lines 4a and 4b Total expenses. Add	n line 1 n Form 990, Part IX, line 25, but not on line 1: s not included on Form 990, Part VIII, line 7b art XIII.)	4a 4b	3 4c	

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:

ENDOWMENT FUNDS ARE HELD AND ADMINISTERED FOR EVANGELICAL

CHILDREN'S HOME BY UNRELATED ORGANIZATIONS. THE INTENDED USE OF THE

ENDOWMENT FUNDS ARE RESTRICTED TO THE STATED PURPOSE OF EACH ENDOWMENT

DOCUMENT. DUE TO MULTIPLE ENDOWMENTS, THE INTENDED USES VARY.

PART X, LINE 2:

FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING

STANDARDS CODIFICATION ("ASC") SECTION 740-10 CLARIFIES THE ACCOUNTING FOR

INCOME TAXES BY PRESCRIBING THE MINIMUM STANDARD A TAX POSITION IS

REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. THE

ORGANIZATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITION THAT SHOULD BE

Schedule D (Form 990) 2013

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ACCOUNTED FOR UNDER ASC 740-10.

Schedule D (Form 990) 2013

332055 09-25-13

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service Name of the organization							OMB No. 1545-0047	
·	GEL	ICAL CHILDREN'S HO	ME				43-065	dentification number 54856
Part I Fundraising Activ required to complete th	vities	 Complete if the organization answe 	red "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990	EZ filers are not
 Indicate whether the organizati a Mail solicitations b Internet and email solicit c Phone solicitations d In person solicitations 2 a Did the organization have a we key employees listed in Form 9 	on rais tations ritten o 990, P	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) purse	ion of ion of fundra (incluo rofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru: fundraising services?	stees	ר 🗌 ו	′es No to be
(i) Name and address of individu or entity (fundraiser)	lal	(ii) Activity	(iii) fundr have ci or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained b fundraiser ted in col. (i)	y) to (or retained by)
			Yes	No				
Total								
3 List all states in which the orga or licensing.	nizatio	on is registered or licensed to solicit o	contrib	outions	s or has been notified	d it is	exempt fror	n registration
LHA For Paperwork Reduction Ac	t Not	ice, see the Instructions for Form (990 or	990.1	F7. 9	Scher	dule G (Form	n 990 or 990-EZ) 2013
332081 09-12-13				000-1				

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Schedule G (Form 990 or 990-EZ) 2013 EVANGELICAL CHILDREN'S HOME

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups	•			
		of fundraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
						(d) Total events (add col. (a) through
				GOLF	1	col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	85,714.	66,219.	2,116.	154,049.
	2	Less: Contributions	50,440.	43,510.	1,525.	95,475.
	3	Gross income (line 1 minus line 2)	35,274.	22,709.	591.	58,574.
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs	31,052.	14,286.	350.	45,688.
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,222.	8,423.	241.	12,886.
	10	1 , 3			►	58,574.
Pa		Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		990 Part IV line 19 or r	reported more than	0.
		\$15,000 on Form 990-EZ, line 6a.			oportou moro mari	
<u>م</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
Rev	1	Gross revenue				
	-					
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		▶	
•	F					
		ter the state(s) in which the organization operat the organization licensed to operate gaming ac		states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	voked, suspended or te	rminated during the tax	year?	Ves No
b	IT "	Yes," explain:				
33208	32 09	9-12-13			Schedule G (For	m 990 or 990-EZ) 2013

Schedule G (Form 990 or 990-EZ) 2013 EVANGELICAL CHILDREN'S HOME	43-06	5485	6 Page 3
11 Does the organization operate gaming activities with nonmembers?	[Yes	
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	s 🗌 No
13 Indicate the percentage of gaming activity operated 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 reco			
Name			
Address			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? \dots	[Yes	5 🗆 No
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the am	ount		
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	Г	Ve	
retain the state gaming license?		Yes	s 🛄 No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t 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	Dort III line	0 0h	106 156
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruc		es 9, 9D,	100, 150,
		000 07 0	00_EZ\ 0040
332083 09-12-13 Schedule 28	-		90-EZ) 2013

