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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public

Department of the Treasury

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.

Inspection

B Check 1 spicable Passes Address change Name of organization christian Children's Home of Ohio, Inc 34 10565065 3	Α	For th	e 2008 ca	lendar	year, or tax yea	r beginning	July 1	, 2008, ar	nd ending	Jui	ne 30	, 20 09		
Address change Institute Dong Business As 34 1056506	В	Check if a	applicable	Please	C Name of organiz	zation Christia	ın Children's H	ome of Ohio	, Inc		D Empl	loyer identific	ation numb	oer
Name change Name change Name and sate to P of Dot of mail and oddered to street address) Recombane	$\overline{}$				Doing Business	As					34	10)56506	
Intelligence P.O. Box 765 Construction Con	$\overline{}$		-	print or	Number and street	(or PO box if ma	I is not delivered to str	eet address)	Room/suite		E Telep	hone number		_
Terrimation Amended return Amended	$\overline{}$		-		P.O. Box 765						(330) 34	5-7949	
Amended return Received Rec				Specific	City or town str	ate or country, a	nd ZIP + 4				, 555	<u>, </u>		—
Preparative described to proceed of process of proces											G Gross	receipts \$	5.367.8	179
P.O. Box 765 Wooster, OH 44691 Mile Assarbate Spatial Sp				F: Nan			Gary D. Porte	r		11/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Tax-ewempt status	ш,	Applicatio	n penaing				_	•						_
Website: Www.ccho.org	$\overline{}$	Tay-eye	emnt status					7	 -					1 NO
Part Summary 1	_					11110) [] 43	1(a)(1) 01 02	•		1		"	structions)	
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Provide care for hurting and troubled children and families. 2 Check this box >	Ц	_			<u> </u>	•								—
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its assets. 3 Number of voting members of the governing body (Part VI, line 1a). 4 Number of independent voting members of the governing body (Part VI, line 1b). 4 12 5 Total number of employees (Part V, line 2a). 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 7b (23,396) Program service revenue (Part VIII, line 1b) 8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 1b) 10 Investment income (Part VIII, column (A) lines 3,00 and 7d) 11 Other revenue (Part VIII, column (A) lines 3,00 and 7d) 12 Total revenue—add lines part lines (Part VIII, column (A), lines 1a) 13 Grants and similar amonotists paid (Part VI), column (A), lines 1a) 14 Benefits paid to or for members (Part VIII, column (A), lines 1a) 15 Salanes, other compensation, employed part (Part VIII, column (A), lines 5-10) 16 Professional fundraising fees Part (V), pert (V), per								!						
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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, gorrect, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Paid Preparer's Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge on all information of which preparer has any knowledge Sign Here Paid Preparer's Use Only Preparer's Firm's name (or yours if self-employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No	20 5								<u> </u>	<u>-</u>				
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Here Signature of officer CARY D. PORTER Ex. Win Type or print name and title			1.	· /	A and	0+				1	0	10/10		
Preparer's signature Preparer's Use Only May the IRS discuss this return with the preparer shown above? (see instructions) Date Check if self-employed Preparer's identifying number (see instructions) EIN Preparer's identifying number (see instructions) EIN Phone no Yes No		-	<u> </u>		yangar. 1	ouen					<u> </u>	13/10		
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Preparer's Use Only Firm's name (or yours of self-employed), address, and ZIP + 4								Date	self-				iiiioei	
Use Only Firm's name (or yours if self-employed), address, and ZIP + 4 Phone no ► () May the IRS discuss this return with the preparer shown above? (see instructions)	Pai	d	Jagnature	, ,					empl	oyea 🟲 🗀				
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	IVI	y the	INO GISCI	uss this	s return with th	e preparer sr	iown above? (S	ee mstruction	15)		<u> </u>			

Par	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission: Provide care for hurting and troubled children and families.	
2	Did the organization undertake any significant program services during the year which were not listed on	
		res ☑ 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	
_		res 🗹 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 ex	penses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 4,341,558 including grants of \$ 24,638) (Revenue \$ 389 Provided care for 151 children in Foster Care and Residential Treatment, 1,147 clients in outpatient Mental	Health
	Counseling, 1,408 participants in Challenge Course and Equine Therapy, and completed 14 Child Adoption	s.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/O_I	
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
	01	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
46	Total program service expenses ► \$ 4,341,558 (Must equal Part IX, Line 25, column (B).)	
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Pa	t 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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		√
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		√
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
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		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		✓
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, Part II.	15		✓
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, Part III.	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	√	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		✓
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	√	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓_
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
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, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		✓_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		✓
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Part IV	Checklist of	f Required Sc	chedules (continu	ed)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee-			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	_	/
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		✓
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		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		√

Form **990** (2008)

Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
-	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	ł
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	- 1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 167	m-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	√	
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	:	√
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than			
	\$75?	7a		√
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√ ·
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		√
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		/A_
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	✓	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section		W	A
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	- ~/	/4
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	9a	ĬΛ	H
а	Did the organization make any taxable distributions under section 4966?	9b		7
b	Did the organization make a distribution to a donor, donor advisor, or related person?	35		/
10 a	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			/
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			ľ
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders		/	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	.	/ .	-
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		L

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

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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		\checkmark
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		√
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		\checkmark
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			_
	of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b_		\checkmark
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		_	
а	The governing body?	8a	√	
b	Each committee with authority to act on behalf of the governing body?	8b	√	
9a	Does the organization have local chapters, branches, or affiliates?	9a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		_	
-	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓
C	tion B. Policies			
Sec	tion B. Folicies			
Sec	AIOT B. Folicies		Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	No
12a		12a	Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes ✓	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes ✓	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give	12b 12c	Yes ✓ ✓	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12b 12c 13	Yes ✓ ✓	No V
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b 12c	Yes ✓ ✓	No V
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy?	12b 12c 13	Yes ✓ ✓	No V
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	12b 12c 13	Yes ✓ ✓	No V
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	12b 12c 13 14	Yes √ √	No V
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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:	12b 12c 13 14	Yes ✓ ✓	No V
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official?	12b 12c 13 14	Yes ✓ ✓	No V
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12b 12c 13 14	Yes ✓ ✓	No V
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	12b 12c 13 14	Yes ✓ ✓	No V
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14 15a 15b	Yes ✓	No V
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12b 12c 13 14 15a 15b	Yes ✓	No V
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	12b 12c 13 14 15a 15b	Yes ✓	No V
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12b 12c 13 14 15a 15b	Yes ✓	No V
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure	12b 12c 13 14 15a 15b	Yes ✓	No V
12a b c 13 14 15 a b 16a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	12b 12c 13 14 15a 15b	✓ ✓ ✓ ✓	No V
12a b c 13 14 15 a b 16a b Sec 17	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed OHIO	12b 12c 13 14 15a 15b	✓ ✓ ✓ ✓	No V
12a b c 13 14 15 a b 16a b Sec 17	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed POHIO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	12b 12c 13 14 15a 15b	✓ ✓ ✓ ✓	No V
12a b c 13 14 15 a b 16a b Sec 17	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Etion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Molicy of the policy of procedure requiring the organization of the deliberation of	12b 12c 13 14 15a 15b 16a 16b	√ √ √	No V
12a b c 13 14 15 a b 16a b Sec 17 18	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed ▶ OHIO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available Check all that apply.	12b 12c 13 14 15a 15b 16a 16b	√ √ √	No V
12a b c 13 14 15 a b 16a b Sec 17 18	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filled POHIO Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available Check all that apply. Own website Another's website Dupon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	12b 12c 13 14 15a 15b 16a 16b c)(3)s	√ √ √ √	No V

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compared to the	mpensate	any o	offic	er,	<u>dıre</u>	ctor,	trus	tee, or key em	ployee.	
(A)	(B)			{(C)			(D)	(E)	(F)
Name and Title	Average	Posit	ion (chec	k all	that ap		Reportable	Reportable	Estimated
,» ` ;	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Trustees - see attached list	.38	~						-0-	-0-	-0
Gary D. Porter, Executive Director	50			,				87615	-0-	34379
Rodd M. Welker, Asst Executive Director	50			,				76,959	-0-	1,200
Dr. Lori Solaro, Child Psychiatrist	30					~		144,598	-0-	-0-
- 11										
		ļ								
			_							

Part VII Section A. Officers, Directors, Tru		Emp	ноу			u niy	1162			
(A)	(B)			•	C)			(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
				_						
										
									-	
								_		
									,,, - t, ,,, , , , , , , , , , , , , , ,	
										1
		<u> </u>			<u> </u>	<u> </u>				
1b Total		•	٠_	• •		·	•			<u> </u>
2 Total number of individuals (including those organization ► 2	e in 1a) wh	o rec	eive	ed r	nore	e thar	1 \$1	00,000 in repo	rtable compen	sation from the
						-			-	Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest c	ompensated	3 🗸
4 For any individual listed on line 1a, is the state organization and related organizations individual	greater tha	ın \$15	50,0	00?	If '		cor	mplete Schedu		4
 5 Did any person listed on line 1a receive services rendered to the organization? If " 	or accrue	comp	oen:	satio	on 1	rom	any	unrelated org	anization for	5
Section B. Independent Contractors								·		
Complete this table for your five highest co- compensation from the organization.	ompensate	d ind	epe	nde	ent o	ontra	ctor	rs that received	d more than \$1	00,000 of
(A) Name and business add	fress	-						(B) Description of s	ervices	(C) Compensation
	·									
2 Total number of independent contractors compensation from the organization ▶	(including t	hose	ın	1) w	/ho	recen	ved	more than \$10	00,000 in	

