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Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

**2008****Open to Public Inspection**

**A** For the 2008 calendar year, or tax year beginning JULY 1, 2008, and ending JUNE 30, 2009

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Name of organization Evangelical Child and Family Agency  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1530 N. Main St  
 City or town, state or country, and ZIP + 4  
Wheaton IL 60187

**D** Employer identification number  
36-2229573

**E** Telephone number  
(630) 653-6400

**G** Gross receipts \$

**F** Name and address of principal officer:  
David C. Brown address same as above

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☒ No *N/A*  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: www.evancfa.org

**K** Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1959

**M** State of legal domicile Illinois

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: TO offer quality social services and compassionate care to abused, neglected + dependent children and to improve the quality of life for individuals and families (adoption, foster care, counseling)

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its 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 employees (Part V, line 2a) 5 95

**6** Total number of volunteers (estimate if necessary) 6 140

**7a** Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0

**7b** Net unrelated business taxable income from Form 990-T, line 34. 7b 0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<u>620568</u>	<u>669372</u>
<b>9</b> Program service revenue (Part VIII, line 2g)	<u>2719914</u>	<u>3221585</u>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>&lt;40234&gt;</u>	<u>&lt;116865&gt;</u>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>210088</u>	<u>201805</u>
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>3510336</u>	<u>3975847</u>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>899333</u>	<u>1046941</u>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>2306863</u>	<u>2311890</u>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>629254</u>	<u>593736</u>
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>3835450</u>	<u>3952567</u>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25).	<u>&lt;325114&gt;</u>	<u>23280</u>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		
<b>20</b> Total assets (Part X, line 16)	<u>1112230</u>	<u>801026</u>
<b>21</b> Total liabilities (Part X, line 26)	<u>672568</u>	<u>338084</u>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	<u>439662</u>	<u>462942</u>

**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**  
David C Brown February 12, 2010  
 Signature of officer Date

David C Brown, Chairperson of Board of Directors  
 Type or print name and title

**Preparer's Use Only**  
 Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check if self-employed ☐ Preparer's identifying number (see instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ EIN: \_\_\_\_\_  
 Phone no.: \_\_\_\_\_

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

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

Cat. No 11282Y

Form **990** (2008)

V G10

**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:  
 To offer quality social services and compassionate care to abused, neglected, and dependent children, and to improve the quality of life for individuals and families.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.

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

4a (Code: 024100) (Expenses \$ 2,675,266 including grants of \$ ) (Revenue \$ 274,380 )  
 Foster Family Care

311 children were cared for in our foster care program during FY 2009. Children are involuntary clients and wards of the state. Goal is to return children to biological parents or other permanent arrangement within 2 years.

4b (Code: 024100) (Expenses \$ 337,638 including grants of \$ ) (Revenue \$ )  
 Pregnancy Support Services

162 women and their families were served during and after their pregnancies during FY 2009. Care included housing, referrals for medical care, professional counseling, and basic needs. Services are provided free of charge to women during pregnancy, and up to 6 months after delivery.

4c (Code: 024100) (Expenses \$ 239,641 including grants of \$ ) (Revenue \$ 261,920 )  
 Intact Family Services

42 families representing 173 people received intact family services during FY 2009. Families who have experienced founded incidents of abuse or neglect receive intensive services to try to correct the causes while children remain in the home. In home services last an average of 6 months.

4d Other program services (Describe in Schedule O.)  
 (Expenses \$ 302,800 including grants of \$ ) (Revenue \$ 185,702 )

4e Total program service expenses ▶ \$ 3,555,345 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<input checked="" type="checkbox"/>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	<input checked="" type="checkbox"/>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		<input checked="" type="checkbox"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .		<input checked="" type="checkbox"/>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .	<input checked="" type="checkbox"/>	
<b>6</b> Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		<input checked="" type="checkbox"/>
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		<input checked="" type="checkbox"/>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		<input checked="" type="checkbox"/>
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		<input checked="" type="checkbox"/>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		<input checked="" type="checkbox"/>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	<input checked="" type="checkbox"/>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	<input checked="" type="checkbox"/>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		<input checked="" type="checkbox"/>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I . . . . .		<input checked="" type="checkbox"/>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .		<input checked="" type="checkbox"/>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .		<input checked="" type="checkbox"/>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .		<input checked="" type="checkbox"/>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<input checked="" type="checkbox"/>	
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		<input checked="" type="checkbox"/>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		<input checked="" type="checkbox"/>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .		<input checked="" type="checkbox"/>
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	<input checked="" type="checkbox"/>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .		<input checked="" type="checkbox"/>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25. . . . .		<input checked="" type="checkbox"/>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<input checked="" type="checkbox"/>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<input checked="" type="checkbox"/>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .		<input checked="" type="checkbox"/>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . . .		<input checked="" type="checkbox"/>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .		<input checked="" type="checkbox"/>