12400721 310548 8423.300 2013.06000 EVANGELICAL CHILDREN'S HOME 8423_301

SCHEDU				irants and Oth					OMB No.	
(Form 99	0)			vernments, ar					20	13
	of the Treasury enue Service		-	on about Schedule I	Attach to For	m 990.		20	Open to Inspe	
Name of t	the organizatior			EN'S HOME	, <u>,</u>				Employer identification 43-06	
Part I		ormation on Grants a								
crite	eria used to aw	ard the grants or assi	stance?	e amount of the grants				sistance, and the selec	ction X Yes	No No
Part II							anization answered "	Yes" to Form 990, Par	t IV line 21 for any	
	-			be duplicated if addit						
1 (a)		ress of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of g or assistance	
2 Ent	er total number	of section 501(c)(3) a	and government or	ganizations listed in th	ne line 1 table				▶	
		of other organization								
LHA Fo	or Paperwork F	Reduction Act Notice	e, see the Instruct	ions for Form 990.					Schedule I (Form	990) (2013)

EVANGELICAL CHILDREN'S HOME

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
REIMBURSEMENT FOR SUPPLIES AND LIVING QUARTERS	304	361,802.	0.	CASH	

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

(Fo	HEDULE J rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	OMB No. 15 20 Open to	13
	truent of the Treasury al Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form9.		
_		nployer identificatio	n number
	EVANGELICAL CHILDREN'S HOME	43-0654856	5
Pa	rt I Questions Regarding Compensation		
			Yes No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal Travel for companions Payments for business use of personal reside Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	use	
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	1b	
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 in line 1a?		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee	to	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
а	Receive a severance payment or change-of-control payment?	4a	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
5	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		v
a	The organization?		
b	Any related organization?	<u>5</u> b	
~	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
~	contingent on the net earnings of:	6a	x
	The organization?		X
U	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments		
-	not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		
	Regulations section 53.4958-6(c)?		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990) 201

332111 09-13-13 Schedule J (Form 990) 2013

EVANGELICAL	CHILDREN'S	HOME
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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in prior Form 990
(1) MICHAEL BRENNAN	(i)	119,352.	0.	0.	16,833.	14,249.	150,434.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
							<u></u>	

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43-0654856

EVANGELICAL CHILDREN'S HOME

Page 3

Part III Supplemental Information

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

Name of the organization

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

Attach to Form 990.

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

Open to Public . Inspection Employer identification number

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_	EVANGELICAL	CHILDR	EN'S HOME		43-	065485	6
Pai	rt 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 c noncash contrik	letermining	ints
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	X		67,232.	THRIFT STO	RE VAL	UE
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
0	Securities - Closely held stock						
1	Securities - Partnership, LLC, or trust interests						
2	Securities - Miscellaneous						
13	Qualified conservation contribution -						
4	Historic structures Qualified conservation contribution - Other						
15	Real estate - Residential						
6	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
9	Food inventory	X	7	626.	FAIR MARKE	T VALU	E
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (AUCTION ITEMS)	Х	107		FAIR MARKE	T VALU	Έ
26	Other \blacktriangleright (MISC REC, OFF)	Х	30		THRIFT STO	RE VAL	UE
27	Other (MISC CONTRIBU)	X	30		FAIR MARKE	T VALU	Έ
.8	Other (CHRISTMAS)	Х	72	7,370.	THRIFT STO	RE VAL	UE
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	ontributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			
						Yes	s N
30a	During the year, did the organization receive b	y contributio	on any property rej	oorted in Part I, lines 1 - 28, 1	hat it must hold for		
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exen	npt purposes for		
	the entire holding period?					30a	2
b	If "Yes," describe the arrangement in Part II.						
81	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standard contrib	utions?	31	2
82a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash			
	contributions?					32a	2
b	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) f	or a type of prope	rty for which column (a) is ch	necked,		
	describe in Part II.		· · ·				

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	 Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization e number of contributions, the number of items received, or a combination of both. Also complet ion.
32142 09-03-13	Schedule M (Form 990)
	35

SCHEDULE O

(Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

EVANGELICAL CHILDREN'S HOME

Inspection Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number 43-0654856

OMB No. 1545-0047

Open to Public

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ASSISTING CHILDREN AND THEIR FAMILIES IN THEIR OUEST FOR HEALTH AND

WHOLENESS THROUGH FAITHFUL, PROFESSIONAL SERVICES.

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

AGES 6 THROUGH 17. CHILDREN PLACED IN OUR SI UNITS HAVE OFTEN SUFFERED

PHYSICAL, EMOTIONAL AND/OR SEXUAL ABUSE AND NEGLECT AND HAVE HIGHLY

ACUTE NEEDS. YOUTH IN THE SI UNITS FREQUENTLY DISPLAY BEHAVIORS SUCH

AS SELF-HARMING TENDENCIES; PHYSICAL AND SEXUAL AGGRESSION.

