

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

A For the 2018 calendar year, or tax year beginning **10/01, 2018**, and ending **09/30, 2019**

| | | | |
|--------------------------|---|--|---|
| B | Check if applicable: | C Name of organization EVANGELICAL CHILDREN'S HOME | D Employer identification number 43-0654856 |
| <input type="checkbox"/> | Address change | Doing business as EVERY CHILD'S HOPE | E Telephone number (314) 427-3755 |
| <input type="checkbox"/> | Name change | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8240 ST. CHARLES ROCK ROAD | |
| <input type="checkbox"/> | Initial return | City or town, state or province, country, and ZIP or foreign postal code ST. LOUIS, MO 63114 | |
| <input type="checkbox"/> | Final return/terminated | F Name and address of principal officer: MICHAEL P. BRENNAN 8240 ST. CHARLES ROCK ROAD, ST. LOUIS, MO 63114 | G Gross receipts \$ 20,343,882. |
| <input type="checkbox"/> | Amended return | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> | Application pending | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| I | Tax-exempt status: | <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | H(c) Group exemption number ▶ |
| J | Website: ▶ WWW.EVERYCHILDSHOPE.ORG | | |
| K | Form of organization: | <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | L Year of formation: 1858 M State of legal domicile: MO |

Part I Summary

| | | | | |
|------------------------------------|---|--|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: ASSISTING CHILDREN, YOUTH AND THEIR FAMILIES IN THEIR QUEST FOR HEALTH AND WHOLENESS THROUGH FAITHFUL, PROFESSIONAL SERVICES. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 16. |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16. |
| | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 240. |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 220. |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 38 | 7b | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 3,926,566. | 6,351,962. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 6,081,564. | 5,877,376. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,509,728. | 1,475,676. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 45,030. | 31,104. |
| | | | 11,562,888. | 13,736,118. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 677,827. | 909,738. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 8,121,543. | 8,420,945. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 83,241. | 66,000. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 557,443. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,983,319. | 2,997,135. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,865,930. | 12,393,818. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -303,042. | 1,342,300. | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 30,559,168. | 30,968,010. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,407,284. | 1,184,291. |
| | | 29,151,884. | 29,783,719. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|--------------------------------|-------------------------------|---|------------------|
| Sign Here | ▶ Signature of officer | Date | | | |
| | ▶ MICHAEL P. BRENNAN Type or print name and title | CEO | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | MARY JANE PIERONI CPA | <i>Mary Jane Pieroni</i> | 08/14/2020 | <input type="checkbox"/> | P00538772 |
| | Firm's name ▶ BDO USA, LLP | Firm's EIN ▶ 13-5381590 | Phone no. 314-889-1100 | | |
| | Firm's address ▶ 101 S. HANLEY RD STE 800 ST LOUIS, MO 63105 | | | | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| Type or print File by the due date for filing your return. See instructions. | Enter filer's identifying number, see instructions | |
|---|--|---|
| | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
| | EVANGELICAL CHILDREN'S HOME | 43-0654856 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) |
| | 8240 ST. CHARLES ROCK ROAD | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | ST. LOUIS, MO 63114 | |

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| 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 |

THE ORGANIZATION
• The books are in the care of ▶ 8240 ST. CHARLES ROCK ROAD ST. LOUIS MO 63114

Telephone No. ▶ 314 427-3755 Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 08/17, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20____ or
- ▶ tax year beginning 10/01, 2018, and ending 09/30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

| | | | |
|---|-----------|----|----|
| 3a 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. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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 [X] No

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

4 Describe the 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 \$ 4,116,669. including grants of \$ 542,393.) (Revenue \$ 2,993,007.) SEE SCHEDULE O.

4b (Code:) (Expenses \$ 3,375,359. including grants of \$ 355,519.) (Revenue \$ 1,016,565.) SEE SCHEDULE O.

4c (Code:) (Expenses \$ 2,178,987. including grants of \$ 4,631.) (Revenue \$ 1,378,605.) SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 613,675. including grants of \$ 7,195.) (Revenue \$ 489,199.)