Total revenue Related or exempt function revenue business revenue revenue business revenue rev	
Business Code 2a Mechanical Repairs 811000 16,168 16,168	
b Paintball & Horseback Riding 713990 27,012 9,568 17,444	5,430
g c Mental Health Services 624100 310,336 310,336	5,430
d Team Building Activity Fees 900099 35,536 35,536	5,430
e PrivatePayResidential PerDier 623990 324 324	5,430
f All other program service revenue .	5,430
g Total. Add lines 2a-2f	5,430
3 Investment income (including dividends, interest, and other similar amounts) ▶ 4 Income from investment of tax-exempt bond proceeds ▶	
5 Royalties	16,099
(i) Real (ii) Personal 6a Gross Rents 19,240 b Less. rental expenses c Rental income or (loss) 19,240 d Net rental income or (loss) ▶ 19,240	19,240
7a Gross amount from sales of assets other than inventory (i) Securities (ii) Other 66,500	
b Less cost or other basis and sales expenses c Gain or (loss)	15,427
8a Gross income from fundraising events (not including \$	
b Less: direct expenses b 14,431	
o Net income or (loss) from fundraising events . ▶ (8,776)	(8,776)
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	537
e Total. Add lines 11a-11d	
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	47,957

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).

	All other organizations must complete colu			· · · · · · · · · · · · · · · · · · ·	
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	24,638	24,638		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				10.
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	181,141		181,141	
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	3,035,958	2,362,149	508,907	164,902
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,190	21,584	14,186	420
9	Other employee benefits	431,383	313,330	86,940	31,113
10	Payroll taxes	284,462	217,179	60,761	6,522
11	Fees for services (non-employees)				
а	Management				
b	Legal	374	145	229	
С	Accounting	15,116		15,116	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	297	00.470	297	
g	Other	100,351	96,176	3,790	385
12	Advertising and promotion	112,531	37,748	4,876	69,907
13	Office expenses	121,363 10,790	85,211	27,317	8,835
14	Information technology	10,790	19	10,971	(200)
15	Royalties	182,476	155,831	25,333	4 242
16	Occupancy	93,505	70,867	17,476	1,312
17	Travel	33,303	70,007	17,470	5,162
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22,737	13,092	3,215	C 420
19	Conferences, conventions, and meetings	42,940	33,508	8,737	6,430 695
20	Interest	72,540	33,300	0,737	033
21	Payments to affiliates	163,147	123,753	31,515	7,879
22	Depreciation, depletion, and amortization.	86,530	67,771	16,659	2,100
23	Insurance	00,000	01,771	10,039	2,100
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	Residential Household Expenses	202,218	201,774	394	50
a	Foster Care Payments	480,918	480,918	334	
b	Bad Debt	21,325	21,325		
C	Misc	55,746	12,927	36,882	5,937
d e	Poterneo/Subscriptions	4,730	1,613	3,163	(46)
e f	All other expenses	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,-	3,.53	
25 26	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ▶ ☐ if following	5,710,866	4,341,558	1,057,905	311,403
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

LΟ	I L A	Balance Sheet	<u> </u>				
			(A) Beginning of year		(B End of) year	
	1	Cash—non-interest-bearing	9,280	1	,	11	1,744
	2	Savings and temporary cash investments	182,712	2		201	1,724
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	745,471	4	<u> </u>	593	3,926
i	5	Receivables from current and former officers, directors, trustees, key				_	
		employees, or other related parties Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		-	
ts	7	Notes and loans receivable, net	844	7			1,136
Assets	8	Inventories for sale or use		8			
ř	9	Prepaid expenses and deferred charges	40,574	9		25	5,068
	10a	Land, buildings, and equipment cost basis 10a					
	b						
	_	Part VI of Schedule D	1,961,117	10c		1,813	3,915
	11	Investments—publicly traded securities	259,849	11		74	1,050
	12	Investments—other securities. See Part IV, line 11		12			
-	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,199,847	16		2,721	,563
	17	Accounts payable and accrued expenses	589,129	17		543	3,546
	18	Grants payable	··	18			
es	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	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	793,949	23		749	,183
	24	Unsecured notes and loans payable		24			
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	1,383,078	26	···	1,292	2,729
Seou		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	·	-	_	: 1	:
ılaı	27	Unrestricted net assets	1,682,786		 	1,249	
B	28	Temporarily restricted net assets	61,148	_			5,439
pu	29	Permanently restricted net assets	72,835	29		72	2,835
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.		20			
Net Assets	30	Capital stock or trust principal, or current funds		30			
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		32			
et /	32	Retained earnings, endowment, accumulated income, or other funds	1,816,769			1,428	834
ž	33 34	Total net assets or fund balances	3,199,847			2,721	
Рa	rt XI	Financial Statements and Reporting	3,133,047	34			,000
٤	I C AL	1 manda Statements and Hepotting	 			Yes	No
1	Acco	ounting method used to prepare the Form 990 🔲 Cash 📝 Accrual	☐ Other			103	
2a	Were	e the organization's financial statements compiled or reviewed by an ind	ependent accountant	t?	2a		<u> </u>
b	Were	e the organization's financial statements audited by an independent according	ountant?		2b	√	
С	If "Y	es" to lines 2a or 2b, does the organization have a committee that assumes	responsibility for overs	sight of		ا ا	
		audit, review, or compilation of its financial statements and selection of an inc			2c	✓	
За		a result of a federal award, was the organization required to undergo an a	audit or audits as set	forth in	1	_	
_		-			3a_	√	
b	If "Y	'es," did the organization undergo the required audit or audits?			3b	V	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2008
Open to Public
Inspection