SOCIAL BEHAVIOR LEARNING UNITS (SBLU) IS A SPECIALIZED UNIT SERVING 9

MALE YOUTH AGES 10 TO 16.5 WITH SEVERE MENTAL HEALTH CHALLENGES DUE TO

PHYSICAL, EMOTIONAL AND/OR SEXUAL ABUSE AND NEGLECT AND DIAGNOSED WITH

MILD/MODERATE RETARDATION AND/OR A DEVELOPMENTAL DISABILITY. SBLU IS

OUR MOST HIGHLY STAFFED UNIT DUE TO THE COMPLEXITY OF NEED. THE

AVERAGE LENGTH OF STAY IS EXPECTED TO BE 180 DAYS (6 MONTHS). HOWEVER,

DUE TO THE COMPLEXITY OF NEED YOUTH GENERALLY STAY LONGER.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: INCLUDING EDUCATIONAL AND EMPLOYMENT ASSISTANCE, LIFE SKILLS TRAINING, INDIVIDUAL CASE MANAGEMENT, AND PHYSICAL AND MENTAL HEALTH TREATMENT.

STEPPINGSTONE SERVICES ARE BASED ON THE POSITIVE YOUTH DEVELOPMENT

PHILOSOPHY WITH AN OVERALL GOAL OF ASSISTING YOUTH TO PLAN FOR A

STABLE, SAFE LIVING ENVIORNMENT AFTER EXITING THE PROGRAM.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013) 332211 09-04-13 36

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Name of the organization EVANGELICAL CHILDREN'S HOME	Employer identification number $43-0654856$
FORM 990, PART III, LINE 4C, PROGRAM SERVICE	ACCOMPLISHMENTS:
STABILIZATION FOR LONG-TERM GAIN AND MEDICAT	ION MANAGEMENT.

ACCORDING TO THE ADOPTION AND SAFE FAMILIES ACT TO ASSIST WITH

REUNIFICATION AND PERMANENCY FOR CHILDREN IN RESIDENTIAL CARE OR

OUT-OF-HOME PLACEMENT. THE PROGRAM UTILIZES A "WRAP-AROUND" PHILOSOPHY

AND BUILDS UPON CURRENT STRENGTHS BY LINKING THE FAMILY WITH OTHER

NATURAL SUPPORTS, SUCH AS EXTENDED FAMILY, NEIGHBORS, AND OTHER

RESOURCES OR INDIVIDUALS WHO MAKE A POSITIVE IMPACT WITHIN THEIR

COMMUNITY.

FAMILY SOLUTIONS FOR KIDS IS A COLLABORATIVE PROGRAM THAT PROVIDES

INTENSIVE IN-HOME SERVICES BY A LICENSED OR PROVISIONALLY LICENSED,

MASTERS LEVEL THERAPIST FOR AN AVERAGE OF 6-8 HOURS PER WEEK FOR UP TO

12 WEEKS.

IF THE YOUTH AND HIS/HER FAMILY IS IN NEED OF ADDITIONAL MENTAL HEALTH

SERVICES AFTER 12 WEEKS, THE THERAPIST WILL WORK DURING THE

INTERVENTION TO LINK THE YOUTH AND FAMILY WITH COMMUNITY-BASED

THERAPEUTIC SERVICES IN ORDER TO CREATE AN AFTERCARE PLAN THAT THE

FAMILY CAN SUSTAIN. SERVICES ARE ACCESSIBLE 24-HOURS PER DAY TO

FAMILIES IN CASE IMMEDIATE INTERVENTION IS NEEDED.

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

ECH OFFERS A RANGE OF EDUCATIONAL SERVICES FROM AN EARLY EDUCATION

CENTER TO THE CARRIE ELLIGSON GIETNER SCHOOL, WHICH OFFERS ALTERNATIVE 332212 09-04-13

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Schedule O (Form 990 or 990-EZ) (2013)

12400721 310548 8423.300 2013.06000 EVANGELICAL CHILDREN'S HOME 8423_301 ELEMENTARY, MIDDLE AND HIGH SCHOOL PROGRAMMING.

EARLY EDUCATION CENTER (EEC) IS AN ACCREDITED PROGRAM PROVIDING EARLY EDUCATION SERVICES TO UP TO 55 LOW-INCOME CHILDREN, AGES 2 TO 6 FROM THE LOCAL COMMUNITY. THE PROGRAM MODEL DRAWS UPON SEVERAL RESPECTED SOURCES INCLUDING PARENTS AS TEACHERS, PROJECT CONSTRUCT, AND HEAD START AND BUILDS UPON EACH CHILD'S ENTHUSIASM AND OPPORTUNITY FOR GROWTH IN SOCIAL, EMOTIONAL, COGNITIVE AND PHYSICAL AREAS OF DEVELOPMENT. PARENT INVOLVEMENT IS ENCOURAGED TO ENSURE THE PARENT CONTINUES TO WORK WITH THE CHILD IN THE HOME WITH A GREATER UNDERSTANDING OF THEIR CHILD'S COGNITIVE AND EMOTIONAL NEEDS.