4e Total program service expenses 10,284,690.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

| | | Yes | No |
|------------|--|-----|----|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 240 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | 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? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | X |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | | X |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | X |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders 11a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | |
| c | Enter the amount of reserves on hand 13c | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | X |

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. 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, address, and telephone number of the person who possesses the organization's books and records

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 X

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) SHARI SMITH BOARD PRESIDENT | 5.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) DAVID VIEHMAN BOARD VICE PRESIDENT | .20 .10 | X | | X | | | | 0. | 0. | 0. |
| (3) DENNIS MERTZ BOARD SECRETARY | 2.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) PAUL FLYNN BOARD TREASURER | 4.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) STEPHEN SCHROEDER BOARD ASST. TREASURER | 2.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) REGINA BERWIN DIRECTOR | .20 .10 | X | | | | | | 0. | 0. | 0. |
| (7) OLIVER BERWIN, JR. DIRECTOR | 1.00 .10 | X | | | | | | 0. | 0. | 0. |
| (8) JEREMY FETTIG DIRECTOR | .20 .10 | X | | | | | | 0. | 0. | 0. |
| (9) GERHARD GLASSL DIRECTOR | .40 .20 | X | | | | | | 0. | 0. | 0. |
| (10) ALAN HAUTLY DIRECTOR | .20 .10 | X | | | | | | 0. | 0. | 0. |
| (11) RONALD HAIL DIRECTOR | .40 .20 | X | | | | | | 0. | 0. | 0. |
| (12) GAIL SAXTON DIRECTOR | 1.00 .10 | X | | | | | | 0. | 0. | 0. |
| (13) SUSAN SHELTON DIRECTOR | .20 .10 | X | | | | | | 0. | 0. | 0. |
| (14) LUCILLE SMITH DIRECTOR | .10 .10 | X | | | | | | 0. | 0. | 0. |

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for SELENA VAUGHN, ANNIE WILLIAMS, MICHAEL P. BRENNAN, BRANDI BEHNE, and DUANE LEWIS.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'ATTACHMENT 1'.