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	21
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	95
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	X
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/A
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	N/A
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	N/A
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	N/A
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	9a	N/A
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
<b>10</b>	<b>Section 501(c)(7) organizations. Enter:</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	10a	N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations. Enter:</b>		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	1a	1b
<b>b</b> Enter the number of voting members that are independent . . . . .	1b	1c
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	X
<b>6</b> Does the organization have members or stockholders? . . . . .	6	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . .		
<b>a</b> The governing body? . . . . .	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	9a	X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b	N/A
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	X
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11	X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	X
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	X
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	X
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	13	X
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	14	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	15a	X
<b>b</b> Other officers or key employees of the organization? . . . . .	15b	X
Describe the process in Schedule O. (see instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	N/A

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed: Illinois

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Timothy R. Carrick 1530 N. Main St Wheaton IL 60187

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
William Bedrahan Director		✓						0	0	0
Jay Rahneke Director		✓						0	0	0
David Brown Chairperson of Board		✓		✓				0	0	0
Stacy Brown Director		✓						0	0	0
John Browning Director		✓						0	0	0
Dennis Damosi Director		✓						0	0	0
Nancy Farguhar Director		✓						0	0	0
Fred Heick Treasurer of Board		✓		✓				0	0	0
Dr. Alma Labunski Director		✓						0	0	0
Tom Long Director		✓						0	0	0
Dr. Michael Love Director		✓						0	0	0
Patricia Murphy Secretary of Board		✓		✓				0	0	0
Phoebe Pappalou Director		✓						0	0	0
Brad Sutter Vice Chairperson of Board		✓		✓				0	0	0
Paul van Gorkom Director		✓						0	0	0
Kenton Withrow Director, Executive Director	40+	✓		✓				84086	0	15228
Timothy Carrick Controller	40+			✓				65409	0	11642



<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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[illegible]

1b Total	▶	149495	0	26870
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2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
1. Do you have a car?		X
2. Do you have a house?		X
3. Do you have a job?		X

## Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
None over \$100,000	N/A	N/A

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . . .	1a	32900				
	b Membership dues . . . . .	1b					
	c Fundraising events . . . . .	1c					
	d Related organizations . . . . .	1d	8000				
	e Government grants (contributions) . . . . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	628342				
	g Noncash contributions included in lines 1a-1f \$ . . . . .						
h Total. Add lines 1a-1f . . . . .			669322				
Program Service Revenue	Business Code						
	2a Adoption Fees	024100	187477	187477			
	b Counseling Fees	024100	28385	28385			
	c Foster Care Fees	024100	2743803	2743803			
	d Intact Family Services Fees	024100	261920	261920			
	e . . . . .						
	f All other program service revenue . . . . .						
g Total. Add lines 2a-2f . . . . .			3221585				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .		4599	4599			
	4 Income from investment of tax-exempt bond proceeds . . . . .						
	5 Royalties . . . . .						
	(i) Real (ii) Personal						
	6a Gross Rents . . . . .						
	b Less: rental expenses . . . . .						
	c Rental income or (loss) . . . . .						
	d Net rental income or (loss) . . . . .						
	(i) Securities (ii) Other						
	7a Gross amount from sales of assets other than inventory . . . . .		172891	7250			
	b Less: cost or other basis and sales expenses . . . . .		301605	0			
	c Gain or (loss) . . . . .		(128714)	7250			
	d Net gain or (loss) . . . . .		(121464)	(121464)			
	8a Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .		a 208359				
	b Less: direct expenses . . . . .		b 67104				
	c Net income or (loss) from fundraising events . . . . .		141255	141255			
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .		a				
b Less: direct expenses . . . . .		b					
c Net income or (loss) from gaming activities . . . . .		0	0				
10a Gross sales of inventory, less returns and allowances . . . . .		a 179627					
b Less: cost of goods sold . . . . .		b 134897					
c Net income or (loss) from sales of inventory . . . . .		44730	44730				
Miscellaneous Revenue Business Code							
11a Net Realized/Unrealized Gain on Investment . . . . .		15820	15820				
b . . . . .							
c . . . . .							
d All other revenue . . . . .							
e Total. Add lines 11a-11d . . . . .		15820					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		3975847	3975847	0	0		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1046941	1046941		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	176361	141092	17636	17637
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1808830	1572003	166343	70484
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	16834	15374	1168	292
9 Other employee benefits	154327	143983	9887	457
10 Payroll taxes	155534	132135	15059	8340
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	42055	37154	4047	854
12 Advertising and promotion	77721	56190		21531
13 Office expenses	90642	77565	4671	8406
14 Information technology				
15 Royalties				
16 Occupancy	115270	107955	4887	2428
17 Travel + Local Transportation	97013	91572	1951	3490
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14914	10161	4267	456
20 Interest	6412		6412	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	55779	49415	3558	2806
23 Insurance	33671	24262	8026	1383
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Membership Dues	15719	11890	1585	2244
b Equip. Rint + Maint	35490	31501	3389	600
c Miscellaneous	6339	3714	2444	181
d Subscriptions	2711	2438	273	-
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	3952567	3555345	255604	141618
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing . . . . .	3776	1	55943
	2 Savings and temporary cash investments . . . . .		2	87685
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	37143	4	274307
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		6	
	7 Notes and loans receivable, net . . . . .		7	
	8 Inventories for sale or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	23470	9	23901
	10a Land, buildings, and equipment: cost basis . . . . .	10a 111622		
	b Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	10b 764941		
		379162	10c	346681
	11 Investments—publicly traded securities . . . . .	291116	11	1396
	12 Investments—other securities. See Part IV, line 11 . . . . .		12	
	13 Investments—program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
15 Other assets. See Part IV, line 11 . . . . .	9513	15	11113	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1112230	16	801026	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	279568	17	269084
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .		19	
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	50,000	22	
	23 Secured mortgages and notes payable to unrelated third parties . . . . .		23	
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	343000	25	60000
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	672568	26	338084
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
27 Unrestricted net assets . . . . .		420862	27	462942
28 Temporarily restricted net assets . . . . .		18800	28	
29 Permanently restricted net assets . . . . .			29	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
30 Capital stock or trust principal, or current funds . . . . .			30	
31 Paid-in or capital surplus, or land, building, or equipment fund . . . . .			31	
32 Retained earnings, endowment, accumulated income, or other funds . . . . .			32	
33 <b>Total net assets or fund balances</b> . . . . .		439662	33	462942
34 <b>Total liabilities and net assets/fund balances</b> . . . . .		1112230	34	801026

