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SCANNED AUG 04 2010

**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

**2008**

Open to Public Inspection

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

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

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

Please use IRS label or print or type:  
 See Specific Instructions

**C** Name of organization: **CHILDREN'S HOME SOCIETY & FAMILY SERVICES**  
 Doing Business As:  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1605 EUSTIS STREET**  
 City or town, state or country, and ZIP + 4: **ST. PAUL, MN 55108**

**D** Employer identification number: **41-0693906**

**E** Telephone number: **651-646-7771**

**G** Gross receipts \$: **29,505,439.**

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

**H(c)** Group exemption number: **▶**

**F** Name and address of principal officer: **MAUREEN WARREN**  
**SAME AS C ABOVE**

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

**J** Website: **▶ WWW.CHSFS.ORG**

**K** Type of organization:  Corporation  Trust  Association  Other **▶**

**L** Year of formation: **1889** **M** State of legal domicile: **MN**

**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	<b>TO HELP CHILDREN THRIVE AND TO BUILD, STRENGTHEN AND SUSTAIN INDIVIDUAL, FAMILY AND COMMUNITY LIFE.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of employees (Part V, line 2a)	5	453
	6	Total number of volunteers (estimate if necessary)	6	1007
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,984,431.	4,630,314.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,838,189.	18,837,352.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,413,369.	-587,024.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	277,144.	225,646.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,513,133.	23,106,288.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	863,052.	896,049.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15,273,477.	14,177,999.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) <b>▶ 1,203,341.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,177,944.	10,303,644.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	27,314,473.	25,377,692.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-801,340.	-2,271,404.
	20	Total assets (Part X, line 16)	Beginning of Year	End of Year
	21	Total liabilities (Part X, line 26)	32,484,216.	27,473,613.
	22	Net assets or fund balances. Subtract line 21 from line 20	8,879,627.	8,059,919.
		23,604,589.	19,413,694.	

**Part II Signature Block**

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

Sign Here: **Maureen Warren** Signature of officer Date: **July 8, 2010**  
**MAUREEN WARREN, INTERIM CEO** Type or print name and title

Paid Preparer's Use Only: Preparer's signature: **[Signature]** Date: **7/12/10** Check if self-employed:  Preparer's identifying number (see instructions): **▶**  
 Firm's name (or yours if self-employed), address, and ZIP + 4: **DARSON ALLEN LLP**  
**220 SOUTH SIXTH STREET, SUITE 300**  
**MINNEAPOLIS, MN 55402** EIN: **▶** Phone no.: **▶ 612-376-4500**

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

916 a

CHILDREN'S HOME SOCIETY & FAMILY SERVICES

Form 990 (2008)

41-0693906 Page 2

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: TO HELP CHILDREN THRIVE AND TO BUILD, STRENGTHEN AND SUSTAIN INDIVIDUAL FAMILY AND COMMUNITY LIFE.

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

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

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 13029459. including grants of \$ 846,866. ) (Revenue \$ 12057617. ) ADOPTION AND POST-ADOPTION SERVICES: THE ORGANIZATION'S ADOPTION PROGRAM INCLUDES THE DOMESTIC INFANT PROGRAM, MINNESOTA'S WAITING CHILDREN PROGRAM, AND INTERNATIONAL PROGRAMS IN MORE THAN A DOZEN COUNTRIES. APPROXIMATELY ONE-FOURTH OF THE CHILDREN ADOPTED INTERNATIONALLY ARE ADOPTED THROUGH THE ORGANIZATION'S WAITING INTERNATIONAL CHILDREN PROGRAM. THE POST-ADOPTION PROGRAM PROVIDES DOMESTIC SEARCH AND BACKGROUND SERVICES; INTERNATIONAL SEARCH AND OUTREACH SERVICES; BIRTH LAND TOURS; AND SUPPORT, COUNSELING AND EDUCATIONAL SERVICES TO ALL MEMBERS OF THE ADOPTIVE CIRCLE.