		ne organization							Employe	er identifica	tion number
			Home of Ohio,	Inc.					34		1056506
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ons mus	t compl	ete this	part.) (se	ee instru	ctions)
The	orga	anization is n	ot a private four	ndation because it is:	(Please o	heck onl	y one or	ganizatioi	n.)		
1		A church, co	onvention of chu	rches, or association	of church	hes desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school de	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital o	r a cooperative	hospital service organ	nization d	escribed	ın sectio	n 170(b)	(1)(A)(iii).	(Attach S	Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter)(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 section 170(b)(1)(A)(iv). (Complete Part II.)									I unit described in	
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organizat	tion that normally	y receives a substantii	al part of			•			the general public
	П			(1)(A)(vi). (Complete F		`amplata	Dort II \				
8 9			•	d in section 170(b)(1) v receives. (1) more th		•		m aantrib	uitiona m	ambarah	in food, and arose
9				ed to its exempt func							
				ent income and unre							
			_	after June 30, 1975.				•		· OTT TUN	,
10	\Box	•	•	nd operated exclusive				•	•	(a)(A) (ca	e instructions)
11	\vdash	_	_	and operated exclusive	-		_				•
• •	_			blicly supported organ							
				at describes the type							
		a 🗌 Type	_	_	 : 🏻 Тур						Type III-Other
_				tify that the organizat	• •		-	_			• •
Ū				on managers and othe							
			section 509(a)(2)				,		3		
f				a written determinati	on from	the IRS	that it is	a Tyne	I Tyne II	or Type	III supporting
•		_	, check this box		011 110111	the mo	triat it is	и турс	i, Type ii	, or type	
g		•	•	the organization acce	 epted anv	alft or c	ontribution	on from a	nv of the	• • •	
9		following pe		and organization according	, p ,	9			,		
				r indirectly controls, e	either aloi	ne or too	ether wit	th persor	ns describ	oed in (ii)	Yes No
			•	ning body of the supp		-					11g(i)
			=	erson described in (i) a				_			11g(ii)
				of a person described		(II) above	?				11g(iii)
h		Provide the	following inform	ation about the organ	izations t	he organ	ization s	upports.			
(ı)	Name	of supported	(ii) EIN	(III) Type of organization				ou notify		s the	(vii) Amount of
	org	anization		(described on lines 1-9 above or IRC section		sted in your document?	the organ	nization in of your		ion in col zed in the	support
				(see instructions))				oort?		S?	
					Yes	No	Yes	No	Yes	No	
			İ					1			
					<u> </u>						
					<u> </u>				ļ		
Tota	ıl						1			l l	

Pa	(Complete only if you check					and 1/0(b)(1)(A)(Vi)
	tion A. Public Support		-				
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	···					
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)						
6							
	tion B. Total Support			,			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4		<u> </u>				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10 .					<u> </u>	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop her	re					on 501(c)(3)
	tion C. Computation of Public Sup		· · · · · · · · · · · · · · · · · · ·	4 1 /255	 		
14						14	<u> </u>
15	Public support percentage from 2007 Sch					15	<u>%</u>
16a	33% % support test – 2008. If the organization qualifies				line 14 is 33//3	% or more, che	eck this box .► □
b	33% % support test-2007. If the organization quality box and stop here. The organization quality				and line 15 is	331/3 % or more	e, check this
17a	10%-facts-and-circumstances test—200 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Part	IV how the
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circun nces" test The	nstances" test, o organization qua	theck this box a alifies as a public	and stop here cly supported or	Explain in Part ganization	IV how the