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
b Were the organization's financial statements audited by an independent accountant? . . . . .	X	
c If "Yes" to lines 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? . . . . .	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? . . . . .	X	



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	710693	548498	737547	620508	669322	3286628
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1-3	710693	548498	737547	620508	669322	3286628
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						51237
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						3235391

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	710693	548498	737547	620508	669322	3286628
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	482	1958	18086	26461	4599	51590
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						3338218
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12 14 294969	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	97	%
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	100	%
<b>16a</b> <b>33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
<b>b</b> <b>33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
<b>17a</b> <b>10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>			
<b>b</b> <b>10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ <input type="checkbox"/>			
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	%

- 19a 33⅓% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓%, and line 17 is not more than 33⅓%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- b 33⅓% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓%, and line 18 is not more than 33⅓%, 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** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

No additional information required



**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

*Evangelical Child and Family Agency*

Employer identification number

*36 : 2229573*

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

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

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06 . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► . . . . .

4 Number of states where property subject to conservation easement is located ► . . . . .

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► . . . . .

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ . . . . .

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ . . . . .

(ii) Assets included in Form 990, Part X . . . . . ► \$ . . . . .

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

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

b Assets included in Form 990, Part X . . . . . ► \$ . . . . .

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

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition                      **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research                      **e** ☐ Other .....  
**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Investment earnings or losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment ▶ .....%  
**b** Permanent endowment ▶ .....%  
**c** Term endowment ▶ .....%

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

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

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? .....

	Yes	No
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land		83000		83000
<b>b</b> Buildings		633056	461249	172407
<b>c</b> Leasehold improvements		47880	19152	28728
<b>d</b> Equipment		212500	194652	17848
<b>e</b> Other Autos		158022	113056	44906
<b>Total.</b> Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) )				346681

**Part VII** Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests . . . . .		
Other .....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
.....		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
Rental security deposits paid	11113
<b>Total.</b> (Column (b) should equal Form 990, Part X, col. (B) line 15)	

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

(a) Description of liability	(b) Amount
Federal income taxes	
Note Payable to related org ELCA Foundation, Inc.	169,000
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	169,000

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3975847
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3952567
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	23280
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	192977
9	Total adjustments (net). Add lines 4-8	9	192977
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	69697

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

1	Total revenue, gains, and other support per audited financial statements	1	3884528
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3884528
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	91319
c	Add lines 4a and 4b	4c	91319
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3975847

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

1	Total expenses and losses per audited financial statements	1	3954225
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	8070
e	Add lines 2a through 2d	2e	8070
3	Subtract line 2e from line 1	3	3946155
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	6412
c	Add lines 4a and 4b	4c	6412
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3952567