4b (Code: ) (Expenses \$ 6,516,728. including grants of \$ 1,000. ) (Revenue \$ 5,993,847. ) EARLY CHILDHOOD CARE AND EDUCATION: THE ORGANIZATION OPERATES 11 EARLY LEARNING CENTERS LOCATED IN SCHOOLS AND ON COLLEGE AND CORPORATE CAMPUSES. THE SITES INCLUDE A DROP-IN PROGRAM, THREE HIGH-SCHOOL CENTERS, AND AN AFTER-SCHOOL PROGRAM FOR ELEMENTARY-AGE CHILDREN. THE EARLY LEARNING CENTERS OFFER A CHILD-FOCUSED PROGRAM THAT PROMOTES POSITIVE SELF-ESTEEM AND EMPHASIZES THE SOCIAL AND EMOTIONAL ACTIVITIES THAT ARE THE FOUNDATION OF CHILDREN'S GROWTH AND DEVELOPMENT, IN A LITERACY-RICH ENVIRONMENT. WHILE PARENTS ATTEND SCHOOL OR WORK, THEIR CHILDREN ARE CARED FOR BY PROFESSIONAL AND HIGHLY SKILLED EARLY-CHILDHOOD EDUCATORS.

4c (Code: ) (Expenses \$ 1,788,541. including grants of \$ 48,183. ) (Revenue \$ 785,885. ) CHILD & FAMILY SUPPORT SERVICES: PARENT SUPPORT SERVICES ARE VOLUNTARY AND CONFIDENTIAL, PROVIDED AT NO COST TO ALL FAMILIES WITH CHILDREN, WITH THE GOAL OF HELPING THEM BUILD THE SKILLS NECESSARY TO SUCCEED IN DAILY LIFE, BUILD SELF-SUFFICIENCY, AND TO PREVENT ABUSE AND NEGLECT. IN ADDITION, SERVICES IN THIS AREA INCLUDE DOMESTIC-ABUSE AND ANGER-MANAGEMENT CLASSES AND GROUPS; FINANCIAL AND HOME-OWNERSHIP EDUCATION; AND THE LEARNING DISABILITIES PROGRAM. THROUGH INDIVIDUAL AND FAMILY COUNSELING, THE ORGANIZATION PROVIDES QUALITY THERAPEUTIC SERVICES TO CHILDREN OVER AGE THREE, TEENS, ADULTS AND FAMILIES, THE ORGANIZATION'S LICENSED PROFESSIONALS HELP PEOPLE DEAL WITH PROBLEMS SUCH AS DEPRESSION, ANXIETY, FEAR, TROUBLE WITH FORMING SECURE ATTACHMENTS, RELATIONSHIP DIFFICULTIES,

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

4e Total program service expenses \$ 21,334,728. (Must equal Part IX, Line 25, column (B).)

**CHILDREN'S HOME SOCIETY & FAMILY  
SERVICES**

Form 990 (2008)

41-0693906 Page 3

**Part IV Checklist of Required Schedules**

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

Form 990 (2008)

**CHILDREN'S HOME SOCIETY & FAMILY  
SERVICES**

Form 990 (2008)

41-0693906 Page 4

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

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
c	Serve as an officer, director, trustee, key employee, partner, or member of an entry (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
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>		<b>X</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
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? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	<b>X</b>	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<b>X</b>	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
37	Did the organization conduct more than 5% of its activities through an entry 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>		<b>X</b>

Form 990 (2008)

CHILDREN'S HOME SOCIETY & FAMILY  
SERVICES

Form 990 (2008)

41-0693906 Page 5

**Part 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		
1a	66		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	453		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country: <b>VIETNAM</b> 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
d	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
a	Initiation fees and capital contributions included on Part VIII, line 12		
10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
10b			
11	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
a	Gross income from members or shareholders		
11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>		
12b			

Form 990 (2008)

**CHILDREN'S HOME SOCIETY & FAMILY  
SERVICES**

Form 990 (2008)

41-0693906 Page 6

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

**Section A. Governing Body and Management**

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

		Yes	No
1a	Enter the number of voting members of the governing body		20
1b	Enter the number of voting members that are independent		20
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
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	X	
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		X

**Section B. Policies**

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

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **MN, DC, VA, MD**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **TIM FISCHER - 651-646-7771**  
**1605 EUSTIS STREET, ST PAUL, MN 55108**

CHILDREN'S HOME SOCIETY & FAMILY  
SERVICES

Form 990 (2008)