Sche	dule A (Form 990 or 990-EZ) 2008						Page 3
Par	rt III Support Schedule for Orga (Complete only if you checke				(2)		
Sec	tion A. Public Support			,			
	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and		(4, 44, 44, 44, 44, 44, 44, 44, 44, 44,	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-)	(0) 2000	(7)
2	membership fees received. (Do not include any "unusual grants.")	5,613,164	5,011,152	5,414,948	5,380,924	4,828,182	26,248,370
2	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 1-5	5,613,164	5,011,152	5,414,948	5,380,924	4,828,182	26,248,370
	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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						26,248,370
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	5,613,164	5,011,152	5,414,948	5,380,924	4,828,182	26,248,370
10a		33,626	27,306	38,776	47,131	40,769	187,608
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	445	12,205	7,287	(5,811)		(9,270)
С	Add lines 10a and 10b	34,071	39,511	46,063	41,320	17,373	178,338
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 lines 9, 10c, 11, and 12.)						26,426,708
14	First five years. If the Form 990 is for organization, check this box and stop	here .	•	d, third, fourth,	, or fifth tax y	ear as a sectio	n 501(c)(3) . ▶ □
Sec	tion C. Computation of Public Su	pport Percer	ntage				
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 \$					15 16	99.33 %
Sec	tion D. Computation of Investmer						
17	Investment income percentage for 200	•		-	lumn (f))	17	.67 %
18	Investment income percentage from 20					18	1 %
19a	33% % support tests – 2008. If the organization of the support tests – 2008, if the organization of the support tests – 2008 and the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests – 2008. If the organization of the support tests is the support tests of	ox and stop he	ere. The organiz	zation qualifies	as a publicly s	supported orga	nization 🕨 🗹
b	33\% % support tests - 2007. If the organ line 18 is not more than 33\% %, check this						

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

Schedule A (Fo	orm 990 or 990-E2) 2008	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see	Part II, line 10; instructions)
	······································	
	······································	
· - 	·	
		•••••

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	e of the organization		Empl	oyer identification number
Chr	istian Children's Home of Ohio, Inc.		34	1056506
		nor Advised Funds or Other Simila " to Form 990, Part IV, line 6.	r Funds o	Accounts. Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
4	Total number at end of year		1	
1	Total number at end of year			
2				
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and funds are the organization's property, subj	ect to the organization's exclusive legal	control?.	🗌 Yes 🔲 No
6	Did the organization inform all grantees, dused only for charitable purposes and not impermissible private benefit?	for the benefit of the donor or donor ad	grant funds visor or othe	er
Da	· · · · · · · · · · · · · · · · · · ·	olete if the organization answered "Yes	" to Form (Yes No
				990, Fart IV, line 7.
1	Purpose(s) of conservation easements held		• •	
	Preservation of land for public use (e.g	·		torically important land area
	Protection of natural habitat	☐ Preserva	ition of certif	ied historic structure
_	Preservation of open space	de suelfed assessment en en la la de		
2	Complete lines 2a-2d if the organization hel on the last day of the tax year.	d a qualified conservation contribution in t	he form of a	conservation easement
	on the last day of the tax year.		Г	Half AND Follows
			-	Held at the End of the Year
а	Total number of conservation easements .		· -	2a
b	Total acreage restricted by conservation e			2b
С	Number of conservation easements on a c	, ,	· · · -	2c
d	Number of conservation easements includ	ed in (c) acquired after 8/17/06.	L	2d
3	Number of conservation easements modifithe taxable year ▶	ed, transferred, released, extinguished, o	or terminated	by the organization during
4	Number of states where property subject t	a concernation assembnt is located		
5	Does the organization have a written polic enforcement of the conservation easement			
6	Staff or volunteer hours devoted to monitor	ring, inspecting, and enforcing easemen	ts during the	e year ▶
7	Amount of expenses incurred in monitoring	g, inspecting, and enforcing easements of	during the ye	ear▶ \$
8	Does each conservation easement reporte 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .			on Yes No
9	In Part XIV, describe how the organization balance sheet, and include, if applicable, the organization's accounting for conserva	reports conservation easements in its re he text of the footnote to the organization	venue and e	expense statement, and
Pa	-	ections of Art, Historical Treasures,	or Other Si	milar Assets
		vered "Yes" to Form 990, Part IV, line		
1a	If the organization elected, as permitted ur art, historical treasures, or other similar asse	nder SFAS 116, not to report in its revenues held for public exhibition, education, o	ue statemen	t and balance sheet works of
	provide, in Part XIV, the text of the footnot			
b	If the organization elected, as permitted ur historical treasures, or other similar assets provide the following amounts relating to t	held for public exhibition, education, or hese items	research in	furtherance of public service,
	(i) Revenues included in Form 990, Part V	/III, line 1		> \$
	(ii) Assets included in Form 990, Part X .			> \$
2	If the organization received or held works following amounts required to be reported		ılar assets fo	or financial gain, provide the
а	Revenues included in Form 990, Part VIII,			\$
b	Assets included in Form 990, Part X			