TO ASSIST THE FAMILY, THE PROGRAM ALSO OFFERS PARENT EDUCATION, IN-HOME PARENTS AS TEACHERS CONSULTATIONS, EMERGENCY FOOD AND CLOTHING ASSISTANCE, AND COMMUNITY LINKAGES ON AN AT-NEED BASIS. THE FACILITY IS BUILT WITH SENSITIVITY TO THE DEVELOPMENTAL NEEDS OF SMALL CHILDREN AND HAS FOUR SELF-CONTAINED CLASSROOMS, AN OUTDOOR PLAY AREA, A RECEPTION AREA AND SMALL WADING POOL.

THE CARRIE ELLIGSON GIETNER SCHOOL, OPERATED UNDER EVANGELICAL CHILDREN'S HOME SCHOOL, AN AFFILIATED 501(C)(3), PROVIDES AN ON-SITE FULLY ACCREDITED ALTERNATIVE EDUCATION PROGRAM FOR CHILDREN WHO ARE NOT ATTENDING PUBLIC SCHOOL DUE TO BEHAVIORAL AND/OR LEARNING CHALLENGES.

THE PROGRAM IS DESIGNED TO HELP ELEMENTARY THOUGH HIGH-SCHOOL AGED STUDENTS ACHIEVE EMOTIONAL WELL BEING ALONG WITH IMPROVED ACADEMIC PERFORMANCE AND BEHAVIORAL FUNCTIONING.

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332212 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization EVANGELICAL CHILDREN'S HOME	Employer identification number 43-0654856
THE LONG-TERM GOAL FOR EVERY STUDENT IS REINTEGRATION TO	THE MOST
APPROPRIATE COMMUNITY-BASED SCHOOL TO ULTIMATELY ACHIEVE	HIGH SCHOOL
GRADUATION; HOWEVER, IF REINTEGRATION IS NOT POSSIBLE, TH	IEN GRADUATION
FROM THE CARRIE ELLIGSON GIETNER SCHOOL WITH ATTAINMENT C	F THEIR HIGH
SCHOOL DIPLOMA IS THE MINIMUM GOAL. THE PROGRAM SERVES U	IP TO 80
STUDENTS. SOME STUDENTS ARE IN RESIDENTIAL TREATMENT AT	ECH WHILE
OTHERS ARE REFERRED THROUGH PARTNERSHIPS WITH COORDINATIN	IG AREA PUBLIC
SCHOOL DISTRICTS	
FORM 990, PART VI, SECTION A, LINE 2:	
REGINA BERWIN AND OLIVER BERWIN HAVE A FAMILY RELATIONSHI	P AS
WELL AS A BUSINESS RELATIONSHIP.	
FORM 990, PART VI, SECTION B, LINE 11:	
A DRAFT OF THE FORM 990 IS SENT TO THE FINANCE COMMITTEE	ВҮ
MAIL OR E-MAIL FOR REVIEW PRIOR TO FIING. THE CEO AND CF	O WILL ALSO REVIEW
THE FORM 990 PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD MEMBERS AND CERTAIN KEY EMPLOYEES SIGN A CONFLI	CT OF
INTEREST STATEMENT ANNUALLY, AND POTENTIAL CONFLICT OF IN	TEREST
RELATIONSHIPS ARE DISCLOSED ON THAT FORM AT THAT TIME.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD HAS A COMPENSATION COMMITTEE WHO EVALUATES THE	
PERFORMANCE OF THE EXECUTIVE DIRECTOR ANNUALLY, AND DETER	MINES COMPENSATION
AT THAT TIME. TO ENSURE THE COMPENSATION IS IN LINE WITH	OTHER SIMILAR
NONPROFIT ORGANIZATIONS, THE AGENCY SECURES COMPENSATION 332212 09-04-13 Sched	SURVEY DATA FROM dule O (Form 990 or 990-EZ) (2013)

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³⁹ 2013.06000 EVANGELICAL CHILDREN'S HOME 8423_301

DIRECTOR'S PROPOSED COMPENSATION WITH EXECUTIVE DIRECTORS	AT SIMILAR
NONPROFIT ORGANIZATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
EVANGELICAL CHILDREN'S HOME MAKES ITS GOVERNING DOCUMENTS	;,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVA	ILABLE TO THE
PUBLISH UPON WRITTEN REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	6,812
TRANSFER ACCOUNTS	-11,705
COTAL TO FORM 990, PART XI, LINE 9	-4,893
PART XII, LINE 2C	
ECH HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR	
SELCTING THE AUDITORS AND OVERSEEING THE PERFORMANCE OF T	HE AUDIT
	dule O (Form 990 or 990-EZ) (201
32212 -04-13 Scher	

Page 2

Employer identification number

43-0654856

Schedule O (Form 990 or 990-EZ) (2013)

EVANGELICAL CHILDREN'S HOME

Name of the organization

SCHEDULE R	
(Form 990)	

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. See separate instructions.