41-0693906 Page 7

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KEN MIDDLEBROOKS BOARD CHAIR	1.00	X		X			0.	0.	0.	
PAUL VERRET BOARD FIRST VICE CHAIR	1.00	X		X			0.	0.	0.	
DANIEL SMITH VP PROG DEVEL/BRD TREAS	40.00	X		X			119,986.	0.	12,635.	
NANCY BREYFOGLE BOARD MEMBER	1.00	X					0.	0.	0.	
JENNIFER MARTIN BOARD MEMBER	1.00	X					0.	0.	0.	
LIZ CARLSON BOARD MEMBER	1.00	X					0.	0.	0.	
JIMMY FOGEL BOARD MEMBER	1.00	X					0.	0.	0.	
HYUN SOOK HAN BOARD MEMBER	1.00	X					0.	0.	0.	
BETH JACOB BOARD MEMBER	1.00	X					0.	0.	0.	
JOCELYN KNOLL BOARD MEMBER	1.00	X					0.	0.	0.	
STEPHEN KOWALKE BOARD MEMBER	1.00	X					0.	0.	0.	
PAT KRUEGER BOARD MEMBER	1.00	X					0.	0.	0.	
MARGARET LI BOARD MEMBER	1.00	X					0.	0.	0.	
PATTI MEIER BOARD MEMBER	1.00	X					0.	0.	0.	
ALKIS MICHAELIDES BOARD MEMBER	1.00	X					0.	0.	0.	
BILL PRIESMEYER BOARD MEMBER	1.00	X					0.	0.	0.	
JIM STEILEN BOARD MEMBER	1.00	X					0.	0.	0.	

**CHILDREN'S HOME SOCIETY & FAMILY SERVICES**

Form 990 (2008)

41-0693906 Page 8

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ELIZABETH STREEPER BOARD MEMBER	1.00	X					0.	0.	0.	
JOAN SUWALSKY BOARD MEMBER	1.00	X					0.	0.	0.	
SANDY TOKACH BOARD MEMBER	1.00	X					0.	0.	0.	
SUSAN WHITE BOARD MEMBER	1.00	X					0.	0.	0.	
MADONNA KING PRESIDENT/CEO	40.00			X			221,577.	0.	44,360.	
LAURA ARVOLD GEN COUNSEL	40.00			X			82,447.	0.	10,547.	
RANDY BACHMAN VP CHILDREN AND FAMILY	40.00				X		99,409.	0.	20,455.	
KATHY KUKIELKA VP ADVANCEMENT	40.00				X		105,636.	0.	4,468.	
DAVID PILGRIM VP ADOPTION	40.00				X		109,070.	0.	8,356.	
<b>1b Total</b>							<b>738,125.</b>	<b>0.</b>	<b>100,821.</b>	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 4

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CHSFS ETH-ASNAKE AMANUEL, NIFAS SILK LAFTO SUB CITY, KEBELE 03, ADDIS ABABA, ETHIOPIA	ADOPTION SERVICES	2,351,640.
E. SOCIAL WELFARE SOC., 493 CHANGCHON-DONG, SODAEMUN-GU, SEOUL, KOREA, SOUTH	ADOPTION SERVICES	1,612,815.
SOCIAL WELFARE SOCIETY, CENTRAL POST OFFICE 24, SEOUL, KOREA, SOUTH 135-920	ADOPTION SERVICES	421,185.
ASI COMMUNICATIONS, 510 FIRST AVE N, #650, MINNEAPOLIS, MN 55403	WEB/MARKETING SERVICES	321,718.
GARY COHEN, 10638 BRIARLAKE WOODS DR, SAN DIEGO, CA 92130	ADOPTION SERVICES	300,195.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 16

Form 990 (2008)

CHILDREN'S HOME SOCIETY & FAMILY  
SERVICES

Form 990 (2008)

41-0693906 Page 9

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 1,638,494.				
	b Membership dues	1b				
	c Fundraising events	1c 26,557.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 96,604.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,868,659.				
	g Noncash contributions included in lines 1a-1f \$	303,456.				
	h Total. Add lines 1a-1f		4630314.			
	Program Service Revenue	2 a FEES FOR SERVICES	Business Code 624100	8207064.	8207064.	
b INT'L ADOPTION FEES		624100	7062238.	7062238.		
c GOV'T FEES AND GRANTS		624100	3568050.	3568050.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			18,837,352.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		448,725.		448,725.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	5,177,306.			
		(ii) Other	15,000.			
		b Less: cost or other basis and sales expenses	6,207,189.	20,866.		
		c Gain or (loss)	-1,029,883.	-5,866.		
	d Net gain or (loss)			-1,035,749.		-1,035,749.
	8 a Gross income from fundraising events (not including \$ 26,557. of contributions reported on line 1c) See Part IV, line 18	a	244392.			
		b Less: direct expenses	b	171096.		
c Net income or (loss) from fundraising events			73,296.		73,296.	
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a MISCELLANEOUS REVENUE	900099	152,350.			152,350.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		152,350.				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			23,106,288.	18,837,352.	0.	-361378.

