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Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

**2010**

**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning Jul 1 , 2010, and ending Jun 30 , 2011

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

C Name of organization COUNSELING AND FAMILY SERVICES
Doing Business As FAMILYCORE

Number and street (or P O box if mail is not delivered to street addr) 330 SW WASHINGTON STREET
Room/suite

City, town or country PEORIA
State IL ZIP code + 4 61602

D Employer Identification Number 37-0661193

E Telephone number (309) 676-2400

G Gross receipts $ 4,131,817.

F Name and address of principal officer DOUG ALLAN 330 SW WASHINGTON ST. PEORIA IL 61602

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

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

J Website: ► www.cfspeoria.org

H(c) Group exemption number ►

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of Formation 1900

M State of legal domicile IL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities: HELP INDIVIDUALS AND FAMILIES STRENGTHEN THEIR LIVES AND ENJOY A BETTER QUALITY OF LIFE BY REDUCING OR ELIMINATING CONFLICTS AND STRESS THROUGH A VARIETY OF COUNSELING, CHILD WELFARE, FAMILY PRESERVATION AND PREVENTIVE EDUCATION SERVICES.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 16 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| 5 | Total number of individuals employed in calendar year 2010 (Part V, line 2a) | 5 | 82 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 100 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 3,848,612. | 3,883,865. |
| 9 | Program service revenue (Part VIII, line 2g) | 159,850. | 201,126. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 10,722. | 10,087. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 31,375. | 23,175. |
| 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,050,559. | 4,118,253. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 775,399. | 853,695. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,639,299. | 2,741,448. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ► 2,448. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 499,303. | 559,899. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,914,001. | 4,155,042. |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 136,558. | -36,789. |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,618,755. | 1,633,567. |
| 21 | Total liabilities (Part X, line 26) | 271,919. | 320,503. |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 1,346,836. | 1,313,064. |

RECEIVED
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OGDEN, UT

## Part II Signature Block

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

Sign Here

Signature of officer — Date 2-14-12

DOUGLAS S. ALLAN, CEO
Type or print name and title

Paid Preparer Use Only

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| JOHN E. MEISTER, CPA | John E Meister, CPA | 02/11/12 | | P00290349 |

Firm's name ► JOHN E. MEISTER CPA, P.C.
Firm's address ► 809 W DETWEILLER DRIVE, STE. 804
PEORIA IL 61615
Firm's EIN ► 26-4354755
Phone no (309) 683-0441

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

SCANNED MAR 16 2012



917 15

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
HELP INDIVIDUALS AND FAMILIES STRENGTHEN THEIR LIVES AND ENJOY A BETTER QUALITY OF LIFE BY REDUCING OR ELIMINATING CONFLICTS AND
See Form 990, Page 2, Part III, Line 1 (continued)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
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 [X] 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: ) (Expenses $ 163,789. including grants of $ 0.) (Revenue $ 107,188.)
ADOPTION
ADOPTION SERVICES PROVIDED FOR INDIVIDUALS

4b (Code: ) (Expenses $ 582,836. including grants of $ 0.) (Revenue $ 96,845.)
COUNSELING
COUNSELING SERVICES PROVIDED FOR INDIVIDUALS

4c (Code: ) (Expenses $ 2,690,471. including grants of $ 0.) (Revenue $ 2,869,173.)
FOSTER CARE
FOSTER CARE SERVICES PROVIDED FOR INDIVIDUALS

4d Other program services. (Describe in Schedule O.)
(Expenses $ 493,047. including grants of $ 51,621.) (Revenue $ 513,737.)

4e Total program service expenses ► 3,930,143.

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II* | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If 'Yes,' complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII* | 11b | X | |
| c | Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII* | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Parts I and IV* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II* | 18 | X | |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III* | 19 | | X |
| 20 a | Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H* | 20 | | X |
| b | If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) | 20b | | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 21 | Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II* | 21 | X | |
| 22 | Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III* | 22 | X | |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J* | 23 | | X |
| 24a | 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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I* | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I* | 25b | | X |
| 26 | 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* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III* | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| a | A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M* | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II* | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | X |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? | 35 | | X |
| a | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2* ☐ Yes ☒ No | | | |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2* | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI* | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O | 38 | X | |

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

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

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a 10 | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b 0 | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a 82 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | | X |
| b | If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O* | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If 'Yes,' enter the name of the foreign country ► | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| c | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | | X |
| b | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | **Organizations that may receive deductible contributions under section 170(c).** | | | |
| a | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | X |
| d | If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | X |
| 9 | **Sponsoring organizations maintaining donor advised funds.** | | | |
| a | Did the organization make any taxable distributions under section 4966? | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | X |
| 10 | **Section 501(c)(7) organizations.** Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | **Section 501(c)(12) organizations.** Enter: | | | |
| a | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b | | | |
| 12a | **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | **Note.** See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b | | | |
| c | Enter the amount of reserves on hand 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O* | 14b | | |

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

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

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 16 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b 16 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? | 2 | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | X | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? | 6 | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | X |
| 9 | 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* | 9 | X | |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| 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? | 10b | | |
| 11a | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? *If 'No,' go to line 13* | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | 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 | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers of key employees of the organization | 15b | | X |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| 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 | | |

## 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

X 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:

► MR. DOUGLAS ALLAN 330 SW WASHINGTON STREET, PEORIA, IL 61602 (309) 676-2400

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

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) DEBORAH MARKERT<br>PRESIDENT | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (2) RICK GENTRY<br>1ST VICE-PRESIDENT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (3) BRIAN FORD<br>2ND VICE-PRESIDENT | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (4) NORMAN LIPPERT<br>TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (5) LARRY ERIKSON<br>RETIRED TREASURER | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (6) CHARLES RANDLE<br>ASS'T. TREASURER | 2.00 | X | | X | | | | 0. | 0. | 0. |
| (7) SUE ANN BILLIMACK<br>SECRETARY | 3.00 | X | | X | | | | 0. | 0. | 0. |
| (8) CLAY CANTERBURY<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (9) BETH BRUSH<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (10) PAUL BURMEISTER<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (11) DAVID BURRITT<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (12) KEVIN CURTIN<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) KEN KLOTZ<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (14) KEVIN GIOVANETTO<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (15) CARL POWELL<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (16) TISH RANSON<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (17) RICK WALLER<br>DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organi-zations in Sch O) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) DOUGLAS ALLAN<br>CHIEF EXECUTIVE OFFICER | 38.00 | | | X | | X | | 130,747. | 0. | 11,369. |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| (26) | | | | | | | | | | |
| (27) | | | | | | | | | | |
| (28) | | | | | | | | | | |
| (29) | | | | | | | | | | |
| 1b Sub-total ► | | | | | | | | 130,747. | 0. | 11,369. |
| c Total from continuation sheets to Part VII, Section A ► | | | | | | | | | | |
| d Total (add lines 1b and 1c) ► | | | | | | | | 130,747. | 0. | 11,369. |

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ► 0

## 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 | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) | 1e | 3,270,243. | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 613,622. | | | |
| | g Noncash contributions included in lns 1a-1f: $ | | 100,281. | | | |
| | h **Total.** Add lines 1a-1f | ► | 3,883,865. | | | |
| PROGRAM SERVICE REVENUE | | Business Code | | | | |
| | 2a ADOPTION SERVICE FEES | 624100 | 104,956. | 104,956. | 0. | 0. |
| | b COUNSELING SERVICE FEES | 624100 | 96,170. | 96,170. | 0. | 0. |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g **Total.** Add lines 2a-2f | ► | 201,126. | | | |
| OTHER REVENUE | 3 Investment income (including dividends, interest and other similar amounts) | ► | 7,587. | 0. | 0. | 7,587. |
| | 4 Income from investment of tax-exempt bond proceeds | ► | | | | |
| | 5 Royalties | ► | | | | |
| | | (i) Real | (ii) Personal | | | |
| | 6a Gross Rents | 4,584. | | | | |
| | b Less rental expenses | 0. | | | | |
| | c Rental income or (loss) | 4,584. | | | | |
| | d Net rental income or (loss) | ► | 4,584. | 0. | 0. | 4,584. |
| | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 2,728. | 120. | | | |
| | b Less: cost or other basis and sales expenses | 348. | 0. | | | |
| | c Gain or (loss) | 2,380. | 120. | | | |
| | d Net gain or (loss) | ► | 2,500. | 2,500. | 0. | 0. |
| | 8a Gross income from fundraising events (not including $ 0. of contributions reported on line 1c) See Part IV, line 18 | a 31,807. | | | | |
| | b Less: direct expenses | b 13,216. | | | | |
| | c Net income or (loss) from fundraising events | ► | 18,591. | | 0. | 18,591. |
| | 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 | ► | | | | |
| | 10a Gross sales of inventory, less returns and allowances | a | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ► | | | | |
| | Miscellaneous Revenue | Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e **Total.** Add lines 11a-11d | ► | | | | |
| | 12 **Total revenue.** See instructions | ► | 4,118,253. | 203,626. | 0. | 30,762. |

## 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 | 51,621. | 51,621. | | |
| 2 Grants and other assistance to individuals in the U.S See Part IV, line 22 | 802,074. | 802,074. | | |
| 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 | 130,862. | 104,690. | 26,172. | 0. |
| 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 | 1,986,878. | 1,855,427. | 129,560. | 1,891. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 46,576. | 46,199. | 377. | 0. |
| 9 Other employee benefits | 415,731. | 413,110. | 2,621. | 0. |
| 10 Payroll taxes | 161,401. | 148,831. | 12,013. | 557. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 124. | 114. | 10. | 0. |
| c Accounting | 14,500. | 13,314. | 1,186. | 0. |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 10,795. | 9,912. | 883. | 0. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 51,491. | 46,996. | 4,495. | 0. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 107,146. | 98,382. | 8,764. | 0. |
| 17 Travel | 90,733. | 83,311. | 7,422. | 0. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 91,720. | 84,217. | 7,503. | 0. |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) | | | | |
| a DUES | 28,244. | 25,934. | 2,310. | 0. |
| b TELEPHONE | 26,870. | 24,672. | 2,198. | 0. |
| c REPAIRS AND MAINTENANCE | 49,937. | 45,852. | 4,085. | 0. |
| d MISCELLANEOUS | 88,339. | 81,113. | 7,226. | 0. |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 4,155,042. | 3,935,769. | 216,825. | 2,448. |
| 26 **Joint costs.** Check here ► ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