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

Department of the Treasury Internal Revenue Service

Name of the organization

EVANGELICAL CHILDREN'S HOME

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

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

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity			(e) Public charity status (if section	(f) Direct controlling entity	cont	9) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
EVANGELICAL CHILDREN'S HOME SCHOOL -	PROVIDING SCHOOLING FOR						
43-1441744, 8240 ST. CHARLES ROCK ROAD, ST.	CHILDREN WITH				EVANGELICAL		
LOUIS, MO 63114	BEHAVIORAL/LEARNING ISSUES	MISSOURI	501(C)(3)	LINE 7	CHILDREN'S HOME	X	
	-						

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

OMB No. 1545-0047 2013

Open to Public . Inspection

Employer identification number 43-0654856

Schedule R (Form 990) 2013 EVANGELICAL CHILDREN'S HOME

43-0654856 Page 2

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)		(f))	(g)	()	n)	(i)		(j)	(k)								
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unr	unrelated.	Predominant income (related, unrelated, excluded from tax under	(related, unrelated,	(related, unrelated,	(related, unrelated,	(related, unrelated,	Predominant income (related, unrelated, excluded from tax under	(related, unrelated,	Share of total income	income				Disprop alloca	ortionate tions?	Code V-U amount in b 20 of Scheo	xoc	managir partner	
		country)		sections 51	2-514)					Yes	No	K-1 (Form 10	065)	Yes N	D								
	_																						
	_																						
	_																						
														_									
	-																						
	-																						
	-																						
]																						
	_																						
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IV Identification of Related Or organizations treated as a co	rganizations Taxable prporation or trust duri	as a Corpo ng the tax	oration or Trust Co year.	mplete if the o	organizatio	on answei	red "Yes	" on Form	990, Pa	urt IV, I	ine 34	because it h	ad on	e or m	ore related								
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	(i) Section								

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr enti	i) b)(13) rolled ity? No

Schedule R (Form 990) 2013 EVANGELICAL CHILDREN'S HOME

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
	During the tax year, did the organization engage in any of the following transactions	with one or more r	elated organizations listed	in Parts II-IV?					
	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		÷		1a		X		
	b Gift, grant, or capital contribution to related organization(s)								
с	Gift, grant, or capital contribution from related organization(s)				1c		Х		
d	d Loans or loan guarantees to or for related organization(s)								
е	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)						Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х		
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х		
I.	Performance of services or membership or fundraising solicitations for related organ						Х		
m	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organizatio					Х			
						Х			
р	Reimbursement paid to related organization(s) for expenses				1p	X			
q	Reimbursement paid by related organization(s) for expenses				1q	Х			
r	Other transfer of cash or property to related organization(s)				1r	Х			
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete t	his line, including covered	relationships and transaction thresholds.					
	(a) Name of related organization	(b)	(c)	(d)					
	Name of related organization	Transaction	Amount involved	Method of determining amount in	volved				
		type (a-s)							
(1)									
(0)									
(2)									
(0)									
(3)									
(4)									
(4)	(4)								
(5)									
<u>(5)</u>									
(6)									
721									

Schedule R (Form 990) 2013 EVANGELICAL CHILDREN'S HOME

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are a partners 501(c) orgs.) (3) !?	(f) Share of total income	(g) Share of end-of-year assets	(I Dispr tion alloca	h) ropor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn Yes	al or F ging er?	(k) ^D ercentage ownership
			· · · · · · · · · · · · · · · · · · ·					163			163		

Schedule R (Form 990) 2013

Part VII Supplemental Information Provide additional information for re	esponses to questions on Schedule R (see instructions).
2165 09-12-13	Schedule R (Form 990) 20
0721 310548 8423.300	45 2013.06000 EVANGELICAL CHILDREN'S HOME 8423_30

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

September 30, 2014

Prepared for	Evangelical Children's Home DBA Every Child's Hope 8240 St. Charles Rock Road St. Louis, MO 63114
Prepared by	BDO USA, LLP 101 S Hanley Road, Suite 800 St Louis, MO 63105
Amount due or refund	Balance due of \$499
Make check payable to	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).
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	August 17, 2015
Special Instructions	The return should be signed and dated.