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

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|----------------------|----------------------|--|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | 35,774. | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) . . | 1e | 3,113,262. | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . | 1f | 3,202,926. | | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 106,094. | | | | | |
| | h Total. Add lines 1a-1f ▶ | | | 6,351,962. | | | | |
| | Program Service Revenue | 2a CLIENT FEES | Business Code | 624100 | 5,877,376. | 5,877,376. | | |
| b _____ | | | | | | | | |
| c _____ | | | | | | | | |
| d _____ | | | | | | | | |
| e _____ | | | | | | | | |
| f All other program service revenue | | | | | | | | |
| g Total. Add lines 2a-2f ▶ | | | | 5,877,376. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ▶ | | | 627,664. | | | 627,664. | |
| | 4 Income from investment of tax-exempt bond proceeds . ▶ | | | 0. | | | | |
| | 5 Royalties ▶ | | | 0. | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | | |
| | | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | | |
| | d Net rental income or (loss) ▶ | | | 0. | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | 7,422,584. | 3,958. | | | |
| | | b Less: cost or other basis and sales expenses | | 6,574,433. | 4,097. | | | |
| | c Gain or (loss) | | 848,151. | -139. | | | | |
| | d Net gain or (loss) ▶ | | | 848,012. | | | 848,012. | |
| | 8a Gross income from fundraising events (not including \$ 35,774. of contributions reported on line 1c). See Part IV, line 18 | a | | 29,234. | | | | |
| | | b Less: direct expenses | b | 29,234. | | | | |
| | | c Net income or (loss) from fundraising events ▶ | | | 0. | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | a | | 0. | | | | |
| b Less: direct expenses | | b | 0. | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | 0. | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | 0. | | | | | |
| | b Less: cost of goods sold | b | 0. | | | | | |
| | c Net income or (loss) from sales of inventory ▶ | | | 0. | | | | |
| Miscellaneous Revenue | | Business Code | | | | | | |
| 11a OTHER INCOME | | 900099 | | 31,104. | 31,104. | | | |
| | b _____ | | | | | | | |
| | c _____ | | | | | | | |
| | d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | 31,104. | | | | |
| 12 Total revenue. See instructions. ▶ | | | | 13,736,118. | 5,908,480. | | 1,475,676. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 430,765. | 430,765. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 478,973. | 478,973. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 397,603. | 312,767. | 67,026. | 17,810. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 6,529,338. | 5,195,010. | 1,043,752. | 290,576. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 126,625. | 81,703. | 38,713. | 6,209. |
| 9 Other employee benefits | 862,097. | 705,077. | 118,877. | 38,143. |
| 10 Payroll taxes | 505,282. | 401,410. | 78,980. | 24,892. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 2,969. | | 2,969. | |
| c Accounting | 63,350. | | 63,350. | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 66,000. | | | 66,000. |
| f Investment management fees | 0. | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 939,973. | 806,272. | 96,014. | 37,687. |
| 12 Advertising and promotion | 0. | | | |
| 13 Office expenses | 212,890. | 154,580. | 18,832. | 39,478. |
| 14 Information technology. | 0. | | | |
| 15 Royalties. | 0. | | | |
| 16 Occupancy | 393,074. | 358,202. | 30,730. | 4,142. |
| 17 Travel | 131,043. | 110,899. | 17,651. | 2,493. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 32. | | 32. | |
| 21 Payments to affiliates. | 0. | | | |
| 22 Depreciation, depletion, and amortization | 555,631. | 503,996. | 41,480. | 10,155. |
| 23 Insurance | 338,489. | 279,287. | 47,546. | 11,656. |
| 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.) | | | | |
| a CONTRIBUTIONS TO OVERHEAD | -246,480. | -72,977. | -173,503. | |
| b MAINTENANCE | 284,325. | 273,628. | 7,245. | 3,452. |
| c FOOD | 220,245. | 220,245. | | |
| d DUES & SUBSCRIPTIONS | 35,304. | 1,479. | 31,242. | 2,583. |
| e All other expenses _____ | 66,290. | 43,374. | 20,749. | 2,167. |
| 25 Total functional expenses. Add lines 1 through 24e | 12,393,818. | 10,284,690. | 1,551,685. | 557,443. |
| 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 425,059. | 1 | 545,016. |
| | 2 Savings and temporary cash investments | 0. | 2 | 0. |
| | 3 Pledges and grants receivable, net | 250,866. | 3 | 2,608,667. |
| | 4 Accounts receivable, net | 1,057,615. | 4 | 948,840. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 Notes and loans receivable, net | 17,210. | 7 | 14,796. |
| | 8 Inventories for sale or use | 0. | 8 | 0. |
| | 9 Prepaid expenses and deferred charges | 159,847. | 9 | 93,672. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 13,283,061. | | |
| | b Less: accumulated depreciation | 10b 9,765,646. | 10c | 3,517,415. |
| | 11 Investments - publicly traded securities | 21,593,594. | 11 | 19,969,131. |
| | 12 Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| | 13 Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. |
| | 14 Intangible assets | 0. | 14 | 0. |
| | 15 Other assets. See Part IV, line 11 | 3,101,202. | 15 | 3,270,473. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 30,559,168. | 16 | 30,968,010. | |
| Liabilities | 17 Accounts payable and accrued expenses | 192,062. | 17 | 155,148. |
| | 18 Grants payable | 0. | 18 | 0. |
| | 19 Deferred revenue | 2,537. | 19 | 0. |
| | 20 Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | 0. | 21 | 0. |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | 182,999. | 24 | 0. |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,029,686. | 25 | 1,029,143. |
| | 26 Total liabilities. Add lines 17 through 25 | 1,407,284. | 26 | 1,184,291. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 24,022,463. | 27 | 22,302,455. |
| | 28 Temporarily restricted net assets | 872,601. | 28 | 3,278,548. |
| | 29 Permanently restricted net assets | 4,256,820. | 29 | 4,202,716. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 29,151,884. | 33 | 29,783,719. |
| | 34 Total liabilities and net assets/fund balances | 30,559,168. | 34 | 30,968,010. |

Part 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 | 13,736,118. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,393,818. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,342,300. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 29,151,884. |
| 5 | Net unrealized gains (losses) on investments | 5 | -407,218. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | -144,197. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -159,050. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 29,783,719. |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

EVANGELICAL CHILDREN'S HOME

Employer identification number

43-0654856

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

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

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

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 4,332,036. | 5,386,434. | 3,536,300. | 3,926,566. | 6,351,962. | 23,533,298. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 4 Total. Add lines 1 through 3. | 4,332,036. | 5,386,434. | 3,536,300. | 3,926,566. | 6,351,962. | 23,533,298. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). ATTN | | | | | | 1,734,585. |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 21,798,713. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4. | 4,332,036. | 5,386,434. | 3,536,300. | 3,926,566. | 6,351,962. | 23,533,298. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 801,013. | 611,811. | 574,900. | 608,021. | 627,664. | 3,223,409. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | 0. | 0. | 0. | 0. | 0. | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 46,318. | 34,457. | 34,922. | 45,030. | 31,104. | 191,831. |
| 11 Total support. Add lines 7 through 10. | | | | | | 26,948,538. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 31,210,721. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). | 14 | 80.89% |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 83.40% |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/> | | |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5. | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)), | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows a, b.