**Part X | Balance Sheet**

| | | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|
| ASSETS | 1 | Cash – non-interest-bearing | | 365. | 1 | 574. |
| | 2 | Savings and temporary cash investments | | 535,692. | 2 | 577,612. |
| | 3 | Pledges and grants receivable, net | | 262,467. | 3 | 296,098. |
| | 4 | Accounts receivable, net | | 6,034. | 4 | 7,446. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 39,673. | 9 | 35,034. |
| | 10a | Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D | 10a 1,659,989. | | | |
| | b | Less accumulated depreciation | 10b 1,150,272. | 530,496. | 10c | 509,717. |
| | 11 | Investments – publicly traded securities | | | 11 | |
| | 12 | Investments – other securities. See Part IV, line 11 | | 244,028. | 12 | 207,086. |
| | 13 | Investments – program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 1,618,755. | 16 | 1,633,567. |
| LIABILITIES | 17 | Accounts payable and accrued expenses | | 271,919. | 17 | 320,503. |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial 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 | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 271,919. | 26 | 320,503. |
| NET ASSETS OR FUND BALANCES | | **Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.** | | | | |
| | 27 | Unrestricted net assets | | 1,259,127. | 27 | 1,124,874. |
| | 28 | Temporarily restricted net assets | | 87,709. | 28 | 188,190. |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 1,346,836. | 33 | 1,313,064. |
| | 34 | Total liabilities and net assets/fund balances | | 1,618,755. | 34 | 1,633,567. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 4,118,253. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,155,042. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -36,789. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,346,836. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 3,017. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,313,064. |

## Part XII Financial Statements and Reporting

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

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

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

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| COUNSELING AND FAMILY SERVICES | 37-0661193 |

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the supported organization(s)

| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in column (i) listed in your governing document? Yes | (iv) No | (v) Did you notify the organization in column (i) of your support? Yes | (v) No | (vi) Is the organization in column (i) organized in the U.S.? Yes | (vi) No | (vii) Amount of support |
|---|---|---|---|---|---|---|---|---|---|---|
| (A) | | | | | | | | | | |
| (B) | | | | | | | | | | |
| (C) | | | | | | | | | | |
| (D) | | | | | | | | | | |
| (E) | | | | | | | | | | |
| Total | | | | | | | | | | |

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

### Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants ') | 2,947,564. | 3,096,612. | 3,643,954. | 3,848,612. | 3,883,865. | 17,420,607. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 2,947,564. | 3,096,612. | 3,643,954. | 3,848,612. | 3,883,865. | 17,420,607. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 0. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 17,420,607. |

### Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 2,947,564. | 3,096,612. | 3,643,954. | 3,848,612. | 3,883,865. | 17,420,607. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 39,860. | 27,054. | 18,990. | 16,817. | 12,171. | 114,892. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | 128. | 966. | 747. | 800. | 0. | 2,641. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 17,538,140. |

12 Gross receipts from related activities, etc (see instructions) 12

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.33% |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | 99.15% |

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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

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

### Section A. Public Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants ') | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | |

### Section B. Total Support

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

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

### Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2009** Schedule A, Part III, line 17 | 18 | % |

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

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

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

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

Other Income Part II, Line 10

Description: MISCELLANEOUS INCOME

2006: 128.

2007: 966.

2008: 747.

2009: 800.

2010: 0.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public Inspection

Name of the organization

COUNSELING AND FAMILY SERVICES

Employer identification number

37-0661193

## 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

## Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

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

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

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

b Assets included in Form 990, Part X ► $ _____

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

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

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

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

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

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

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

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

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

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

b If 'Yes,' explain the arrangement in Part XIV

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g 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:

| | Yes | No |
|---|---|---|
| (i) unrelated organizations 3a(i) | | |
| (ii) related organizations 3a(ii) | | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 3b | | |

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | 136,980. | 0. | | 136,980. |
| b Buildings | 1,068,020. | 0. | 814,089. | 253,931. |
| c Leasehold improvements | 5,290. | 0. | 1,322. | 3,968. |
| d Equipment | 246,341. | 0. | 217,061. | 29,280. |
| e Other | 203,358. | 0. | 117,800. | 85,558. |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* | | | ► | 509,717. |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) PEORIA AREA COMMUNITY FOUNDATION FUNDS | 38,845. | FMV |
| (B) CERTIFICATES OF DEPOSITS | 168,241. | Cost |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ► | 207,086. | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ► | | |

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

| (a) Description | (b) Book value |
|---|---|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** *(Column (b) must equal Form 990, Part X, column(B), line 15)* ► | |

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

| (a) Description of liability | (b) Amount |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. *(Column (b) must equal Form 990, Part X, column (B) line 25)* ► | |

**2.** FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

| | | |
|---|---|---|
| 1 | Total revenue (Form 990, Part VIII,column (A), line 12) | 4,118,253. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 4,155,042. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | -36,789. |
| 4 | Net unrealized gains (losses) on investments | 3,017. |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV) | |
| 9 | Total adjustments (net) Add lines 4 through 8 | 3,017. |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | -33,772. |

## 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 | 4,134,486. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | 3,017. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | 13,216. | | |
| e | Add lines 2a through 2d | | | 2e | 16,233. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,118,253. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12 )* | | | 5 | 4,118,253. |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,168,258. |
| 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 | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | 13,216. | | |
| e | Add lines 2a through 2d | | | 2e | 13,216. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,155,042. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| a | Investments expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIV.) | 4b | | | |
| c | Add lines 4a and 4b | | | 4c | |
| 5 | Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18 )* | | | 5 | 4,155,042. |

## Part XIV Supplemental Information

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

Pt XII Line 2d DIRECT EXPENSES OF SPECIAL EVENTS REFLECTED AS FUNDRAISING COSTS ON F/S.

Pt XIII Line 2d DIRECT EXPENSES OF SPECIAL EVENTS REFLECTED AS FUNDRAISING COSTS ON F/S.