Form 990-T	Exempt Organization I (and proxy tax	under sec	ction 6033(e))						
	For calendar year 2013 or other tax year beginning OCT			30, 2014	2013				
epartment of the Treasury	Information about Form 990-T and its in the second seco	instructions is	available at www.irs.go	v/form990t.	Open to Public Inspection				
iternal Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).								
Check box if address changed	Name of organization (Check box if n	ame changed a	and see instructions.)	- (E	nployer identification numbe mployees' trust, see structions.)				
Exempt under section	Print EVANGELICAL CHILDRE	N'S HOM	1E		43 - 0654856				
X 501(C)(3)	or Number, street, and room or suite no. If a P.				nrelated business activity co ee instructions.)				
408(e) 220(e)	0240 ST. CHARLES ROO								
408A 530(a)	City or town, state or province, country, and	•	postal code						
Book value of all assets	ST. LOUIS, MO 6311			62	4200				
at end of year	F Group exemption number (See instructions.)G Check organization type ▶X501(c) corp		Fod(a) truct	404(Othernsteinet				
47,043,200	n's primary unrelated business activity. SUBC		501(c) trust	401(a) trust					
	the corporation a subsidiary in an affiliated group or a								
	and identifying number of the parent corporation.	i pareni-subsit	inary controlled group?						
,	► BETTY MARKOWSKI		Telenhon	e number 🕨 314	-427-3755				
	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net				
1a Gross receipts or sale									
b Less returns and allow		▶ 1c	17,455.						
2 Cost of goods sold (S	Schedule A, line 7)		6,692.						
3 Gross profit. Subtract			10,763.		10,76				
4a Capital gain net incon	ne (attach Form 8949 and Schedule D)	4a							
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b							
c Capital loss deduction	n for trusts	4c							
5 Income (loss) from p	artnerships and S corporations (attach statement) \ldots								
	ıle C)								
	ed income (Schedule E)								
	yalties, and rents from controlled organizations (Sch.	,							
	f a section 501(c)(7), (9), or (17) organization (Sched								
	vity income (Schedule I)								
	Schedule J)								
	structions; attach schedule.)		10,763.		10,76				
	3 through 12 Ins Not Taken Elsewhere (See instruction								
	contributions, deductions must be directly conr			ncome.)					
· ·	ficers, directors, and trustees (Schedule K)				4				
					5 6,43				
	nance								
					7				
	dule)				8				
9 Taxes and licenses					9				
0 Charitable contributi	ons (See instructions for limitation rules.)				0				
	Form 4562)								
	aimed on Schedule A and elsewhere on return			22					
3 Depletion				2					
	erred compensation plans								
	ograms								
Excess exempt expe	nses (Schedule I)								
	osts (Schedule J)								
	ttach schedule)								
	. Add lines 14 through 28 taxable income before net operating loss deduction. S								
 Net operating loss d Unrelated business t 	eduction (limited to the amount on line 30)	a 31 from line '	 ຈຸດ						
	Generally \$1,000, but see instructions for exceptions.								
	taxable income. Subtract line 33 from line 32. If line				<u> </u>				
4 Unrelated husiness			Into or ontor the office		1				
		•			4 3,32				