Par	t III Organizations Maintaini	ng Collections	of Art, H	istorica	al Treasures,	or Ot	her Similar As	sets (conti	nued)
3	Using the organization's accession items (check all that apply).	and other record	s, check	any of t	he following th	nat are	e a significant u	se of its col	lection
а	Public exhibition		d	L	oan or exchar	nge pr	ograms		
b	Scholarly research		е						
С	Preservation for future general	ions							
4	Provide a description of the organiz Part XIV.		s and exp	olaın hov	v they further	the or	ganızation's exe	mpt purpos	e in
5	During the year, did the organization assets to be sold to raise funds rathe	solicit or receive de r than to be mainta	onations o	of art, his part of th	storical treasure e organization's	es, or c	other similar ction? .	Yes [No
Par	Trust, Escrow and Cust Part IV, line 9, or reported					answ	vered "Yes" to	Form 990,	
	Is the organization an agent, trusted included on Form 990, Part X?					ns or	other assets no	t 🗌 Yes [□ No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the	e follow:	ng table:		г		
						ļ	An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amo							Yes	No
b	If "Yes," explain the arrangement in	Part XIV.	·			•			
Par	t V Endowment Funds. Co	mplete if organi	zation ar	nswered	d "Yes" to Fo	orm 99	90, Part IV, line	e 10.	
		(a) Current year	(b) Pric	or year	(c) Two years b	ack (d) Three years back	(e) Four year	s back
1a	Beginning of year balance	89,482							
b	Contributions								
C	Investment earnings or losses	(15,432)							
d	Grants or scholarships								
-	•			· · ·					
е	Other expenditures for facilities and programs								
	, -							 	
g	Administrative expenses End of year balance	74,050							
2	Provide the estimated percentage of			d as					
а	Board designated or quasi-endowm		%						
b	Permanent endowment ►30	%							
С	Term endowment ▶0 %)							
За	Are there endowment funds not in th	e possession of th	ne organiz	ation tha	at are held and	l admır	nistered 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 org	anizations listed a	is require	d on Sc	hedule R? .			3b	
4	Describe in Part XIV the intended us	ses of the organiz	ation's er	ndowme	nt funds.				
Par	t VI Investments—Land, Bu	ildings, and Eq	uipment	t. See F	orm 990, Par	t X, lıı	ne 10.		
	Description of investment	(a) Cost or ot (investm			st or other s (other)	(c) De	epreciation	(d) Book valu	ie .
1a	Land			70),779			70,779	
	Buildings				00,498	1,2	58,786	1,341,712	2
	Leasehold improvements	' '				- 1-		, ,- ,-	
	•	·		1.0	89,592	74	8,641	340,951	
	Equipment	• •			1,204		0,731	60,473	
	L Add lines 1a-1e. (Column (d) should e	gual Form 990 Pa	rt X. colun				<u> </u>		3.915

Part VII Investments - Other Securities	es. See Form 990, Part X,	line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other	-	
	-	
	-	
	-	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Relat	ed. 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
		Cost of Charles year market value
Total. (Column (b) should equal Form 990. Part X, col (B) line 13)		4
Part IX Other Assets. See Form 990, P	art X, line 15. (a) Description	(h) Cook water
	(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, c		<u> </u>
Part X Other Liabilities. See Form 990	·	
(a) Description of liability Federal income taxes	(b) Amount	
r cacrar income taxes	<u> </u>	
		-
		-
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶		
In Part XIV, provide the text of the footnote to the uncertain tax positions under FIN 48	e organization's financial state	ments that reports the organization's liability for

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	rs	
1	T	1	5,322,930
2	Total revenue (Form 990, Part VIII, column (A), line 12)	2	5,710,866
3	Excess or (deficit) for the year. Subtract line 2 from line 1	_ _ _	(387,936)
4	Net unrealized gains (losses) on investments	4	1,5,7,7
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4–8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	(387,936)
Pa	t XII Reconciliation of Revenue per Audited Financial Statements With Revenu	e pe	
1	Total revenue, gains, and other support per audited financial statements	1	5,337,361
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities	7	
c	Recoveries of prior year grants	7	
d	Other (Describe in Part XIV) 2d 14,43	1	
e	Add lines 2a through 2d	26	14,431
3	Subtract line 2e from line 1	3	5,322,930
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	******	
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	1	
c	Add lines 4a and 4b	40	3
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,322,930
Pa	t XIII Reconciliation of Expenses per Audited Financial Statements With Expense	es p	per Return
1	Total expenses and losses per audited financial statements	1	5,725,297
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 14,43	1	
е	Add lines 2a through 2d	26	e 14,431
3	Subtract line 2e from line 1	3	5,710,866
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)	\$	
С	Add lines 4a and 4b	40	:
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	5,710,866
Pai	t XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a at 2b, Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.	nd 4;	Part IV, lines 1b
Par	t V-4 - Earnings are to be used for equine therapy program and general support of the orga		
Par	t XII line 2(d) and Part XIII line 2(d) - On form 990 Part VIII line 8(b) - direct expenses for fund		
	was deducted from gross revenue. On the financial statement, this expense was reported i	n exp	penses and not a
	deduction from gross revenue.	· · · · · ·	
-			