Pt X THE FINANCIAL ACCOUNTING STANDARDS BOARD ISSUED NEW GUIDANCE FOR UNCERTAINTY IN INCOME TAXES. COUNSELING AND FAMILY SERVICES D/B/A FAMILYCORE ADOPTED THIS GUIDANCE FOR THE YEAR ENDED JUNE 30, 2011. MANAGEMENT HAS EVALUATED THE

**Part XIV Supplemental Information** *(continued)*

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE.

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.**
**► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

COUNSELING AND FAMILY SERVICES

**Employer identification number**

37-0661193

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

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

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

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.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? Yes | (iii) No | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | ► | | | | |

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

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

| | | (a) Event #1 GOLF OUTING (event type) | (b) Event #2 FROSTY 5K WALK (event type) | (c) Other events 4 (total number) | (d) Total events (add column (a) through column (c)) |
|---|---|---|---|---|---|
| REVENUE | 1 Gross receipts | 14,363. | 8,971. | 8,473. | 31,807. |
| | 2 Less: Charitable contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 14,363. | 8,971. | 8,473. | 31,807. |
| DIRECT EXPENSES | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 4,899. | | 3,939. | 8,838. |
| | 7 Food and beverages | | 596. | | 596. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 256. | 1,942. | 1,584. | 3,782. |
| | 10 Direct expense summary. Add lines 4- through 9 in column (d) | | | ► | 13,216. |
| | 11 Net income summary Combine line 3, column (d), and line 10 | | | ► | 18,591. |

**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 column (a) through column (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 | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | ☐ Yes ____ % ☐ No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | ► | |
| | 8 Net gaming income summary Combine lines 1, column (d) and line 7 | | | ► | |

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

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

b If 'No,' explain: _____

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

b If 'Yes,' explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

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

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

Name ►

Address ►

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► $_____ and the amount of gaming revenue retained by the third party ► $_____

c If 'Yes,' enter name and address of the third party.

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► $_____

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $

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

**SCHEDULE I** (Form 990)

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.**
► **Attatch to Form 990.**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Name of the organization

COUNSELING AND FAMILY SERVICES

**Employer identification number**

37-0661193

## Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

## Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed . . . ► [ ]

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| (1) LUTHERAN SOCIAL SERVICES 3000 W. ROHMAN AVE. PEORIA IL 61604 | 36-2584799 | 501(C)(3) | 51,621. | | | | SUBRECIPIENT |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations . . . . . ► 1

3 Enter total number of other organizations . . . . . ► 0

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

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|---|
| 1 | FOSTER CARE GRANT ISSUED | 314 | 802,074. | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

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

Pt I Line 2 LSS HAS AN ANNUAL AUDIT AND A COPY IS OBTAINED. CFS RECEIVES INFORMATION

Pt I Line 2 MONTHLY FROM LSS AND INCORPORATES THIS INFORMATION IN THE MONTHLY

Pt I Line 2 REQUEST FOR REIMBURSEMENT TO THE STATE. ANNUALLY, A MONITORING MEETING

Pt I Line 2 AND COMPLIANCE REVIEW IS PERFORMED BY CFS CHIEF EXECUTIVE OFFICER AND COUNSELING

Pt I Line 2 PROGRAM DIRECTOR AT LSS FACILITIES AS REQUIRED BY TERMS OF GRANT.

PT II LINE 1(h) OF TITLE XX DONATED FUNDS INITIATIVE PROGRAM.

PT III THRU ILLINOIS DEPARTMENT OF CHILDREN & FAMILY SERVICES. ASSISTANCE

CONSISTS OF BOARDING, CLOTHING, MEDICAL, DENTAL, HOSPITAL, INITIAL

PLACEMENT AND OTHER SERVICES PROVIDED AS PART OF THE GRANT.

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

► Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

**2010**

Open To Public Inspection

Name of the organization

COUNSELING AND FAMILY SERVICES

Employer identification number

37-0661193

## Part I Types of Property

| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|---|---|---|---|---|
| 1 | Art—Works of art | | | | |
| 2 | Art—Historical treasures | | | | |
| 3 | Art—Fractional interests | | | | |
| 4 | Books and publications | | | | |
| 5 | Clothing and household goods | | | | |
| 6 | Cars and other vehicles | | | | |
| 7 | Boats and planes | | | | |
| 8 | Intellectual property | | | | |
| 9 | Securities—Publicly traded | X | 1 | 100,281. | AVERAGE SHARE PRICE |
| 10 | Securities—Closely held stock | | | | |
| 11 | Securities—Partnership, LLC, or trust interests | | | | |
| 12 | Securities—Miscellaneous | | | | |
| 13 | Qualified conservation contribution—Historic structures | | | | |
| 14 | Qualified conservation contribution—Other | | | | |
| 15 | Real estate—Residential | | | | |
| 16 | Real estate—Commercial | | | | |
| 17 | Real estate—Other | | | | |
| 18 | Collectibles | | | | |
| 19 | Food inventory | | | | |
| 20 | Drugs and medical supplies | | | | |
| 21 | Taxidermy | | | | |
| 22 | Historical artifacts | | | | |
| 23 | Scientific specimens | | | | |
| 24 | Archeological artifacts | | | | |
| 25 | Other ► (_____) | | | | |
| 26 | Other ► (_____) | | | | |
| 27 | Other ► (_____) | | | | |
| 28 | Other ► (_____) | | | | |