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

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

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

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

| Section C - Distributable Amount | | | Current Year |
|---|----------|--|--------------|
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| Section D - Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

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

ATTACHMENT 1

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

Schedule of Contributors

2018

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

| | |
|---|--|
| Name of the organization EVANGELICAL CHILDREN'S HOME | Employer identification number 43-0654856 |
|---|--|

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **EVANGELICAL CHILDREN'S HOME**

Employer identification number
43-0654856

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | | \$ 1,012,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 1,225,099. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 394,748. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 1,657,609. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 545,468. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 515,437. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **EVANGELICAL CHILDREN'S HOME**

Employer identification number
43-0654856

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | | \$ 169,207. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | | \$ 194,826. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization **EVANGELICAL CHILDREN'S HOME**

Employer identification number

43-0654856

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

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

Name of organization **EVANGELICAL CHILDREN'S HOME**

Employer identification number
43-0654856

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|-------------------------|-------------------------|-------------------------------------|
| _____ | _____ _____ _____ | _____ _____ _____ | _____ _____ _____ |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| _____ _____ _____ | _____ _____ _____ |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

EVANGELICAL CHILDREN'S HOME

Employer identification number

43-0654856

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

Schedule D (Form 990) 2018

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 4,444,305. | 4,243,394. | 4,013,236. | 2,788,508. | 3,073,499. |
| b Contributions | | 145. | 124. | 1,080,394. | 100. |
| c Net investment earnings, gains, and losses | -6,272. | 249,075. | 257,030. | 161,296. | -285,091. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 69,653. | 48,309. | 26,996. | 16,962. | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,368,380. | 4,444,305. | 4,243,394. | 4,013,236. | 2,788,508. |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 96.2100 %
 - b** Permanent endowment ▶ 3.7900 %
 - c** Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 165,295. | | 165,295. |
| b Buildings | | 12,250,968. | 9,106,541. | 3,144,427. |
| c Leasehold improvements | | | | |
| d Equipment | | 500,648. | 458,677. | 41,971. |
| e Other | | 366,150. | 200,428. | 165,722. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 3,517,415. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) BENEF INT CHARITABLE REMAIN TR | 414,584. |
| (2) BENEF INT IN PERPETUAL TRUSTS | 2,603,652. |
| (3) INTEREST RECEIVABLE | 15,351. |
| (4) INVESTMENT IN MACF | 236,537. |
| (5) INTERCOMPANY RECEIVABLE | 349. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 3,270,473. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED WAGES | 189,755. |
| (3) ACCRUED VACATION | 326,714. |
| (4) GIFT ANNUITY LIABILITY | 490,179. |
| (5) ACCRUED PENSION COSTS | 22,495. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 1,029,143. |

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART V, LINE 4 - ENDOWMENT FUNDS:

THE ORGANIZATION HAS A NUMBER OF DONOR-RESTRICTED FUNDS ESTABLISHED FOR EDUCATIONAL AND OPERATIONAL PURPOSES. 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 DOCUMENTS, THE INTENDED USES VARY.

PART X, LINE 2 - FIN 48 (ASC 740) STATEMENT:

THE HOME AND THE SCHOOL ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). AS SUCH, THEY ARE ONLY SUBJECT TO TAX ON UNRELATED BUSINESS TAXABLE INCOME ("UBTI") AS DEFINED BY THE IRC. THE HOME AND THE SCHOOL EACH FILE FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) WITH THE U.S. FEDERAL GOVERNMENT. THE HOME AND THE SCHOOL ARE NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR JURISDICTIONS IN WHICH THE HOME AND THE SCHOOL HAVE FILED TAX RETURNS FOR YEARS PRIOR TO THE YEAR ENDED SEPTEMBER 30, 2016.

FASB ASC SECTION 740-10 CLARIFIES ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM STANDARD A TAX POSITION IS REQUIRED TO MEET BEFORE REQUIRING DISCLOSURE IN THE FINANCIAL STATEMENTS. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS AS OF SEPTEMBER 30, 2019.