**Part XIV Supplemental Information**

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

Reconciliation of Change in Net Assets:

Excess for the year (Part XI line 3)

23280

Change in Net Assets for related organization

reported in consolidated financial statements

192977

Deficit for the year per audited financial statements

69697

**Part XIV** Supplemental Information (continued)

## Revenue Reconciliation Adjustment Explanation:

Revenue of Related + consolidated organization	39133
Unrealized/realized investment loss of related org	(124040)
Intercompany Interest eliminated in consolidation	(6412)
Total of revenue adjustments	<u>(91319)</u>

## Expense Reconciliation 990 to audited Financial statement

Related organization expenses included in audited F/S	8070
Related party interest expense eliminated in F/S consolidation	6412

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

**2008**

**Open To Public  
Inspection**

Name of the organization

*Evangelical Child and Family Agency*

Employer identification number

*30 : 2229573*

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |  |
|--|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations      | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Email solicitations                | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations                | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations |  |

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<i>None</i>						
<b>Total</b>						

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

*Illinois, Wisconsin, Indiana, Michigan*

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Dinner #1</u> (event type)	(b) Event #2 <u>Dinner #2</u> (event type)	(c) Other Events <u>6</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	<u>67205</u>	<u>31796</u>	<u>103822</u>	<u>202823</u>
	2 Less: Charitable contributions . . . . .	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	3 Gross revenue (line 1 minus line 2) . . . . .	<u>67205</u>	<u>31796</u>	<u>103822</u>	<u>202823</u>
Direct Expenses	4 Cash prizes . . . . .	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	5 Non-cash prizes . . . . .	<u>0</u>	<u>0</u>	<u>516</u>	<u>516</u>
	6 Rent/facility costs . . . . .	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	7 Other direct expenses . . . . .	<u>22772</u>	<u>10768</u>	<u>18827</u>	<u>52367</u>
	8 Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶				<u>( 52883 )</u>
9 Net income summary. Combine lines 3 and 8 in column (d) . . . . . ▶					<u>149940</u>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash 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) . . . . . ▶					<u>( )</u>
8 Net gaming income summary. Combine lines 1 and 7 in column (d) . . . . . ▶					

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

a Is the organization licensed to operate gaming activities in each of these states? . . . . .

b If "No," Explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain: \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶ . . . . .		
	Address ▶ . . . . .		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ . . . . . and the amount of gaming revenue retained by the third party ▶ \$ . . . . .		
<b>c</b>	If "Yes," enter name and address:		
	Name ▶ . . . . .		
	Address ▶ . . . . .		
<b>16</b>	Gaming manager information:		
	Name ▶ . . . . .		
	Gaming manager compensation ▶ \$ . . . . .		
	Description of services provided ▶ . . . . .		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ . . . . .		



Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

2008

**Open to Public Inspection**

Name of the organization

Employer identification number

36 : 2229573

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**

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
Foster Parent Board Payments	89	651744	0	—	—
Recreation and activities	14	5718	0	—	—
Counseling + Therapy assistance	232	328395	0	—	—
Clothing + Personal items	166	38062	0	—	—
Tutoring services	37	5883	0	—	—
Transportation Assistance	18	15177	0	—	—

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

The amount of assistance provided to our clients engaged in our foster care and Intact Family Services programs are mandated and governed by contracts with the Illinois Department of Children and Family Services.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

*Evangelical Child and Family Agency*

Employer identification number

*36 : 2229 573*

**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 in 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 (e.g., maid, chauffeur, chef) |

**b** If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? . . . . .

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input 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 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 in Form 990, Part VII, Section A, line 1a:

- 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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

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

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

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

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

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

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

	Yes	No
1b		N/A
2		N/A
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X



**Part III** Supplemental Information

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

No responses required

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

**Open to Public Inspection**

Name of the organization

Evangelical Child and Family Agency

Employer identification number

361 2229523

Other Program services Form 990 Part III Line 4d

Adoption Program - During the current year over 50 families were involved in various stages of their adoption plan, and 31 children were placed into permanent adoptive homes. In addition to the 13 domestic adoptions, 18 international adoptions occurred.

Adoption Expenses: \$239,496

Adoption Fees: \$187,477

Counseling Services: This year 120 persons received 1003 counseling sessions in family and individual counseling settings. They were able to face various issues presenting difficulties in their lives, and receive professional counseling to help them work through those issues. The Agency uses a "sliding scale" fee structure which allows persons of low income experiences to receive the same professional level of therapy as persons with much greater resources.

Counseling Program Expenses: \$72,782 Counseling Fees: \$28,395

Form 990 Part VII Line 10

Form 990 is provided to the Executive Committee of the Board of Directors, prior to the Form's submission to the IRS.