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement | 29 | 1. | |
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | 30a | | X |
| b | If 'Yes,' describe the arrangement in Part II | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | X |
| b | If 'Yes,' describe in Part II | | | |
| 33 | If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2010**

Open to Public Inspection

Name of the organization

COUNSELING AND FAMILY SERVICES

Employer identification number

37-0661193

| | |
|---|---|
| Pt XII, Line 2c | ORGANIZATION HAS A FINANCE COMMITTEE THAT MEETS WITH THE AUDITOR TO REVIEW THE AUDITED FINANCIAL STATEMENTS AND REPORTS BACK TO THE ENTIRE BOARD OF DIRECTORS REGARDING THE RESULTS OF THE AUDIT. THE COMMITTEE ALSO HAS THE RESPONSIBILITY FOR THE SELECTION OF THE INDEPENDENT AUDITOR. |
| Pt VI-B, Line 15 | A COMMITTEE IS APPOINTED ANNUALLY BY THE PRESIDENT TO EVALUATE THE CHIEF EXECUTIVE OFFICER'S PERFORMANCE AND DETERMINE COMPENSATION LEVELS. THIS COMMITTEE WILL REVIEW COMPENSATION AND BENEFIT STUDIES AVAILABLE ANNUALLY FROM NATIONAL ASSOCIATIONS, AND ALSO LOCAL EMPLOYER ASSOCIATION SURVEYS TO ADJUST FOR REGIONAL DIFFERENCES. THE COMMITTEE THEN PRESENTS THEIR RECOMMENDATION TO THE FULL BOARD OF DIRECTORS FOR FINAL APPROVAL. |
| Pt VI-A, Line 2 | BOARD OF DIRECTOR MEMBERS SUE ANN BILLIMACK, NORM LIPETT, AND DEB MARKERT ARE ALL EMPLOYED BY CATERPILLAR, INC., A FORTUNE 500 COMPANY HEADQUARTERED IN PEORIA. |
| Pt VI-A, Line 8b | NO ACTUAL MINUTES ARE KEPT FOR COMMITTEE MEETINGS. HOWEVER, ALL COMMITTEE CHAIRS REPORT ALL DISCUSSIONS HELD AT COMMITTEE MEETINGS AT THE MONTHLY BOARD MEETINGS. |
| Pt VI-B, Line 11a | THE FORM 990 IS REVIEWED WITH THE CHIEF EXECUTIVE OFFICER AFTER IT IS COMPLETED. A COPY IS THEN MADE AVAILABLE TO THE BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO IT BEING FILED. |
| Pt VI-C, Line 19 | AT THE PRESENT TIME, ALL DOCUMENTS ARE ONLY AVAILABLE |

Name of the organization: COUNSELING AND FAMILY SERVICES

Employer identification number: 37-0661193

| | |
|---|---|
| | UPON REQUEST, EXCEPT FOR THE AUDITED FINANCIAL STATEMENTS, |
| | WHICH ARE AVAILABLE ON THE ORGANIZATION'S WEB-SITE. |
| Pt VI-B, Line 12c | AS PART OF THE ORGANIZATION'S CONTINUOUS QUALITY |
| | IMPROVEMENT PLAN, REQUIRED AS PART OF THE ORGANIZATION'S |
| | ACCREDITATION PROGRAM. |
| Pt XI | LINE 5, CHANGE IN NET ASSETS: |
| | NET UNREALIZED GAINS ON INVESTMENTS $3017 |
| Pt VI-A, Line 4 | SEE COPY OF REVISED BY-LAWS ATTACHED. |

Schedule O (Form 990), Supplemental Information to Form 990
**Form 990, Page 2, Part III, Line 1 (continued)**

Briefly describe the organization's mission:
STRESS THROUGH A VARIETY OF COUNSELING, CHILD WELFARE, FAMILY PRESERVATION AND PREVENTIVE EDUCATION SERVICES.

Schedule O (Form 990), Supplemental Information to Form 990
**Form 990, Page 2, Part III, Line 4d (continued)**

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

| | | |
|---|---|---|
| Code: | | Description: MULTIPLE SERVICES TO SINGLE PARENTS TITLE XX |
| Expenses | 123,332. | SOCIAL SERVICES PROVIDED TO INDIVIDUALS |
| Grants Of | 51,621. | |
| Revenue | 105,402. | |

| | | |
|---|---|---|
| Code: | | Description: OTHER SERVICES |
| Expenses | 369,715. | |
| Grants Of | 0. | |
| Revenue | 408,335. | |

Schedule O (Form 990) Supplemental Information to Form 990
**Form 990, Page 6, Line 9 (continued)**

| Name | Address | City | St | ZIP |
|---|---|---|---|---|
| CLAY CANTERBURY | 1100 SW WASHINGTON | PEORIA | IL | 61602 |
| KEVIN GIOVANETTO | 420 S. LOCUST | TREMONT | IL | 61568 |
| LARRY ERIKSON | 13637 N. RIVERBEACH DR. | CHILLICOTHE | IL | 61523 |
| NORMAN LIPPETT | 7204 N. VAUXHALL PLACE | PEORIA | IL | 61615 |
| BETH BRUSH | 1811 S. MAIN ST. | EUREKA | IL | 61530 |
| SUEANN BILLIMACK | 812 W. WASHINGTON ST. | E. PEORIA | IL | 61630 |
| PAUL BURMEISTER | 401 MAIN ST., STE. 1400 | PEORIA | IL | 61602 |
| DAVID BURRITT | 45 GREENLEAF DR. | MORTON | IL | 61550 |
| KEVIN CURTIN | 1507 S LYDIA ST | PEORIA | IL | 61605 |
| BRIAN FORD | 2103 COURT ST | PEKIN | IL | 61554 |
| RICK GENTRY | 456 FULTON ST., STE. 425 | PEORIA | IL | 61602 |
| DEBORAH MARKERT | 42 MAPLE RIDGE DRIVE | MORTON | IL | 61550 |
| CHARLES RANDLE | 411 HAMILTON BLVD., STE 1330 | PEORIA | IL | 61602 |
| TISH RANSON | 320 JACKSON | MORTON | IL | 61550 |
| RICK WALLER | 111 N. NORTHHAVEN | PEORIA | IL | 61614 |
| KEN KLOTZ | 1501 W. BRADLEY AVE. | PEORIA | IL | 61625 |
| CARL POWELL | 11 S. 4TH ST. | PEKIN | IL | 61554 |