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Form 990 (2008)

CHILDREN'S HOME SOCIETY & FAMILY

Form 990 (2008)

SERVICES

41-0693906 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	896,049.	896,049.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	628,249.	84,091.	429,134.	115,024.
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	10,991,309.	9,305,343.	1,190,510.	495,456.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	136,308.	111,498.	18,114.	6,696.
9 Other employee benefits	1,556,861.	1,328,769.	227,106.	986.
10 Payroll taxes	865,272.	713,830.	109,330.	42,112.
11 Fees for services (non-employees):				
a Management				
b Legal	67,828.	30,866.	16,615.	20,347.
c Accounting	42,950.		42,950.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,524.		34,524.	
g Other	1,051,530.	508,046.	230,532.	312,952.
12 Advertising and promotion				
13 Office expenses	1,445,964.	1,111,680.	190,625.	143,659.
14 Information technology				
15 Royalties				
16 Occupancy	573,958.	467,309.	79,920.	26,729.
17 Travel	670,959.	634,861.	33,223.	2,875.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	51,088.	22,485.	26,992.	1,611.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	488,756.	397,938.	68,056.	22,762.
23 Insurance	244,053.	197,849.	34,073.	12,131.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INT'L ADOPTION FEES	5,490,448.	5,490,448.		
b MISCELLANEOUS	137,582.	29,662.	107,919.	1.
c BAD DEBT EXPENSE	4,004.	4,004.		
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	25,377,692.	21,334,728.	2,839,623.	1,203,341.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**CHILDREN'S HOME SOCIETY & FAMILY SERVICES**

Form 990 (2008)

41-0693906 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	799,626.	1	908,835.
	2	Savings and temporary cash investments	1,192,465.	2	1,213,789.
	3	Pledges and grants receivable, net	1,016,138.	3	932,624.
	4	Accounts receivable, net	1,152,291.	4	1,030,683.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	1,356.	8	7,798.
	9	Prepaid expenses and deferred charges	478,411.	9	521,870.
	10a	Land, buildings, and equipment - cost basis	14,860,106.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	4,905,690.	10c	9,954,416.
	11	Investments - publicly traded securities	10,637,317.	11	6,841,332.
	12	Investments - other securities. See Part IV, line 11	3,917,710.	12	3,574,827.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	16,244.	14	7,001.
	15	Other assets. See Part IV, line 11	2,970,718.	15	2,480,438.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	32,484,216.	16	27,473,613.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	4,079,956.	17	3,944,302.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	465,000.	20	200,000.
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	4,334,671.	25	3,915,617.
	26	<b>Total liabilities.</b> Add lines 17 through 25	8,879,627.	26	8,059,919.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,117,743.	27	1,203,499.
	28	Temporarily restricted net assets	9,799,565.	28	9,469,713.
	29	Permanently restricted net assets	9,687,281.	29	8,740,482.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	23,604,589.	33	19,413,694.
	34	<b>Total liabilities and net assets/fund balances</b>	32,484,216.	34	27,473,613.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		



CHILDREN'S HOME SOCIETY & FAMILY

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,854,882.	5,278,524.	5,065,385.	4,984,431.	4,630,314.	24,813,536.
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	4,854,882.	5,278,524.	5,065,385.	4,984,431.	4,630,314.	24,813,536.
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 Public Support. Subtract line 5 from line 4						24,813,536.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	4,854,882.	5,278,524.	5,065,385.	4,984,431.	4,630,314.	24,813,536.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	328,447.	581,666.	880,368.	1,523,458.	448,725.	3,762,664.
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.)	93,497.				152,350.	245,847.
11 Total support. Add lines 7 through 10						28,822,047.
12 Gross receipts from related activities, etc (see instructions)					12	95,427,320.