Name of the organization

Evangelical Child and Family Agency

Employer identification number

3612229523

## Form 990 Part VI Line 12c Conflict of Interest

Annually, each Director completes a conflict of interest questionnaire. Questionnaires are reviewed by the Board Chairman and Board Secretary, and Board members with potential conflicts are excused from the portions of Board meetings when discussions and decisions regarding their conflicts are concerned. These actions are to be recorded in the Board Meeting Minutes, as they may occur.

## Form 990 Part VI Line 15 Executive Compensation

Each year, the Executive Committee of the Board of Directors reviews the performance and compensation of the Executive staff of the organization. Comparative data from comparable organizations is reviewed to ensure that the Executive Director is fairly compensated for his/her duties and responsibilities. The Executive Committee makes its recommendation for compensation to the full Board of Directors at each May meeting, where the full Board (with the Executive Director excused) discusses and votes upon the compensation level for the following 12 months.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ See separate instructions.

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Name of the organization

*Evangelical Child and Family Agency*

Employer identification number

*36-229513*

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
<i>None</i>					

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
<i>ECFA Foundation, Inc. 36-4057513 1530 N. Main St Wheaton IL 60187</i>	<i>Supporting Organizations</i>	<i>USA, Illinois</i>	<i>501(c)(3)</i>	<i>line 11 Type II</i>	<i>N/A</i>





**Part V** Transactions With Related Organizations

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

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

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

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

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	ECFA Foundation, Inc	C	8000
(2)	ECFA Foundation, Inc.	E	69000
(3)	ECFA Foundation, Inc	I	6412
(4)			
(5)			
(6)			





## FOSTER CARE PROGRAM

**E**CFA receives referrals for children who are dependent, abandoned, neglected, or abused. Our staff works to care for these children through placement in trained and licensed foster families, who care for them from several weeks to two years or longer.

"Michael" was a very young child when he came into foster care with his younger half-sister, "Maria", due to a serious incident of physical abuse. Their mother was incarcerated and pregnant with her third child at the time. Michael's father has virtually abandoned him. Since his mother is no longer in the area, plans are being made for his eventual adoption by his foster parents. Maria's father is involved in her life and hopes to gain custody of her in the future.

The children are very happy and bring lots of joy to their foster family. Michael has improved greatly after experiencing some developmental delays. Maria has recovered well from the physical injury she sustained, and is now walking and beginning to talk. We are pleased to see that the children are thriving in a safe and nurturing home environment.



## INDIVIDUAL & FAMILY COUNSELING

**E**CFA Counseling Centers' professionally trained and licensed therapists provide individual, marital, and family counseling for a wide range of personal and relational problems. Special play therapy techniques are used with young children who have experienced emotional trauma from painful experiences.

"Marco", a little 5 year old, received play therapy for over two years. Sadly, his behavioral problems were the result of physical and sexual abuse. His therapist provided a safe environment for him to "play out" his painful feelings from the past. Over time, his behavior significantly improved and he became better adjusted in his foster home, school, and church.

We believe that a biblically-based counseling is the most effective way to assist persons with critical issues and concerns in their lives. Counseling services are also available in Spanish, and fees are based on a sliding scale to keep costs affordable for anyone in need of our services



## INTACT FAMILY SERVICES

**A**t any one time, as many as 20 families receive Intact Family Services from ECFA in their own homes. This program provides an alternative to removing children from their parents due to founded reports of child neglect or abuse. Referrals are received from the Illinois Department of Children and Family Services (DCFS).

Our case managers provide intensive in-home casework services and make counseling referrals for family members to address mental health needs, domestic violence situations, alcohol and substance abuse problems, and parent education and training.

ECFA has been providing Intact Family Services in DuPage County since 2004. Our goal is to help families resolve problems and situations that brought them to the attention of DCFS and, in some cases, Juvenile Court. We assist parents in learning how to function in healthier ways, improve parenting skills, and meet the essential needs of their children. On average, families remain in the Intact Family Services Program from six to twelve months.