BY-LAWS
of
COUNSELING & FAMILY SERVICES
[DBA FamilyCore]

## ARTICLE I

The name of this organization shall be "Counseling & Family Services." This organization shall be doing business as "FamilyCore."

## ARTICLE II

This organization having been created by a merger of three former organizations in the City of Peoria, Illinois known as:

The Big Brother and Sister Association of Peoria, Illinois
Child Welfare League of Peoria, Incorporated
Family Welfare Association of Peoria

and said new organization being engaged in the carrying on of the services formerly rendered by the said three organizations, shall succeed to all rights, privileges, duties, obligations, and to all of the assets and liabilities of said three organizations so merged. Any gift, device, bequest, conveyance, or other grant of properties or monies, heretofore or thereafter made specifically to any one or more of said old organizations, may be received by said new organization and shall be used solely for carrying on the functions performed by said old organization or organizations to which such gift was or shall be made. In the event the donor of any such gift, device, bequest, conveyance, or other grant, has or shall specify the type of service to which such gift shall be used, said new organization shall comply strictly with the terms of said gift, device, conveyance, or other grant, in this respect.

## ARTICLE III

The purpose of this organization shall be to promote the social, emotional, spiritual and physical well being of families, children and individuals, and to assist them in the development of their own capacities to lead useful and satisfying lives, by:

1. providing skilled counseling service to families and individuals in the solution of their problems;
2. assuming, through casework and related services, the care of children in foster homes, institutions, or in their own homes;
3. accepting voluntary relinquishments of children and placing children in adoptive homes;
4. observing and studying the causes of individual and family breakdown and developing increasing skill in dealing with them;
5. bringing about in the community a better understanding of the underlying causes and effects of, and remedies for, social maladjustment;
6. furthering public movements and legislation essential to the carrying forward of this

program;

7. cooperating with other private and public social agencies in the development of an adequate social service program for the community without duplication of effort;
8. promoting and providing education and training for social work, and providing ways and means for staff members constantly to improve their own professional competency;
9. furthering all efforts, by professional social workers and lay persons, which make for the growth and development of the services offered by this agency.

ARTICLE IV

This organization shall be empowered to receive, accept and administer gifts, devices and bequests for the support of its work and for the promotion of its purpose as herein before set forth, subject to such terms and conditions as shall be required under the wills or deeds of decedents and instructions of donors.

All of the assets and the earnings of the corporation shall be used exclusively for the purposes herein stated, including the payment of expenses incidental thereto, and no part thereof shall inure to the benefit of any member or any officer of the corporation, or to any individual, but rather shall inure to the benefit of the corporation and shall be utilized by the corporation to promote the purposes of the corporation. Upon the dissolution of the corporation, all assets not otherwise disposed of, and not otherwise subject to the debts, the liabilities and the obligations of the corporation, shall be distributed, as shall be determined by the Board of Directors of the corporation in its sole discretion, to such charitable, religious, scientific or educational organizations which would then qualify as exempt from Federal income tax under the applicable terms and provisions of Section 501(c) (3) of the Internal Revenue Code of *1954,* as amended.

ARTICLE V

There shall be an endowment fund called "The Endowment Fund of Counseling & Family Services," which shall be held separate from all other fund or funds of this organization. It shall be administered subject to such rules and provisions as the Board of Directors shall determine and order, in accordance with Article IV above, may be withdrawn and used for the support of the work of this organization and the promotion of its purpose only pursuant to resolution adopted by the affirmative two-thirds (2/3) vote of the whole Board of Directors at any regular meeting or at any special meeting called for that purpose. The Board of Directors shall designate the expenditure of income from the Endowment Fund annually.

ARTICLE VI

BOARD OF DIRECTORS

Section 1 - The management and policy setting of this organization shall be vested in a Board of Directors of 12 to 24 members.. Up to eight directors shall be elected each year at a Board of Directors meeting prior to the Annual Meeting of the organization, and shall hold office for a term of three (3) years or until their successors shall be duly elected and qualified. They shall have the right to serve two (2) full consecutive elective terms. Any former director who has been

out of office on (1) year or more shall be eligible for election to the Board, except that a director who has been serving as President at the time his second term expires shall be immediately eligible for reelection for one (1) full term.

Section 2 - The names of the persons to be placed in nomination for election to the Board of Directors shall be selected by the Nominating Committee, described in Article IX, Section 5. The Nominating Committee shall present the slate of nominees to the Board of Directors for its vote at its last regular meeting preceding the Annual Meeting. The members elected by the Board of Directors shall be presented at the Annual Meeting.