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

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	86.09 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	91.26 %

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

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

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

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

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

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

CHILDREN'S HOME SOCIETY & FAMILY

Schedule A (Form 990 or 990-EZ) 2008 SERVICES

41-0693906 Page 4

**Part IV** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS REVENUE

Lined area for providing supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2008**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **CHILDREN'S HOME SOCIETY & FAMILY SERVICES** Employer identification number **41-0693906**

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 0.
- 3 Volunteer hours 0.

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ 0.
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ 0.
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ 0.
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

CHILDREN'S HOME SOCIETY & FAMILY

Schedule C (Form 990 or 990-EZ) 2008

SERVICES

41-0693906 Page 2

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details

- A Check  if the filing organization belongs to an affiliated group.  
 B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	9,846.													
c	Total lobbying expenditures (add lines 1a and 1b)	9,846.													
d	Other exempt purpose expenditures	24164505.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	24174351.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0.													
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total	
2a	Lobbying non-taxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c	Total lobbying expenditures	21,658.	20,405.	21,661.	9,846.	73,570.
d	Grassroots non-taxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f	Grassroots lobbying expenditures	0.				

Schedule C (Form 990 or 990-EZ) 2008

CHILDREN'S HOME SOCIETY & FAMILY

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1j			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **CHILDREN'S HOME SOCIETY & FAMILY SERVICES**

Employer identification number  
**41-0693906**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_



CHILDREN'S HOME SOCIETY & FAMILY

Schedule D (Form 990) 2008

SERVICES

41-0693906 Page 3

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>CERTIFICATES OF DEPOSIT</b>	<b>1,852,816.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>INVESTMENTS HELD FOR TRUST AND ANNUITY AGREEMENTS</b>	<b>175,383.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>HOLDINGS AT COMMUNITY FOUNDATION</b>	<b>1,546,628.</b>	<b>END-OF-YEAR MARKET VALUE</b>
<b>Total. (Col (b) should equal Form 990, Part X, col (B) line 12.)</b>	<b>3,574,827.</b>	

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

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

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

(a) Description	(b) Book value
<b>CONTRIBUTIONS RECEIVABLE UNDER REMAINDER TRUST</b>	<b>74,291.</b>
<b>BENEFICIARY INTEREST IN PERPETUAL TRUST</b>	<b>1,268,443.</b>
<b>DUE FROM ADOPTION SERVICE INFORMATION AGENCY, INC.</b>	<b>1,137,704.</b>
<b>Total. (Column (b) should equal Form 990, Part X, col (B) line 15.)</b>	<b>2,480,438.</b>

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

(a) Description of liability	(b) Amount
Federal income taxes	
<b>REFUNDABLE FEES AND DEPOSITS</b>	<b>221,585.</b>
<b>LIABILITY UNDER TRUST</b>	<b>127,315.</b>
<b>POST-RETIREMENT BENEFITS</b>	<b>195,557.</b>
<b>DEFINED BENEFIT PENSION LIABILITY</b>	<b>3,371,160.</b>
<b>Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)</b>	<b>3,915,617.</b>

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



**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, line 15, or line 16.

Name of the organization  
**CHILDREN'S HOME SOCIETY & FAMILY SERVICES**

Employer identification number  
**41-0693906**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.
- Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	PROVIDE INTERNATIONAL ADOPTION SERVICES	2,107,395.
SUB-SAHARAN AFRICA	0	1	PROGRAM SERVICES	PROVIDE INTERNATIONAL ADOPTION SERVICES	2,351,640.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROVIDE INTERNATIONAL ADOPTION SERVICES	192,130.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	PROVIDE INTERNATIONAL ADOPTION SERVICES	540,154.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROVIDE INTERNATIONAL ADOPTION SERVICES	118,430.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROVIDE INTERNATIONAL ADOPTION SERVICES	180,695.
<b>Totals</b>	<b>1</b>	<b>2</b>			<b>5,490,444.</b>