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|----|--|------------------------------|------------------|---------------------------------|
| | | GOLF TOURNAMENT (event type) | TRIVIA NIGHT (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 | Gross receipts | 53,058. | 11,950. | 65,008. |
| | 2 | Less: Contributions | 31,351. | 4,423. | 35,774. |
| | 3 | Gross income (line 1 minus line 2) | 21,707. | 7,527. | 29,234. |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | 21,707. | 7,527. | 29,234. |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | | | |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 29,234. |
| | 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | |

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

| NAME AND ADDRESS OF FUNDRAISER | ACTIVITY | DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? | | GROSS RECEIPTS FROM ACTIVITY | AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER | AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION |
|--|---------------------|--|----|------------------------------|--|--|
| | | YES | NO | | | |
| HOLMES, RADFORD & AVALON 15480 CLAYTON RD, SUITE 221 B BALLWIN MO 63011 | CAPITAL CAMPAIGN | X | | 1,578,311. | 66,000. | 1,512,311. |

**SCHEDULE I
(Form 990)**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

EVANGELICAL CHILDREN'S HOME

Employer identification number

43-0654856

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) EVANGELICAL CHILDREN'S HOME SCHOOL 8240 ST. CHARLES ROCK ROAD | 43-1441744 | 501(C)(3) | 430,765. | | | | CHARITABLE |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 1.

3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 |
|---|--|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | REIMBURSEMENT FOR SUPPLIES AND LIVING QUARTERS | 339. | 433,940. | 45,033. | FMV | CLOTHING, SUPPLIES |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

EVANGELICAL CHILDREN'S HOME

Employer identification number

43-0654856

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|-----------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| MICHAEL P. BRENNAN 1 CEO | (i) 128,400. (ii) 0. (iii) 0. | 0. 0. | 0. 0. | 16,906. | 4,865. | 150,171. | 0. |
| 2 | (i) (ii) (iii) | | | | | | |
| 3 | (i) (ii) (iii) | | | | | | |
| 4 | (i) (ii) (iii) | | | | | | |
| 5 | (i) (ii) (iii) | | | | | | |
| 6 | (i) (ii) (iii) | | | | | | |
| 7 | (i) (ii) (iii) | | | | | | |
| 8 | (i) (ii) (iii) | | | | | | |
| 9 | (i) (ii) (iii) | | | | | | |
| 10 | (i) (ii) (iii) | | | | | | |
| 11 | (i) (ii) (iii) | | | | | | |
| 12 | (i) (ii) (iii) | | | | | | |
| 13 | (i) (ii) (iii) | | | | | | |
| 14 | (i) (ii) (iii) | | | | | | |
| 15 | (i) (ii) (iii) | | | | | | |
| 16 | (i) (ii) (iii) | | | | | | |

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.

JSA

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

| | |
|--|---|
| Name of the organization EVANGELICAL CHILDREN'S HOME | Employer identification number 43-0654856 |
|--|---|

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 34,393. | THRIFT STORE VALUE |
| 6 Cars and other vehicles. | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 5. | 49,121. | FMV |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (ATCH 1) | | 218. | 22,580. | |
| 26 Other ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

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

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

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

Schedule M (Form 990) 2018

JSA

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>(A) CHECK</u> | <u>(B) NUMBER OF CONTRIBUTIONS</u> | <u>(C) REVENUES REPORTED</u> | <u>(D) METHOD OF DETERMINING</u> |
|--------------------|------------------|------------------------------------|------------------------------|----------------------------------|
| CHRISTMAS | X | 31. | 3,178. | THRIFT STORE VALUE |
| AUCTION ITEMS | X | 170. | 12,280. | FMV |
| PROGRAM SUPPLIES | X | 17. | 7,122. | THRIFT STORE VALUE |
| TOTALS | | <u>218.</u> | <u>22,580.</u> | |

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

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2018

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Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

EVANGELICAL CHILDREN'S HOME

Employer identification number

43-0654856

FORM 990, PART III, LINE 4A - PROGRAM SERVICE #1:

RESIDENTIAL TREATMENT SERVICES:

ECH OFFERS SPECIALIZED CARE AS WELL AS BOTH SAFE-INTENSIVE AND OPEN RESIDENTIAL TREATMENT SERVICES FOR TROUBLED CHILDREN AND YOUTH. THIS ALLOWS ECH TO ACCEPT YOUTH WITH A WIDE SPECTRUM OF MENTAL HEALTH AND BEHAVIORAL CONCERNS. RESIDENTIAL TREATMENT ATTEMPTS TO STABILIZE PRESENTING PROBLEMS, IMPROVE OVERALL FUNCTIONING, AND TRANSITION YOUTH AT DISCHARGE TO A PERMANENT FAMILY SETTING. 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 EXPRESSIVE THERAPIES.