Section 3 - The Board of Directors shall have power to fill any vacancies occurring on the Board in the interval between Annual Meetings. The persons to be chosen to fill such vacancies shall be nominated by the Nominating Committee and appointed by the Board to fill the unexpired terms.

Section 4 - The absence of any member of the Board from three consecutive meetings, except on account of a valid reason, may make him subject to removal by a vote of two-thirds (2/3) of the Directors present at any meeting at which a quorum is present. Such action shall be taken only after investigation and report by the Nominating Committee.

## ARTICLE VII

## OFFICERS

Section 1 - There shall be the following officers: President, First Vice President, Second Vice President, Secretary, Treasurer and Associate Treasurer who shall be elected from and by the Board of Directors at its meeting at which the slate is presented for a vote by the board prior to the Annual Meeting of the Corporation, and such officers shall hold office until their successors are duly elected and qualified. All officers shall be eligible for reelection, except that no President shall hold office for more than two successive elective terms.

Section 2 - Nominations for election of officers shall be made by those members of the Nominating Committee who are directors of the agency.

Section 3 - The duties of the officers shall be such as their titles imply and as the Board shall direct. The President shall be an ex-officio member of all standing committees, except the Nominating Committee.

Section 4 - The Treasurer shall have custody of all the funds and securities of the organization.

Section 5 - The President, 1st Vice President, and Treasurer of said corporation shall have the authority on behalf of the corporation to sign contracts or documents on behalf of said corporation and to sign checks not exceeding $10,000 and sign other documents relating to any financial transaction of the corporation.

## ARTICLE VIII

## MEETINGS

Section 1 - The Annual Meeting of the corporation shall take place in the third or fourth quarter of the calendar year. Notice shall be given at least five *(5)* days in advance.

Section 2 - The Board of Directors shall meet each month except July and August. Special meetings may be called by the President, CEO, or 10 or more members of the Board. For all meetings of the Board, notice shall be given at least two (2) days in advance and a simple majority of members shall constitute a quorum.

Section 3 - Roberts Rules of Order shall be the parliamentary authority for all meetings of the membership and the Board of Directors.

## ARTICLE IX

## COMMITTEES

Section 1 - The President shall appoint the chairmen of standing and special committees with the approval of the Board of Directors and shall confer with these chairmen and the CEO in the selection of further members of these committees. Individuals other than members of the Board may serve on all committees except as otherwise specified. All committees shall report to the Board of Directors.

Section 2 - The Executive Committee shall consist of the President, 1st and 2nd Vice Presidents, Secretary and Treasurer, and the President shall be the Chairman. It shall act for the Board in the interim of its sessions and shall oversee and direct the work of the organization as pre-authorized by the board in a regular session or by electronic vote, but shall not pursue the administrative function of the Executive. A quorum of the Executive Committee is a simple majority (3).

Section 3 - The Finance Committee shall consist of at least three *(3)* persons chosen from the Board. It shall serve as an advisory committee to the Treasurer in the investment of funds. With the assistance of the CEO it shall submit an annual budget to the Board for its approval. The 1st or 2nd Vice President, or the Treasurer, shall be its Chairman.

Any budget recommendations or major financial requests which deviate from the agency budget shall be channeled through the CEO. He (she) shall evaluate the appropriateness of such requests in light of the agency's overall needs, goals and programs and shall report these to the Treasurer and/or Finance Committee for possible consideration.

Section 4 - The Professional Practices Committee shall consist of not less than five (5) person, three *(3)* of whom must be members of the Board of Directors. It shall serve as an advisory group on the agency's program, and it shall study matters concerning the program of the

organization and submit appropriate recommendations to the Board of Directors. If the President has appointed a Strategic Planning Committee, the Professional Practices Committee duties shall be assumed by the Strategic Planning Committee for the duration of the strategic planning period. The chairman of the Professional Practices or Strategic Planning Committee shall be appointed annually by the President.

Section 5 - The Nominating Committee shall consist of not less than three (3) members, to be appointed by the President and approved by the Board. At least three (3) members of the Committee must be agency directors. The Nominating Committee shall function on a year-round basis. It shall interview each candidate prior to nomination, shall outline the duties of the directors, and shall secure from the candidate a pledge to serve actively if elected.

Section 6 - The Resource Development Committee shall consist of members of the major event planning committees, and at least two (2) members of the committee must be agency directors. Additional other committee members may be appointed by the President from the sitting board and from the community at large. Its function shall be to advise the Board of Directors, plan for and implement the raising of funds to support the current and future needs of its programs and facilities. This committee assures that such activities are in conformance with ethical principles and in compliance with Internal Revenue codes for non-profit organizational fundraising.

## ARTICLE X

### Chief Executive Officer

The Board of Directors shall employ the CEO. He shall have executive responsibility for the work of the organization, and shall appoint staff members to fill positions created by the Board within the salary ranges determined by the Board. The CEO shall submit monthly reports to the Board and shall attend all meetings of the Board. He, or his delegate, is an ex officio member of all committees. However, he is not a member of the governing body. The CEO shall have the authority on behalf of the corporation to sign contracts or documents on behalf of said corporation and to sign checks not exceeding $10,000 unless authorized by the Board of Directors, and sign other documents relating to any financial transaction of the corporation.

## ARTICLE XI

### AGREEMENTS WITH OTHER AGENCIES

The Board of Directors of Counseling & Family Services shall be empowered to enter into agreements with agencies desiring to cooperate in services that are in keeping with the stated purpose of this organization. Where indicated, the President shall appoint members of the Board of Directors to serve on a joint committee with members of the Board of any agency with which cooperation in the sense stated above is being contemplated or agreed upon.

