

Form **990**

**Return of Organization Exempt From Income Tax**

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

**2015**

Department of the Treasury  
Internal Revenue Service

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

|  |   |   |  |
|--|---|---|--|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>BETHANY FOR CHILDREN &amp; FAMILIES</b>                         |   | <b>D</b> Employer identification number<br><b>36-2166973</b>   |
|  | Doing business as   |   | <b>E</b> Telephone number<br><b>309-797-7700</b>   |
|  | Number and street (or P.O. box if mail is not delivered to street address)                          | Room/suite  | <b>G</b> Gross receipts \$ <b>4,496,727.</b>   |
|  | <b>1830 6TH AVENUE</b>  |   |  |
|  | City or town, state or province, country, and ZIP or foreign postal code<br><b>MOLINE, IL 61265</b> |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>F</b> Name and address of principal officer: <b>DR. WILLIAM P. STEINHAUS</b><br><b>SAME AS C ABOVE</b>  |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)                                   |  |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   | <b>H(c)</b> Group exemption number ▶  |  |
| <b>J</b> Website: <b>WWW.BETHANY-QC.ORG</b>  |   | <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ |  |
|  |   | <b>L</b> Year of formation: <b>1900</b>   | <b>M</b> State of legal domicile: <b>IL</b>  |

| <b>Part I Summary</b>   |  | Prior Year  | Current Year                            |
|---|--|---|---|
| <b>Activities &amp; Governance</b>                                      | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF BETHANY FOR CHILDREN AND FAMILIES IS TO KEEP CHILDREN SAFE, TO STRENGTHEN</b> |   |   |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                     |   |   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>  | <b>15</b>                               |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>  | <b>15</b>                               |
|   | <b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)  | <b>5</b>  | <b>68</b>                               |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>  | <b>82</b>                               |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>   | <b>0.</b>                               |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 | <b>7b</b>  | <b>0.</b>   |   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | <b>4,139,424.</b>                                     | <b>4,280,314.</b>                       |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | <b>111,977.</b>                                       | <b>80,564.</b>                          |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | <b>189,645.</b>                                       | <b>68,135.</b>                          |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | <b>1,624.</b>   | <b>1,660.</b>                           |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | <b>4,442,670.</b>                                     | <b>4,430,673.</b>                       |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | <b>216,719.</b>                                       | <b>229,033.</b>                         |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | <b>0.</b>   | <b>0.</b>                               |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | <b>3,187,143.</b>                                     | <b>3,126,011.</b>                       |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>   | <b>0.</b>                               |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>226,446.</b>   |   |   |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | <b>1,190,798.</b>                                     | <b>1,136,611.</b>                       |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | <b>4,594,660.</b>                                     | <b>4,491,655.</b>                       |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12          | <b>-151,990.</b>   | <b>-60,982.</b>                                       |   |
| <b>Net Assets or Fund Balances</b>                                      | <b>20</b> Total assets (Part X, line 16)   | <b>Beginning of Current Year</b><br><b>4,695,481.</b> | <b>End of Year</b><br><b>4,594,229.</b> |
|   | <b>21</b> Total liabilities (Part X, line 26)  | <b>2,012,592.</b>                                     | <b>2,068,866.</b>                       |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | <b>2,682,889.</b>                                     | <b>2,525,363.</b>                       |

**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.

|                               |  |                                |      |   |                          |
|-------------------------------|--|--------------------------------|------|---|--------------------------|
| <b>Sign Here</b>              | Signature of officer <i>Thomas J. Tallman</i>  | Date <b>2/28/2017</b>          |      |   |                          |
|                               | <b>THOMAS J. TALLMAN, CHIEF FINANCIAL OFFICER</b><br>Type or print name and title            |                                |      |   |                          |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>JOHN J. ROMANO</b>  | Preparer's signature           | Date | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P00227323</b> |
|                               | Firm's name ▶ <b>RSM US LLP</b>  | Firm's EIN ▶ <b>42-0714325</b> |      | Phone no. <b>563-888-4000</b>                   |                          |
|                               | Firm's address ▶ <b>201 N. HARRISON STREET, SUITE 300</b><br><b>DAVENPORT, IA 52801-1999</b> |                                |      |   |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF BETHANY FOR CHILDREN AND FAMILIES IS TO KEEP CHILDREN SAFE, TO STRENGTHEN FAMILIES, AND TO BUILD HEALTHY COMMUNITIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,995,809. including grants of \$ 43,509.) (Revenue \$ 32,276.) EARLY INTERVENTION SERVICES - PROGRAMS AND SERVICES TO REDUCE THE RISK OF ABUSE OR NEGLECT WHILE SAFELY MAINTAINING CHILDREN IN THEIR FAMILY HOME; TO PREVENT FURTHER INVOLVEMENT IN THE JUVENILE JUSTICE SYSTEM; TO IMPROVE A CHILD'S EMOTIONAL AND SOCIAL COMPETENCY ALLOWING THEM TO SUCCEED AT SCHOOL, HOME, AND IN THE COMMUNITY; TO PROVIDE SKILL-BUILDING INTERVENTIONS FOR CHILDREN AND ADULTS WITH MENTAL HEALTH ISSUES; AFTER-SCHOOL AND SUMMER PROGRAMS FOR CHILDREN WITH BEHAVIORAL ISSUES; INTENSIVE AND COMPREHENSIVE SERVICES TO AT-RISK FAMILIES; AND TO SUPPORT INDIVIDUALS, COUPLES, AND FAMILIES WITH THERAPY OPTIONS.

4b (Code: ) (Expenses \$ 1,206,361. including grants of \$ 123,614.) (Revenue \$ 48,288.) PLACEMENT SERVICES - PROGRAMS TO ASSIST FAMILIES WITH THE ADOPTION PROCESS, TO CARE FOR ABUSED/NEGLECTED CHILDREN IN A SAFE RELATED OR NONRELATED FOSTER ENVIRONMENT, TO ASSIST YOUTH TRANSITIONING TO INDEPENDENT LIVING, TO PROVIDE SERVICES AND CARE TO HOMELESS FAMILIES AND TO SUPPORT HOMELESS YOUTH IN OBTAINING A STABLE HOUSING ENVIRONMENT TO ENHANCE THEIR FUTURE SUCCESS.

4c (Code: ) (Expenses \$ 658,042. including grants of \$ 61,910.) (Revenue \$ ) COMMUNITY SERVICES - PROGRAMS AND SERVICES TO PREVENT AND REDUCE TEEN PREGNANCY; TO SUPPORT PREGNANT AND PARENTING FAMILIES; TO ASSIST TEENS WITH SELF-ESTEEM AND RESPONSIBLE DECISION MAKING; ADMINISTRATION SERVICES FOR MORTGAGE ASSISTANCE PROGRAM FOR HOMEOWNERS EXPERIENCING A REDUCTION IN INCOME DUE TO UNEMPLOYMENT OR UNDEREMPLOYMENT; PREVENTATIVE AND RESTORATIVE DENTAL PROGRAM TO UNDERSERVED CHILDREN WHO DO NOT HAVE ORAL HEALTH CARE.

4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 3,860,212.