SAFE AND INTENSIVE UNITS (SI) SERVE CHILDREN AGES 6 THROUGH 17. CHILDREN PLACED IN SI UNITS HAVE OFTEN SUFFERED PHYSICAL, EMOTIONAL AND/OR SEXUAL ABUSE AND NEGLECT AND HAVE HIGHLY ACUTE NEEDS. THEY FREQUENTLY DISPLAY AGGRESSIVE, SELF-HARM OR RUNAWAY BEHAVIORS.

OPEN UNITS SERVE CHILDREN AGES 6 THROUGH 17. THESE UNITS ARE A "STEP-DOWN" OPTION FOR CHILDREN THAT HAVE STABILIZED FOLLOWING INITIAL PLACEMENT IN AN SI UNIT.

| | |
|---|--|
| Name of the organization EVANGELICAL CHILDREN'S HOME | Employer identification number 43-0654856 |
|---|--|

THE SOCIAL BEHAVIOR LEARNING UNIT (SBLU) IS A SPECIALIZED PROGRAM SERVING MALES AGES 10 TO 16.5. SBLU YOUTH HAVE SEVERE MENTAL HEALTH CHALLENGES DUE TO PHYSICAL, EMOTIONAL AND/OR SEXUAL ABUSE AND NEGLECT, AS WELL AS MILD TO MODERATE DEVELOPMENTAL DISABILITIES.

IN FISCAL YEAR 2019, RESIDENTIAL TREATMENT SERVED 91 CHILDREN.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE #2:

STEPPINGSTONE TRANSITIONAL LIVING SERVICES:

STEPPINGSTONE PROVIDES SHELTER AND SUPPORT FOR AT-RISK, RUNAWAY AND HOMELESS YOUTH AGES 16-21 IN AN ARRAY OF SAFE AND SUPERVISED LIVING ENVIRONMENTS. STEPPINGSTONE SERVICES ARE OFFERED IN BOTH ECH'S ST. LOUIS AND KANSAS CITY REGIONS. BASED ON CAPABILITIES IDENTIFIED AT INITIAL ASSESSMENT, THE YOUTH IS PLACED IN AN APPROPRIATE LEVEL OF CARE AND SUPERVISION THAT CAN INCLUDE GROUP LIVING, STRUCTURED APARTMENT, OR SCATTERED SITE/COMMUNITY APARTMENT. STEPPINGSTONE PROVIDES SERVICES TO HELP YOUTH DEVELOP SELF-SUFFICIENCY, 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 ENVIRONMENT AND SELF-SUFFICIENCY AFTER EXITING THE PROGRAM. IN FISCAL YEAR 2019, STEPPINGSTONE SERVED A TOTAL OF 228 YOUTHS IN ITS ST. LOUIS AND KANSAS

| | |
|---|--|
| Name of the organization EVANGELICAL CHILDREN'S HOME | Employer identification number 43-0654856 |
|---|--|

CITY PROGRAMS.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE #3:

FAMILY CONNECTIONS:

FAMILY CONNECTIONS INCLUDES THREE PROGRAMS - OUTPATIENT PSYCHIATRY, FAMILY SOLUTIONS FOR KIDS, AND FOSTER CARE CASE MANAGEMENT - THAT PROVIDE A WIDE RANGE OF OFFICE AND COMMUNITY-BASED SERVICES TO CHILDREN, YOUTH AND THEIR FAMILIES.

OUTPATIENT PSYCHIATRY SERVICES ARE AVAILABLE TO CHILDREN AND YOUTH UNDER THE AGE OF 20 RESIDING IN ST. LOUIS COUNTY, MISSOURI. SERVICES INCLUDE PSYCHIATRIC EVALUATION, THERAPEUTIC STABILIZATION, MEDICATION MANAGEMENT, AND INDIVIDUAL AND FAMILY THERAPY. IN FISCAL YEAR 2019, OUTPATIENT PSYCHIATRY SERVED 614 YOUTH.