## ARTICLE XII

## BIG BROTHER AND SISTER ASSOCIATION CHARTER

The Charter issued by the Big Brother and Sister Association of Illinois to the Big Brother and Sister Association of Peoria, Illinois on May 12, 1936, shall be retained by this organization.

## ARTICLE XIII

## BONDING

The Treasurer and such other persons as the Board of Directors shall determine shall furnish bond in such amounts as shall be fixed by the Board of Directors, the cost of which shall be paid by the organization.

## ARTICLE XIV

## FISCAL YEAR

The fiscal year shall be the fiscal year from July 1 to June 30.

## ARTICLE XV

## AUDIT

The books shall be audited annually by a licensed public accountant, qualified for federal and state audit testing.

## ARTICLE XVI

## RECEIVING AND DISBURSING OFFICERS

The CEO and the Treasurer shall be employed to receive funds for and in behalf of this organization which shall be deposited in a bank or banks to be designated by the Board of Directors. All checks for purchases not pre-authorized in the annual budget over $10,000 shall be signed by the CEO and the Treasurer, or, in the absence of either or both, by the President, Vice President, or Secretary, in the order named. All other checks shall be signed in such manner as the Board of Directors shall from time to time direct.

## ARTICLE XVII

## AMENDMENTS

These By-laws may be amended by an affirmative vote of two-thirds (2/3) of those present at any regular or special meeting of the Board of Directors, due notice of the proposed amendment having been given to the members of the Board five *(5)* days in advance of the meeting.

## ARTICLE XVIII

## INDEMNIFICATION

Any person made a party to an action, suit, or proceeding by reason of the fact that he (she), his (her) testator or intestate, is or was a member of the Board of Directors, officer or employee of the corporation, or of any corporation which he (she) served as such at the request of the corporation, shall be indemnified by the corporation against the reasonable expenses, including attorney's fees, actually and necessarily incurred by him (her) in connection with the defense of such action, suite or proceeding, or in connection with any appeal therein, except in relation to matters as to which it shall be adjudged in such action, suite or proceeding that such Trustee, officer or employee is liable for negligence or misconduct in the performance of his (her) duties. The forgoing right of indemnification shall not be deemed exclusive of any other rights to which any Trustee, member of the Board of Directors, officer or employee may be entitled as a matter of law.

Approved 02/09/76
Approved 04/12/76
Approved 11/12/79
Approved 09/21/81
Amended and Approved 07/25/07
Amended and Approved 05/23/11

Docs/Board/Board Policies/Bylaws Amended 052311

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

# Depreciation and Amortization
## (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

**2010**

Attachment Sequence No **67**

Name(s) shown on return

COUNSELING AND FAMILY SERVICES

Identifying number

37-0661193

Business or activity to which this form relates

Form 990 / Form 990EZ

## Part I Election To Expense Certain Property Under Section 179

**Note:** *If you have any listed property, complete Part V before you complete Part I.*

| | | | |
|---|---|---|---|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 | Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 | |

| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
|---|---|---|---|
| | | | |
| | | | |

| | | | |
|---|---|---|---|
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the **smaller** of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ► | 13 | |

**Note:** *Do not use Part II or Part III below for listed property Instead, use Part V.*

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

| | | | |
|---|---|---|---|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 54,271. |

## Part III MACRS Depreciation (Do not include listed property ) (See instructions)

### Section A

| | | | |
|---|---|---|---|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2010 | 17 | 33,987. |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ► ☐ | | |

### Section B — Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only — see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---|---|---|---|---|---|---|---|
| 19a | 3-year property | | | | | | |
| b | 5-year property | | 22,906. | 5.0 yrs | HY | S/L | 2,291. |
| c | 7-year property | | | | | | |
| d | 10-year property | | 14,161. | 10.0 yrs | HY | S/L | 709. |
| e | 15-year property | | 13,873. | 15.0 yrs | HY | S/L | 462. |
| f | 20-year property | | | | | | |
| g | 25-year property | | | 25 yrs | | S/L | |
| h | Residential rental property | | | 27.5 yrs | MM | S/L | |
| | | | | 27.5 yrs | MM | S/L | |
| i | Nonresidential real property | | | 39 yrs | MM | S/L | |
| | | | | | MM | S/L | |

### Section C — Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 20a | Class life | | | | | S/L | |
| b | 12-year | | | 12 yrs | | S/L | |
| c | 40-year | | | 40 yrs | MM | S/L | |

## Part IV Summary (See instructions )

| | | | |
|---|---|---|---|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | **Total** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions | 22 | 91,720. |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

Form **8868**
(Rev January 2011)

Department of the Treasury
Internal Revenue Service

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

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing *(e-file).*** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only . . . ► ☐

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Type or print**

File by the due date for filing your return. See instructions

| Name of exempt organization | Employer identification number |
|---|---|
| COUNSELING AND FAMILY SERVICES | 37-0661193 |
| Number, street, and room or suite number If a P O box, see instructions | |
| 330 SW WASHINGTON STREET | |
| City, town or post office, state, and ZIP code For a foreign address, see instructions | |
| PEORIA IL 61602 | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (section 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ► MR. DOUGLAS ALLAN

  Telephone No. ► (309) 676-2400 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . ► ☐ . If it is for part of the group, check this box . . ► ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb 15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 ____ or

► ☒ tax year beginning Jul 1, 20 10, and ending Jun 30, 20 11.

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

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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.