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

Schedule F (Form 990) 2008

CHILDREN'S HOME SOCIETY & FAMILY SERVICES

41-0693906

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	AERANWON - PROGRAM SUPPORT	12,500	WIRE	0		
		SOUTH AMERICA	AYUDAME ORPHANAGE	9,810	WIRE	0		
		EAST ASIA AND THE PACIFIC	QINGHAI SCHOOL	35,025	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	HOPE FOR HOSSANA SCHOOL	111,105	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	OTTORO SCHOOL	25,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	AMBULANCE	40,000	WIRE	0		
		MIDDLE EAST AND NORTH AFRICA	DATA STORAGE EQUIPMENT/VIDEO	19,351	WIRE/CHECK	0		
		EAST ASIA AND THE PACIFIC	EASTERN SOCIAL WELFARE SOCIETY PROGRAMS	63,612	WIRE/CHECK	0		

**2** Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 15

**3** Enter total number of other organizations or entities 0

CHILDREN'S HOME SOCIETY & FAMILY SERVICES

41-0693906

Schedule F (Form 990) 2008

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
INSPIRATION SOCIETY OF NEPAL SUPPORT, BAL MANDIR, SPRING OF DESERT, OTHER	SOUTH ASIA	3	86,948	WIRE	0	N/A	N/A
SPECIFIC ASSISTANCE - SEE PART IV FOR DETAILS	SUB-SAHARAN AFRICA	25	79,359	WIRE	0	N/A	N/A
SPECIFIC ASSISTANCE - SEE PART IV FOR DETAILS	RUSSIA AND THE NEWLY INDEPENDENT STATES	17	19,918	WIRE	0	N/A	N/A
SPECIFIC ASSISTANCE - SEE PART IV FOR DETAILS	CENTRAL AMERICA AND THE CARIBBEAN	2	6,025	WIRE	0	N/A	N/A
SPECIFIC ASSISTANCE - SEE PART IV FOR DETAILS	EAST ASIA AND THE PACIFIC	255	59,968	WIRE	0	N/A	N/A

**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: CHILDREN'S HOME SOCIETY AND FAMILY SERVICES

(CHSFS) WORKS COLLABORATIVELY WITH CONSULTANTS AND INTERNATIONAL NGO'S TO ENSURE ETHICAL ALLOCATION OF GRANT FUNDS. THE CHSFS INTERNATIONAL CHILD WELFARE COMMITTEE APPROVES EACH PROJECT TO BE FUNDED AND DETERMINES THE MAXIMUM AMOUNT OF FUNDS TO BE GRANTED. THE CHSFS INTERNATIONAL CHILD WELFARE COMMITTEE REVIEWS EACH PROJECT/PROGRAM'S UNIQUE BUDGET, SUSTAINABILITY, TRACKING METHODOLOGY AND GOALS. RECEIPT OF GRANTED FUNDS IS REQUIRED FOR ALL RECIPIENTS. WHEN POSSIBLE, CHSFS OBTAINS PHOTOGRAPHIC EVIDENCE OF FUND DISBURSEMENT OR ALLOCATION ABROAD. WHEN POSSIBLE, CHSFS STAFF PERSONALLY VISIT RECIPIENTS OF GRANT FUNDS AND OBSERVE THE FUNDED PROJECT/PROGRAM. MANDATORY UPDATES ARE PROVIDED BY GRANT RECIPIENTS ON EACH FUNDED PROJECT/PROGRAM.

SCHEDULE F, PART I, LINE 3: ACCRUAL

PART III - SPECIFIC ASSISTANCE DETAIL - SPECIFIC ASSISTANCE INCLUDES HUMANITARIAN AID, PROGRAM STARTUP COSTS INCLUDING RENT, SUPPLIES, TRAVEL AND OTHER SUPPLIES.

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EAST ASIA AND THE PACIFIC	EYEONGTAEK WELFARE PROGRAMS	14,200.	WIRE/CHECK	0.		
			SOUTH ASIA	THAILAND FRIENDS FOR ALL CHILDREN	10,000.	WIRE	0.		
			SOUTH ASIA	THAILAND FRIENDS FOR ALL CHILDREN	10,000.	WIRE	0.		
			EASTERN EUROPE	KARSAKOVO GROUNDS	7,209.	WIRE	0.		
			SOUTH ASIA	FOSTER FAMILY VILLAGE	9,470.	WIRE	0.		
			SOUTH ASIA	NEW GENERATION/FIPP	10,811.	WIRE	0.		
			SOUTH ASIA	NEPAL ORPHANAGE	10,000.	WIRE	0.		
			EASTERN EUROPE	ORPHANAGE	5,000.	WIRE	0.		
			EAST ASIA AND THE PACIFIC	SOCIAL WELFARE SOCIETY PROGRAMS	10,000.	CHECK	0.		