FAMILY SOLUTIONS FOR KIDS SERVICES IS A COLLABORATIVE PROGRAM WITH AN ALLIED AGENCY THAT PROVIDES INTENSIVE IN-HOME THERAPY AND CASE MANAGEMENT SERVICES TO CHILDREN AND YOUTH BETWEEN THE AGES OF 4 TO 20 RESIDING IN ST. LOUIS COUNTY, MISSOURI. SERVICES ARE PROVIDED BY A LICENSED OR PROVISIONALLY LICENSED THERAPIST AT AN AVERAGE OF 5 HOURS PER WEEK FOR UP TO 16 WEEKS. PRIMARY FOCUS IS PLACED ON STABILIZING PRESENTING PROBLEMS AND STRENGTHENING COPING STRATEGIES AND SUPPORTS TO SUSTAIN THERAPEUTIC GAINS UPON DISCHARGE. IN FISCAL YEAR 2019, FAMILY SOLUTIONS FOR KIDS SERVED 156 FAMILIES.

| | |
|---|--|
| Name of the organization EVANGELICAL CHILDREN'S HOME | Employer identification number 43-0654856 |
|---|--|

FOSTER CARE CASE MANAGEMENT SERVICES WORKS WITH BIOLOGICAL FAMILIES 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 NATURAL SUPPORTS, SUCH AS EXTENDED FAMILY, NEIGHBORS, AND COMMUNITY RESOURCES. FOSTER CARE CASE MANAGEMENT SERVICES ARE PROVIDED IN THE MISSOURI COUNTIES OF ST. LOUIS, JEFFERSON, FRANKLIN, AND COLE. IN FISCAL YEAR 2019, FOSTER CARE CASE MANAGEMENT SERVED A TOTAL OF 229 YOUTH AND THEIR FAMILIES.

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.

EARLY EDUCATION SERVICES:

EARLY EDUCATION SERVICES IS A HEAD START PROGRAM PROVIDING DAY CARE AND DEVELOPMENTALLY ENRICHING SERVICES TO LOW-INCOME CHILDREN, UP TO AGE 6, RESIDING WITH THEIR FAMILY IN THE LOCAL COMMUNITY. THE PROGRAM ENGAGES EACH CHILD'S ENTHUSIASM FOR GROWTH IN SOCIAL, EMOTIONAL, COGNITIVE AND PHYSICAL AREAS OF DEVELOPMENT. SUPPORTS ARE PROVIDED TO HELP PARENTS RAISE THEIR CHILDREN IN THE HOME WITH SENSITIVITY TO THEIR CHILD'S COGNITIVE, EMOTIONAL AND PHYSICAL NEEDS. TO ASSIST THE FAMILIES, THE PROGRAM OFFERS PARENT EDUCATION, IN-HOME PARENTS AS TEACHERS

| | |
|---|--|
| Name of the organization EVANGELICAL CHILDREN'S HOME | Employer identification number 43-0654856 |
|---|--|

CONSULTATIONS, EMERGENCY FOOD AND CLOTHING ASSISTANCE, AND COMMUNITY LINKAGES TO A RANGE OF SUPPORTS. IN FISCAL YEAR 2019, EARLY EDUCATION SERVED 67 CHILDREN AND THEIR FAMILIES.

FORM 990, PART VI, SECTION A, LINE 2:

REGINA BERWIN AND OLIVER BERWIN, JR. HAVE BOTH A FAMILY RELATIONSHIP AND A BUSINESS RELATIONSHIP.

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

A DRAFT OF THE FORM 990 IS SENT TO THE FINANCE COMMITTEE BY MAIL OR E-MAIL FOR REVIEW PRIOR TO FILING. THE CEO AND CFO 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 CONFLICT OF INTEREST STATEMENT ANNUALLY, AND POTENTIAL CONFLICT OF INTEREST RELATIONSHIPS ARE DISCLOSED ON THAT FORM AT THAT TIME.