## ILLINOIS FOSTER CARE STATISTICS

Total children cared for in FY09 311

Sex Girls: 161 Boys: 150

### Race

African American	152
African American/Caucasian	13
Asian	2
Asian/Caucasian	2
Hispanic	18
Hispanic/White	10
Native American/African American	1
Native American/White	4
Caucasian	109
Family Reunions:	45
Subsidized Guardianships:	6
Adopted:	22

## ILLINOIS COUNSELING STATISTICS

New Clients accepted: 71

Total persons served: 119

### Clients served through:

Individual Counseling	75
Family Counseling	24
Premarital/Marital	14
Couple Counseling	6

Total Number of Counseling Sessions: 1003

## ILLINOIS INTACT FAMILY SERVICES STATISTICS

Families served	42
Adults	78
Children	95
Total Clients	173
Cases closed	22
Foster Care Placements	3



## EVANGELICAL CHILD & FAMILY AGENCY

# 2009 Annual Report

For over 59 years, ECFA's mission has been to offer quality social services from a biblical perspective, to provide compassionate care for abused, neglected and dependent children, and to improve the quality of life for individuals and families. This year, we have been privileged to serve 670 individual and family cases through our social service programs (unduplicated count) in five office locations in Illinois and Wisconsin. Ninety-four of our clients received services from more than one ECFA program.

As a Christian, faith-based agency, ECFA served 162 women in our Pregnancy Support Services Program. We placed a total of 53 children in adoption, including 18 children from 8 foreign countries and 22 foster children. A total of 326 children were served through our various foster care programs. Our family counselors served 119 clients, and 43 individuals were assisted through our post-legal adoption services in Illinois. In addition, 42 families and 173 individual family members were served through the Intact Family Services Program.



### PREGNANCY SUPPORT SERVICES

**P**regnancy Support Services (PSS) are provided free of charge to anyone facing an unplanned pregnancy. These services include pregnancy testing, professional counseling, medical referrals, housing alternatives, financial assistance, preparation for adoption or parenting, and aftercare services.

When "Rebecca" first called PSS she was feeling anxious, depressed and overwhelmed. Yet, she was committed to bringing her unborn child to term rather than terminating the pregnancy. The first thing her counselor did was to re-assure her and help her to calm down emotionally. She also addressed her fears about becoming a new mom.

Over time, Rebecca prepared for her baby's arrival. She was very thankful that her pregnancy counselor was there to support her shortly after delivery. She also felt blessed to receive diapers, a blanket, and other items from our "Rattles and Things" closet to help supply some of her needs.

Rebecca grew to feel much more positive and confident about her abilities to be a nurturing mother. She is interested and open to spiritual matters and her pregnancy counselor is available to assist her in this area as well. We want every expectant mother who comes to us to feel accepted, loved, supported, and well prepared for whatever the future may hold.

### ILLINOIS PSS STATISTICS

New Cases during FY09 43

#### Mothers Served

<u>Age Ranges</u>	
under 18	8
18 and over	66
Total	74

<u>Race</u>	
Caucasian	37
African American	27
African American/White	1
Hispanic	6
Hispanic/Caucasian	1
Asian	2
Total	74

Infants in baby boarding care	2
Mothers choosing adoption	4



### ADOPTION PROGRAM

**T**here are many children who are in need of loving and nurturing adoptive families. Some are infants, while others are older or have special needs.

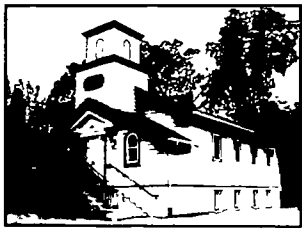
"Abby" was just 18 when she discovered her pregnancy. Because she felt unprepared to be a single parent, her thoughts went immediately to adoption. With the assistance of her counselor she began making an adoption plan for her unborn child. She chose a particular couple from profiles of waiting families since they already had a child in preschool. Abby really liked this couple because they are committed Christian parents who have a strong marriage and a stable home life.

She gave birth to a healthy baby boy. Because both Abby and the adoptive parents want to maintain contact with one another, the baby will grow up knowing his birth family and the reasons for his adoption. Meanwhile, Abby plans to complete her college program and would like to become a social worker in the future.

### ILLINOIS ADOPTION STATISTICS

	<u>Age</u>	
	Under 1	1-5
Caucasian	5	1
African American	3	2
Hispanic	1	0
Asian	1	3
International Adoptions	9	
Domestic Adoptions	7	

Post Legal Adoption:	New cases accepted:	19
	Total cases served:	43



## WISCONSIN DISTRICT

This is the 25th year ECFA staff has been providing social services through our Pregnancy Support Services (PSS) and Adoption Programs. During these 25 years, the Wisconsin District offices have provided case management and care for 2,779 expectant mothers, and placed 374 children with adoptive families.

Life-affirming options and individualized services are provided at no cost to expectant parents facing an unplanned pregnancy. Temporary foster care placement is also available for infants and young children in licensed homes.

Birth parents interested in an adoption plan, review profiles of waiting adoptive parents, then select a couple to meet in person. Varying degrees of openness are discussed between birth and adoptive parents. Opportunities are also available for those interested in pursuing adoptions of children from foreign countries.