Schedule D (For	rm 990) 2008	Page 3
Part XIV	Supplemental Information (continued)	
		
	***************************************	·
- 		
	•••••••••••••••••••••••••••••••••••••••	
		·
		·

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

20**08**

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open To Public

Employer identification number

Christian Children's Home of Ohio,	Inc				34	1056506
Part I Fundraising Activit	ies. Complete	ıf the orga	anization a	answered "Yes"	to Form 990, Par	t IV, line 17.
 Indicate whether the organiza a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations 2a Did the organization have a wror key employees listed in For b If "Yes," list the ten highest probe to be compensated at least \$ 	itten or oral agree m 990, Part VII) o add individuals o	e f g cement with a correntity in a correntities (f	Solicitati Solicitati Special i any individ connection undraisers	on of non-governi on of government fundraising events ual (including offici with professional) pursuant to agre	ment grants grants ers, directors, truste fundraising service	es s? Yes No h the fundraiser is
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					<u> </u>	
	-	_				
· · · · · <u> </u>						
					<u> </u>	
			<u> </u>			
Total			▶			
3 List all states in which the org registration or licensing.	anızatıon is regi:	stered or li	censed to	solicit funds or h	nas been notified it	is exempt from
		- 	. 			
			· • • • • • • • • • • • • • • • • • • •			
						
			·	·		
For Privacy Act and Paperwork Reduction	Act Notice, see the	Instructions	for Form 990	. Cat No 50083	H Schedule G (Fo	orm 990 or 990-EZ) 2008

	dule						report	Page 2	
		more than \$15,000 on F	Form 990-EZ, line 6a. L (a) Event #1 Golf Outing	List events with gross in (b) Event #2	receipts greater than \$ (c) Other Events	(d) To (Add col	tal Event	s ugh	
a \			(event type)	(event type)	(total number)	CC	ol (c))		
Revenue	1	Gross receipts	63,070					63,070	
æ	2	Less: Charitable contributions	57,415					57,415	
	3	Gross revenue (line 1 minus line 2)	5,655					5,655	
	4 Cash prizes		2,750			ļ		2,750	
nses	5	Non-cash prizes	811					811	
Direct Expenses	6	Rent/facility costs	-0-					-0-	
Direct	7	Other direct expenses .	10,870					10,870	
	8	Direct expense summary. Ad Net income summary. Comb			.	((4,431) (8,776)	
Pa	rt II		the organization ansv		990, Part IV, line 19,	or repo			
enne			(a) Bingo (b) Pull tabs/Instant (c) Other gaming bingo/progressive bingo			(d) Total gaming (Add col (a) through col (c))			
Revenue	1	Gross revenue							
nses	2	Cash prizes							
Direct Expenses	3	Non-cash prizes							
Direct	4	Rent/facility costs				ļ			
	5	Other direct expenses .							
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No				
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		()	
	8	Net gaming income summar	y. Combine lines 1 and	7 in column (d)		ì			
							Ye	s No	
9 a		iter the state(s) in which the c the organization licensed to c	_				9a		
b	If '	"No," Explain:							
10a	a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								
b	If '	"Yes," Explain							
11	1 Does the organization operate gaming activities with nonmembers?								
12		the organization a grantor, be		a trust or a member of	a partnership or other		12		

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

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S. ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

% □ (h) Purpose of grant or assistance 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. Use Employer identification number 1056506 ✓ Yes see Part IV Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 34 (f) Method of valuation (book, FMV, appraisal, other) . . Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . (d) Amount of cash grant 24,638 Part IV and Schedule I-1 (Form 990) if additional space is needed Enter total number of section 501(c)(3) and government organizations . . . (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance 501(c)(3) 33-1118626 (P) EIN Enter total number of other organizations Christian Children's Home of Ohio, Inc 1 (a) Name and address of organization or government Mulberry International 11866 Capital Way Louisville; KY Name of the organization

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III Grants an

(a) Type of grant or assistance	(b) Number of recipients	(cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	te this part to pr	ovide the informatic	on required in Part	I, line 2, and any other	additional information.
Mulberry International was a 501(c)(3) found in June 2005 as a spin-off ministry of Christian Children's Home of Ohio (CCHO), to the children of Ukraine CCHO agreed to provide financial support for a portrol of 4 years as the powerant part of the commitment	2005 as a spin-off i	ninistry of Christian Ch	uldren's Home of Ohi	o (CCHO), to the children	of Ukraine CCHO agreed to provide

Schedule I (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection Employer identification number