Part II	Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F (Form 990), Part II)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			SOUTH ASIA	SKB KERALA ORPHANAGE	12,660	WIRE	0			
			SOUTH ASIA	NEW KERALA CENTER	69,988	WIRE	0			
			EAST ASIA AND THE PACIFIC	TIANJIN FOSTER CARE	34,790	WIRE	0			
			SOUTH ASIA	VIETNAM OFFICE	46,629	WIRE	0			



CHILDREN'S HOME SOCIETY & FAMILY

Schedule G (Form 990 or 990-EZ) 2008

SERVICES

41-0693906 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		WINE MAKER'S DINNER (event type)	LITTLE RED BALL (event type)	2 (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	131,978.	77,994.	60,977.	270,949.
	2	Less: Charitable contributions	0.	0.	26,557.	26,557.
	3	Gross revenue (line 1 minus line 2)	131,978.	77,994.	34,420.	244,392.
Direct Expenses	4	Cash prizes	0.	0.	0.	
	5	Non-cash prizes	41,796.	21,504.	10,562.	73,862.
	6	Rent/facility costs	0.	0.	0.	
	7	Other direct expenses	21,907.	25,251.	50,076.	97,234.
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 171,096. )
	9	Net income summary. Combine lines 3 and 8 in column (d)				73,296.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states? _____		
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____		
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____		

CHILDREN'S HOME SOCIETY & FAMILY

13 Indicate the percentage of gaming activity operated in.

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

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 ▶ \$ \_\_\_\_\_.

c 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:

a 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 ▶ \$ \_\_\_\_\_



CHILDREN'S HOME SOCIETY & FAMILY SERVICES

41-0693906

Page 2

Schedule I (Form 990) 2008

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SPECIFIC ASSISTANCE	60	76,672.	0	N/A	N/A

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

SCHEDULE I, PART I, LINE 2: A CLIENT COMPLETES AN APPLICATION THAT INCLUDES A BUDGET ON MONTHLY EXPENSES AND IS REVIEWED BY A SOCIAL WORKER AND APPROVED BY A SUPERVISOR. IF NEEDED, THE CLIENT IS REFERRED TO FINANCIAL COUNSELING AND IN SOME CASES IT IS FINANCIAL COUNSELING REQUESTING THE GRANT. THE CHECK REQUEST IS WRITTEN TO THE VENDOR INSTEAD OF THE CLIENT AND SENT DIRECTLY TO THE VENDOR. THIS ASSURES THAT THE VENDOR GETS THE MONEY AND PROTECTS THE ORGANIZATION IN ASSISTING THE CLIENT.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No 1545-0047

**2008**

Open to Public Inspection

Name of the organization **CHILDREN'S HOME SOCIETY & FAMILY SERVICES**

Employer identification number  
**41-0693906**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? ... **4a**  Yes  No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ... **4b**  Yes  No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ... **4c**  Yes  No
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? ... **5a**  Yes  No
- b** Any related organization? ... **5b**  Yes  No
- If "Yes," to line 5a or 5b, describe in Part III.

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

- a** The organization? ... **6a**  Yes  No
- b** Any related organization? ... **6b**  Yes  No
- If "Yes" to line 6a or 6b, describe in Part III.

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

**7**  Yes  No

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

**8**  Yes  No

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

Schedule J (Form 990) 2008



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No 1545-0047

**2008**  
Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **CHILDREN'S HOME SOCIETY & FAMILY SERVICES** Employer identification number **41-0693906**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		100,728	DONOR DETERMINED
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	9	22,494	STOCK MARKET QUOTES
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( SILENT AUCT )	X	347	180,234	DONOR DETERMINED
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **0**

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

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

Schedule M (Form 990) 2008

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

CHILDREN'S HOME SOCIETY & FAMILY  
SERVICES

Employer identification number

41-0693906

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS

CONFLICT-RESOLUTION STRUGGLES OR POST-TRAUMATIC STRESS.

FORM 990, PART VI, SECTION A, LINE 1: THE ORGANIZATION'S EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, VICE-CHAIRS, THE CHAIRS OF OTHER BOARD COMMITTEES, AND THE CHAIR OF THE DIRECTORS EMERITUS. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT FOR AND ON BEHALF OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, BUT IS ACCOUNTABLE TO THE BOARD OF ALL ACTIONS TAKEN. ALL FORMAL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD FOR RATIFICATION DURING THE NEXT MEETING.