Two agency resale shops, Almost Anything & Almost Anything 2, help provide income throughout the year in support of the PSS and Adoption Programs. They are primarily staffed by volunteers.

## WISCONSIN SERVICE STATISTICS

### Pregnancy Support Services

Race	Clients	Adoption
Caucasian	26	2
African American	57	3
Hispanic	2	
African American/Caucasian	1	1
African American/Native American	1	
Hispanic/Caucasian	1	
Total PSS Clients	88	
Face-to-Face sessions	2,733	

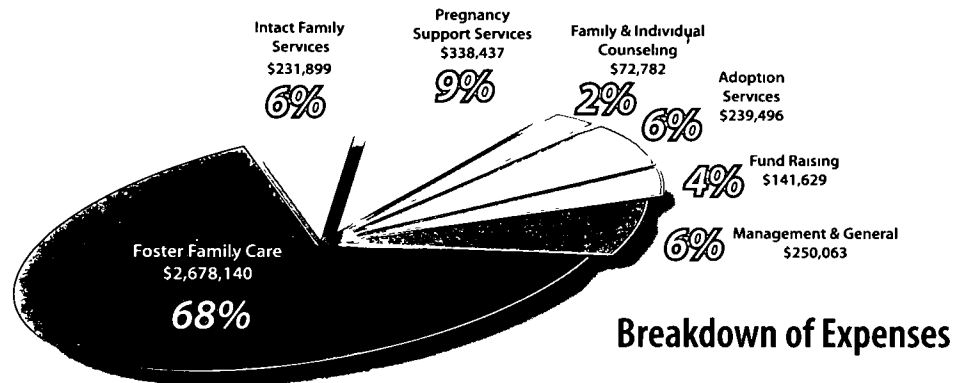
PSS clients under 18 years of age	3
Domestic Adoptions	6
International Adoptions.	9
Foster Children cared for in FY09	13
Days of foster care provided	438



## Agency Financial Information

Illinois & Wisconsin

Fiscal Year Ending 6-30-2009



### Support & Revenue

	Illinois	Wisconsin	ECFA Foundation	Combined 2009	Combined 2008
Contributions	416,316	195,026	10,000	621,342	570,542
State Purchase of Services	3,005,723	0		3,005,723	2,527,858
Wills & Bequests	25,000	0		25,000	12,841
Program Service Fees	141,920	73,942		215,862	192,056
United Way	10,163	22,817		32,980	39,091
Special Events (net)	113,928	27,673		141,601	154,810
Resale Shops (net)	0	44,383		44,383	55,277
Investment Income	(100,626)	(151)	(94,907)	(195,684)	(71,303)
<b>Total Support &amp; Revenue</b>	<b>\$3,612,424</b>	<b>\$363,690</b>	<b>(\$84,907)</b>	<b>\$3,891,207</b>	<b>\$3,481,172</b>

### Expenditures

Adoption Services	163,821	75,675		239,496	261,892
Foster Family Care	2,667,577	10,563		2,678,140	2,456,843
Intact Family Services	231,899	0		231,899	211,389
Pregnancy Support Services	198,848	139,589		338,437	389,084
ECFA Counseling Centers	72,782	0		72,782	96,885
Other Program Expenses	0	0	8,000	8,000	0
<b>Program Expenditures</b>	<b>\$3,334,927</b>	<b>\$225,827</b>	<b>\$8,000</b>	<b>\$3,568,754</b>	<b>\$3,416,093</b>
Management & General	216,535	33,458	70	250,063	271,474
Fund Raising	88,985	52,644		141,629	147,886
<b>Total Expenditures</b>	<b>\$3,640,447</b>	<b>\$311,929</b>	<b>\$8,070</b>	<b>\$3,960,446</b>	<b>\$3,835,453</b>
<b>Increase (Decr) in Net Assets</b>	<b>(\$28,023)</b>	<b>\$51,761</b>	<b>(\$92,977)</b>	<b>(\$69,239)</b>	<b>(\$354,281)</b>

(Financial information may be subject to change upon finalization of annual audit.)