	Form 990-T (20		EVANGELICAL	CHILDREN	' S	HOME
l	Part III	Tax	c Computation			

•	anizations Taxable as Corporations. See instructions for tax computation. trolled group members (sections 1561 and 1563) check here 🕨 🗔 See instructions an	d-			
	r your share of the $\$50,000, \$25,000, and \$9,925,000$ taxable income brackets (in that orde				
(1)		"). 			
	er organization's share of: (1) Additional 5% tax (not more than \$11,750) \$				
	Additional 3% tax (not more than \$100,000)				
	me tax on the amount on line 34			► 35c	49
36 Tru	sts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3/1 fron	►	000	
30 110	Tax rate schedule or Schedule D (Form 1041)			36	
97 Dro					
	xy tax. See instructions				
38 Alte	rnative minimum tax			. 38	49
39 Tot	al. Add lines 37 and 38 to line 35c or 36, whichever applies			. 39	49
	Tax and Payments	40a			
	eign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a 40b		-	
	er credits (see instructions)				
c Gen	eral business credit. Attach Form 3800	40c			
	dit for prior year minimum tax (attach Form 8801 or 8827)				
e lot	al credits. Add lines 40a through 40d			. 40e	
41 Sub				. 41	49
	er taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88			·	
	al tax. Add lines 41 and 42			. 43	49
	ments: A 2012 overpayment credited to 2013			_	
	3 estimated tax payments			_	
c Tax	deposited with Form 8868				
	ign organizations: Tax paid or withheld at source (see instructions)	44d			
	kup withholding (see instructions)	44e			
f Cre	lit for small employer health insurance premiums (Attach Form 8941)	44f			
	er credits and payments: Form 2439				
	er credits and payments: □ Form 2439 Total ►	44g			
45 Tot	al payments. Add lines 44a through 44g			45	
46 Esti	mated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖			46	
	due. If line 45 is less than the total of lines 43 and 46, enter amount owed			▶ 47	49
48 Ove	rpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		🕨	▶ 48	
	er the amount of line 48 you want: Credited to 2014 estimated tax 🕨 🕨		lefunded 🕨 🕨	▶ 49	
	Statements Regarding Certain Activities and Other Informati				
1 At any ti	ne during the 2013 calendar year, did the organization have an interest in or a signature or o	ther authority (over a financial	account (bank,	Yes
	s, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1	, Report of For	eign Bank and I	Financial	
Account	s. If YES, enter the name of the foreign country here				
2 During the If YES, se	tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr e instructions for other forms the organization may have to file.	ust?			
	amount of tax-exempt interest received or accrued during the tax year \blacktriangleright \$				
Schedule	A - Cost of Goods Sold. Enter method of inventory valuation N/A	4			
1 Inventor	y at beginning of year 1 6 Inventory at end of ye	ar		. 6	
2 Purchas	es 7 Cost of goods sold. S	ubtract line 6			
3 Cost of I	abor 3 from line 5. Enter here	and in Part I,	ine 2	. 7	
4a Additiona	section 263A costs (att. schedule) 4a 8 Do the rules of section	n 263A (with re	spect to		Yes
b Other co	sts (attach schedule) 4b property produced or	acquired for re	sale) apply to		
	dd lines 1 through 4b				
	Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepa	statements, and t	o the best of my k	nowledge and belie	f, it is true,
Sign			lougo.	May the IRS discu	ss this return w
Here	CEO			the preparer show	
	Signature of officer Date Title			instructions)?	Yes
	Print/Type preparer's name Preparer's signature Da	ite	Check	if PTIN	
Paid	MARY JANE PIERONI,		self- employe	ed	
Preparer	CPA			P005	38772
Use Only	Finals some N DDO HCA IID		Firm's EIN		381590
Use Only	101 S HANLEY ROAD, SUITE 800				
	Firm's address ST LOUIS, MO 63105		Phone no	314-889	-1100
323711 12-12-1			1		m 990-T (2
20111 12-12-1	4 7			1 011	

43-0654856

Form 990-T (2013) EVANGELICAL CHILDREN'S HOME

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Page 3

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)(see instructions)

1. Description of property

(1)												
(2)												
(3)												
(4)												
		2. Rent receiv						3(a	Deductions	directly co	onnected with the income	in
(a) From personal property rent for personal propert 10% but not more t	y is more that	ntage of an	(b) ^F o	of rent for pe	nd personal proper ersonal property ex t is based on profit	ceeds 50%	centage or if		columns	2(a) and	2(b) (attach schedule)	
(1)												
(2)												
(3)												
(4)												
Total		0.	Total				0.					
(c) Total income. Add totals of co							0	Enter h	ere and on page	ae 1.		0
here and on page 1, Part I, line 6,							0.	Part I, I	ine 6, column	(B) 🕨		0.
Schedule E - Unrelated		-Financed	Incom	ie (see i	nstructions)			9 Da	du atiana divaa	****	stad with as allocable	
					2. Gross ind	come from		3. De	to debt	-financed	cted with or allocable I property	
1. Description of	of debt-finan	ced property			or allocable financed		(a)		line depreciat	ion	(b) Other deductio (attach schedule	
								lariae			landon bonodalo	,
(1)												
<u>(1)</u> (2)												
(3)												
(4)												
4. Amount of average acquisitio	n	5. Average	adjusted ba	asis	6. Column	4 divided		7. Gro	oss income		8. Allocable deduc	tions
property (attach schedule) debt-fina		debt-fina	Ilocable to nced proper n schedule)	ed property			reportable (column 2 x column 6)			(column 6 x total of columns 3(a) and 3(b))		
(4)						0	1					
(1)						9	/o /o					
(2)							/o /o					
<u>(3)</u> (4)							/6 /6					
(4)					I	/	-	nter here	and on page	1	Enter here and on pa	ae 1
									e 7, column (A)		Part I, line 7, column	
Totals										0.		Ο.
Total dividends-received deduc	tions inclu	ided in columr	8				· · · · · · · · · · · · · · · · · · ·			►		0.
Schedule F - Interest,	Annuiti	ies, Royal	ties, ar	nd Ren	its From C	ontrolle	ed Orga	nizat	ions (see	e instru	ictions)	
				Exemp	t Controlled O	rganizatio	ons					
1. Name of controlled organiza	tion	2.			3.		4.	5.	Part of colun	nn 4 that i	is 6. Deductions dire	ectly
		Employer ide numb			related income see instructions)		of specified tents made		cluded in the o anization's gro			come
(1)												
(2)												
(3)												
(4)												
Nonexempt Controlled Organ	1											
7. Taxable Income		unrelated incom (see instructions		9. Tot	tal of specified pay made	ments	in the con	trolling o	that is includ organization's	ed 11	 Deductions directly con with income in column 1 	nnected
							ç	gross inc	ome			
(4)										_		
(1)										_		
(2)										_		
(3)										_		
(4)							۵ ما ما م	alumna	E and 10		Add columns C and 11	
									5 and 10. page 1, Part I,	E	Add columns 6 and 11 nter here and on page 1, F	
								e 8, colui	-		line 8, column (B).	
Totals						▶			C).		Ο.
323721 12-12-13						I			-		Form 990- 1	
					48	В						. /