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

THE BOARD HAS A COMPENSATION COMMITTEE THAT EVALUATES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR ANNUALLY AND DETERMINES COMPENSATION AT THAT TIME. TO ENSURE THE COMPENSATION IS IN LINE WITH OTHER SIMILAR NONPROFIT ORGANIZATIONS, THE AGENCY SECURES COMPENSATION SURVEY DATA FROM TWO INDEPENDENT SOURCES AND USES THAT DATA TO COMPARE THE EXECUTIVE DIRECTOR'S PROPOSED COMPENSATION WITH OTHER EXECUTIVE DIRECTORS AT COMPARABLE NONPROFIT ORGANIZATIONS.

| | |
|---|--|
| Name of the organization EVANGELICAL CHILDREN'S HOME | Employer identification number 43-0654856 |
|---|--|

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

EVANGELICAL CHILDREN'S HOME MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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

CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS: -\$159,050

FORM 990, PART XII, LINE 2C:

ECH HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR SELECTING THE AUDITORS AND OVERSEEING THE PERFORMANCE OF THE AUDIT.

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| H&M MANAGEMENT LLC 35 TODDINGTON TERRACE ST. LOUIS, MO 63128 | FOOD SERVICE | 325,478. |
| REHKA RAMANUJA 9700 FAIRGREEN DRIVE OLIVETTE, MO 63132 | PSYCHIATRIC SERVICES | 167,727. |

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

EVANGELICAL CHILDREN'S HOME

Employer identification number

43-0654856

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 |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |

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

| | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section (if section 501(c)(3)) | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|-----|---|-------------------------|--|---|---|----------------------------------|--|----|
| | | | | | | | Yes | No |
| (1) | EVANGELICAL CHILDREN'S HOME SCHOOL 8240 ST. CHARLES ROCK ROAD ST. LOUIS, MO 63114 43-1441744 | SEE PART VII | MO | 501(C)(3) | 2 | SEE PART VII | X | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |

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

Schedule R (Form 990) 2018

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.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|-----|-----|-----|-----|-----|-----|-----|--|----------------------|---|-------------------------------|---|---------------------------|---------------------------------|-----------------------------------|----|---|----------------------------------|----|--------------------------|
| | | | | | | | | | | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | | | | | | |

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

| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (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 | (i) Section 512(b)(13) controlled entity? |
|-----|-----|-----|-----|-----|-----|-----|--|----------------------|---|-------------------------------|---|---------------------------|---------------------------------|--------------------------|---|
| | | | | | | | | | | | | | | | Yes |
| (1) | | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | | |

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. **1a** Yes No
 - b Gift, grant, or capital contribution to related organization(s) **1b** X
 - c Gift, grant, or capital contribution from related organization(s) **1c** X
 - d Loans or loan guarantees to or for related organization(s) **1d** X
 - e Loans or loan guarantees by related organization(s) **1e** X

- f Dividends from related organization(s) **1f** X
- g Sale of assets to related organization(s) **1g** X
- h Purchase of assets from related organization(s) **1h** X
- i Exchange of assets with related organization(s) **1i** X
- j Lease of facilities, equipment, or other assets to related organization(s) **1j** X

- k Lease of facilities, equipment, or other assets from related organization(s) **1k** X
- l Performance of services or membership or fundraising solicitations for related organization(s) **1l** X
- m Performance of services or membership or fundraising solicitations by related organization(s) **1m** X
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n** X
- o Sharing of paid employees with related organization(s) **1o** X

- p Reimbursement paid to related organization(s) for expenses. **1p** X
- q Reimbursement paid by related organization(s) for expenses **1q** X

- r Other transfer of cash or property to related organization(s) **1r** X
- s 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 who must complete this line, including covered relationships and transaction thresholds.

| | (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-----|-------------------------------------|-------------------------------|------------------------|--|
| (1) | EVANGELICAL CHILDREN'S HOME SCHOOL | B | 430,765. | CASH VALUE |
| (2) | EVANGELICAL CHILDREN'S HOME SCHOOL | Q | 246,480. | CASH VALUE |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

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

| | (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 sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|------|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | Yes | No | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, COLUMN B - PRIMARY ACTIVITY:

EVANGELICAL CHILDREN'S HOME SCHOOL:

PROVIDING SCHOOLING FOR CHILDREN WITH BEHAVIORAL/LEARNING ISSUES.

PART II, COLUMN F - DIRECT CONTROLLING ENTITY:

EVANGELICAL CHILDREN'S HOME SCHOOL:

DIRECT CONTROLLING ENTITY: EVANGELICAL CHILDREN'S HOME