A copy of the audited financial statement will be provided upon written request and may also be viewed at the Agency corporate office

# EVANGELICAL CHILD & FAMILY AGENCY

## Corporate Office

1530 N Main Street  
Wheaton, IL 60187  
630/653-6400  
630/653-6490 (fax)

## Chicago Office

2520 S Western Avenue, Suite 202  
Chicago, IL 60608  
773/523-6200  
773/523-6330 (fax)

## Rockford Office

5301 East State Street, Suite 124  
Rockford, IL 61108  
815/229-3255  
815/229-3256 (fax)

E-mail: [mail@evancfa.org](mailto:mail@evancfa.org) • Web Site: [www.evancfa.org](http://www.evancfa.org)

## Wisconsin Office

1617 S 124th Street  
New Berlin, WI 53151  
262/789-1881  
262/789-1887 (Fax)

## Janesville Office

5117 Hwy 51 South  
Janesville, WI 53546  
608/758-2055

E-mail: [info@ecfawisc.org](mailto:info@ecfawisc.org) • Wisconsin website: [ecfawisc.org](http://ecfawisc.org)

### Licensed by:

Illinois Department of Children & Family Services  
State of Wisconsin Department of Children & Families  
Council on Accreditation for Children & Family Services

### Accredited by:

### Affiliated with:

### Member of:

National Association of Evangelicals

Child Care Association of Illinois

Evangelical Council for Financial Accountability

United Way of Metropolitan Chicago

United Way Combined Federal Campaign

Child Welfare League of America

National Association of Christian Child & Family Agencies

United Way of Greater Milwaukee (Donor Choice Program)

## BOARD OF REFERENCE

### Mr. Jerry Rose

Owner, Total Living  
Network (TLN)

### Mr. George Beverly Shea

Gospel Singer,  
Billy Graham Association

### Rev. Henry Soles

Chaplain, Chicago Bulls

### Dr. Joseph Stowell

President,  
Cornerstone University

### Dr. Warren Wiersbe

Conference Speaker  
& Christian Author

## BOARD OF DIRECTORS

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### Mrs. Patricia Murphy

Secretary

Dr Michael Love  
Mrs Phoebe Papaeliou  
Mr Robbie Robinson

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Treasurer

Mr James Valentine  
Mr Paul van Gorkom  
Mr Ken Withrow

## WISCONSIN ADVISORY COUNCIL

### Mr. James Valentine

Chairman  
Dr Grant Anderson

Mr Carlton Budd  
Mr Dean Iwinski  
Mrs Dianne Marek

Mrs Linda Oberbrunner  
Mr Richard Pezoldt  
Mrs Nancy Schatzman

Mr Philip Snyder  
Mr Ken Withrow

## ADMINISTRATIVE STAFF

Ken Withrow, Executive Director  
David Lundberg, Director of Clinical Services  
Barbara Hellmer, Director of Child Welfare Services

Tim Carrick, Controller  
Linda Oberbrunner, Wisconsin District Director

Jennie Tietjen, Volunteer & Development Coordinator  
Dennis Shogren, Agency Representative

## SOCIAL SERVICES STAFF

Tetyana Anderson\*  
Claudia Bell  
Laura Birkey  
Jennifer Blandford  
Maria Ciupe  
Cristina Cook  
Jocelyn DeMaster  
Marty Dennen

Reneé Erdman\* \*\*  
Brooke Escobar  
Lam Ferguson  
Kristy Garry  
Jill Gort  
Shannon Grothendick  
Dorinne Geldon\* \*\*  
Jill Hait\*\*

Danielle Huntley  
Kathy Jack\*  
Julie Johnson  
Joel Kern  
Kristine Kellner\* \*\*  
Genae Kimble  
Victor Lasko  
Ashley Like

Kate McDonald  
Lindsey Meyers\*  
Joyce Moffitt\*  
Jaida Nagengast  
Beverly Ozinga\*  
Gay Patton\*  
Wendy Payne  
Michelle Peterson

Hope Phillips  
Teresa Pinder  
Amanda Pomp  
Jodi Pompeo  
Rod Rich\*  
Melissa Sauter  
Mark Schuth  
Sonja Sjogren

Maria Tuten\*  
Kristin van Loon  
Nadia Waterman  
Elizabeth Woehr\*  
Mitchell Young

## SECRETARIAL AND SUPPORT STAFF

Rita Butler  
April Edwards\*  
Lois Eldridge  
Donna Kelly\*

Catherine Kutschenreuter\* \*\*  
Genae Kimble  
Dolores Lawrence\*  
Tanya Little\*

Kathy Martin\*  
Teri Schuman\*  
Karen Thoen\* \*\*  
Joan Wagener\* \*\*

Nancy Wick  
Katherine Yanney\*

## CONSULTANTS

Rev Dr Grant Anderson, D Min, Pastoral\*\*  
Rev Patrick Green, Pastoral\*\*  
John Juern, Ph D, Psychological\*\*

Alica LaHoz, Psy D, Foster Care  
Jeff Payne, M Div, Pastoral  
Rev Thomas Peterson, M Div, Pastoral

Gary Rothwell, M Div, Pastoral  
Stephanie Smerir, Psy D, PSS & Counseling  
Patricia Somers, Ph D, Adoption

Rev Issac West, M Div, Pastoral

\* Part-time

\*\* Wisconsin Employee