Christian Children's Home of Ohio, Inc	34	1056506					
Part VI(A)(10) - A copy of the completed 990 is provided electronically to all voting M	lembers of	the Board of					
Trustees, prior to filing. The Board Members are asked to review the form 990 and respond with any questions.							
within a 2 day period.							
Part VI(B)(12)(C) - Conflict of Interest questionnaires are provided to every Board Member at the end of the fiscal							
year. The questionnaire covers all of the IRS Conflicts of Interest. The Board Members fill out, sign, and return							
them to the Executive Director.							
Part VI(B)(15)(A&B) - The process is as follows: a. The Governance Team reviews	the most o	urrent Child Welfare					
League of America Salary Survey. The average base salary for an Executive Direction	or and othe	er officers and key					
employees in private agencies ranging from \$5 to \$10 million average annual budget	in the Midv	vest is determined					
and adjusted for cost of living increase from the printing of the study. Both the mean	and the me	dian are considered					
and compared to the CCHO Executive Director's current compensation package.							
b. Agency and Exceutive Director performance and Ends achievement are evaluated	and the co	ompensation package					
[considering all compensation and benefits] is adjusted based on a combination of the	ındustry s	tatistics and the					
performance. A recommendation for increase is prepared in writing by the Governance	ce Team ar	nd submitted to the					
Board.for.approval							
c. An Executive Session of the Board is held to discuss and modify the package adju	stments. A	Board motion and					
vote are then required for approval.							
Part VI(A)(6&7) - Since the question refers to a person, we answered "no" to the question Bu	ıt we do hav	e "member" churches					
as defined as follows "Members" are defined in our Code of Regulations "Membership in the Olinic, shall consist of Christian Churches and Churches of Christ which receive into fellowship only							
Christ who volantarily co-operate with and financially support the work and program of Christian Each member congregation will be given the opportunity to affirm the election of the Trustees as							
Committee of the Board of Trustees." The only decisions that the member churches make are the Board Members and changes or amendments to the Code of Regulations.							

Rev: 09/12//08

CCHO BOARD OF TRUSTEES

President
Gary Dolan (Pam) 2009
8264 Kepler Road
Canal Fulton, Ohio 44614
330-854-0409 (H) 330-494-1860 (W)
dolang@rivertreechristian com
RiverTree Christian Church
Cmte Governance

Vice President

Dean Hammond (Becky) 2010

5030 Maple Grove Road

Shreve. Ohio 44674

330-262-7756 (W) (330) 466-3047 (C)

dean@pccwooster org

MAILING ADDRESS

Parkview Church of Christ

1912 Burbank Road

Wooster, Ohio 44691

Cmte Governance

Secretary
Jeff Rayis (Julie) 2010
6680 Maplebrook Lane
Columbus, Ohio 43215
614-763-0480 (H) 614-248-5178 (W)
419-234-3649 (C)
jeff rayis@chase com
Dublin Christian Church

Lyle Beveridge (1) conne) 2009
21618 Divelbiss Road
Butler, Ohio 44822
740-694-7835 (H) 800-441-3961x12 (W)
lyleb@esbeveridge com
New Life Church of Christ
Cmte Governance

Russell Furney (*Marjorie*) 2008
1410 Perry Drive NW
Canton, Ohio 44708
330-477-2053
First Christian Church
Cmte Governance

Ray Piatt (Jan) 2009
9905 Sterling Road
Rittman, Ohio 44270
330-925-1084 (H)
Orrville Christian Church

Daniel Lucas (Susan) 2008 2228 Aster Ave. NW Massillon, Ohio 44647-6160 330-832-5269 (H) 330-324-2495 (Cell) dlucas2228@yahoo com Perry Christian Church

Ray Linn (Judv) 2010
7000 County Road 46
Mt. Gilead, Ohio 43338
419-946-1969 (H) 419-560-4258 (W)
rayjudy.linn@juno com
Heath Church of Christ

Ron Cass (Sharon) 2008 9741 Marseilles Galion Road Caledonia, Ohio 43314-9442 419-845-3823 (H) 419-396-3586 (W) 419-722-1748 (C) cass@goldeneagleproducts com Caledonia Church of Christ

Steve Porter (Pam) 2010
5757 East Boulevard NW
Canton, Ohio 44718
330-361-4886 (H) 330-821-9830 x11 (W)
(c) 330-806-3996
sporter@centralcoatedproducts com
RiverTree Christian Church

Tina Russell (*Joe*) 2010 3354 Shepherd Street NW North Canton. Ohio 44720 330-232-0768 (H) 330-232-0768 (C) russelljt@neo.rr com

Terri Cameron (Bob) 2010
405 Summit Street SE
North Canton, Ohio 44720
330-497-7163 (H & W) 330-417-5129 (C)
tcameron7@neo ri com
Greenwood Christian