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Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).
	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).				
(1)										
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.				
Totals ►	0.	Ο.				0.				
Schedule J - Advertising Income (see instructions)										

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation 6. Readership come costs		 Excess readership costs (column 6 minus column 5, but not more than column 4). 	
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	page	ere and on 1, Part I, I, col. (B).						Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.		0.						0.
Schedule K - Compensatio	n of Officers,	Direct	ors, an	d Trustees (see ir	nstructio	ons)			
1. Name			2. Title 3. Percent of time devoted to business			ted to	4. Compensation attributable to unrelated business		
(1)							%		
(2)							%		
(3)							%		
(4)							%		
Total. Enter here and on page 1, Part II, I	ine 14						•		0.
									Form 990-T (2013)

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Page 2

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension Part II Additional (Not Automatic) 3-			al (no co	opies ne	eded).		
			•	•	, see instructions		
Type or Name of exempt organization or other file	Employer identification number (EIN						
print File by the EVANGELICAL CHILDREN'S							
due date for filing your return. See 8240 ST. CHARLES ROCK	P.O. box, see instruc	tions.	Social se		654856 Iber (SSN)		
City, town or post office, state, and ZIP co ST. LOUIS, MO 63114		lress, see instructions.					
Enter the Return code for the return that this applicat	ion is for (file a separa	te application for each return)			01		
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990 or Form 990-EZ	01						
Form 990-BL	02	Form 1041-A			08		
Form 4720 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-T (trust other than above)	06	Form 8870			12		
STOP! Do not complete Part II if you were not alrea BETTY MAR		natic 3-month extension on a prev	iously file	ed Form 8	868.		
 The books are in the care of ▶ 1220 NORT Telephone No. ▶ 314-427-3755 If the organization does not have an office or place If this is for a Group Return, enter the organization box ▶ If it is for part of the group, check this I request an additional 3-month extension of tim For calendar year, or other tax year be If the tax year entered in line 5 is for less than 1	e of business in the Ur 's four digit Group Exe box	Fax No. ▶ nited States, check this box emption Number (GEN) ich a list with the names and EINs or T 17, 2015 , 2013 , and endin on: Initial return	f this is fo f all memb gSEP Final r	r the whole ers the ex 30, return	e group, check this tension is for. 2014		
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any							
 nonrefundable credits. See instructions. b If this application is for Forms 990-PF, 990-T, 47 	20 or 6069 enter an	v refundable credite and estimated	<u>8a</u>	\$	0.		
tax payments made. Include any prior year over		,					
previously with Form 8868.	payment allowed as a	a credit and any amount paid	8b	\$	0.		
 Balance due. Subtract line 8b from line 8a. Incl 	ude vour pavment wit	h this form, if required, by using		, V			
EFTPS (Electronic Federal Tax Payment System			8c	\$	0.		
		st be completed for Part II o					
Under penalties of perjury, I declare that I have examined this it is true, correct, and complete, and that I am authorized to p	s form, including accomp	•		f my knowle	edge and belief,		
Signature 🕨	Title 🕨 CPA		Date				

323842 12-31-13