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED IN DETAIL BY THE FINANCE COMMITTEE. THE APPROVED FORM 990 WILL BE PROVIDED TO EACH MEMBER OF THE BOARD PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL DISCLOSURE FORMS ARE REQUIRED TO BE COMPLETED BY ALL BOARD MEMBERS. IF A POTENTIAL CONFLICT ARISES, THE CONFLICTED INDIVIDUAL SHALL NOT PARTICIPATE IN THE DISCUSSION (EXCEPT TO DISCLOSE MATERIAL FACTS), VOTE, OR HAVE INVOLVEMENT IN ANY OTHER ACTION RELATED TO THE CONFLICTED TRANSACTION. CONFLICTS ARE DETERMINED BY UNCONFLICTED BOARD MEMBERS. ANY CONFLICT OF INTEREST PROCEEDINGS ARE NOTED IN THE MEETING MINTUES.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD CHAIR IS RESPONSIBLE FOR THE PRESIDENT/CEO'S PERFORMANCE APPRAISAL AND RECOMMENDS THE SALARY TO THE

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

Schedule O (Form 990) 2008

832211  
12-18-08

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public  
Inspection

Name of the organization

CHILDREN'S HOME SOCIETY & FAMILY  
SERVICES

Employer identification number  
41-0693906

ORGANIZATION'S EXECUTIVE COMMITTEE. THE CEO'S COMPENSATION IS COMPARED TO OTHER ORGANIZATIONS USING THE STAR TRIBUNE'S "TOP NONPROFIT AGENCIES" SURVEY PUBLISHED ANNUALLY, AND OTHER SURVEY INFORMATION PROVIDED TO THE AGENCY THROUGH A COMPENSATION STUDY CONDUCTED BY AN OUTSIDE CONSULTANT IN 2007. SPECIAL ATTENTION IS GIVEN TO ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY.

THE PERFORMANCE APPRAISAL AND SALARY RECOMMENDATION ARE REVIEWED BY ALL OF THE MEMBERS OF THE EXECUTIVE COMMITTEE AND EACH MEMBER HAS INPUT IN THE PROCESS. THE DECISION IS SUBSTANTIATED WITH EXECUTIVE COMMITTEE MINUTES, AND THE BOARD CHAIR'S SIGNATURE ON THE PERFORMANCE APPRAISAL AND SALARY CHANGE FORM.

THIS PROCESS WAS LAST COMPLETED FOR MADONNA KING IN DECEMBER, 2008.

THE PRESIDENT/CEO IS RESPONSIBLE FOR THE VICE PRESIDENTS' (INCLUDING CFO) PERFORMANCE APPRAISALS AND RECOMMENDS THE SALARIES BASED ON SURVEY INFORMATION PROVIDED TO THE AGENCY THROUGH A COMPENSATION STUDY CONDUCTED BY AN OUTSIDE CONSULTANT IN 2007, AS WELL AS EACH INDIVIDUAL'S PERFORMANCE.

THE PERFORMANCE APPRAISALS AND SALARY RECOMMENDATIONS ARE REVIEWED BY THE BOARD CHAIR. THE DECISIONS ARE SUBSTANTIATED WITH THE BOARD CHAIR'S SIGNATURE ON THE PERFORMANCE APPRAISALS AND SALARY CHANGE FORM.

THIS PROCESS WAS LAST COMPLETED FOR DAN SMITH, KATHLEEN KUKIELKA, DAVID PILGRIM, RANDY BACHMAN, AND LAURA ARVOLD IN JULY, 2008.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008  
Open to Public  
Inspection

Name of the organization

CHILDREN'S HOME SOCIETY & FAMILY  
SERVICES

Employer identification number  
41-0693906

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC. THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 2B

EXPLANATION FOR AUDIT BY INDEPENDENT ACCOUNTANT

PER THE IRS INSTRUCTIONS, PART XI, LINE 2B IS CHECKED "NO" BECAUSE THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. THE ORGANIZATION DOES HAVE A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, PART VII, LINE 1A

EXPLANATION FOR HOURS WORKED

MADONNA KING DEVOTES APPROXIMATELY 41 HOURS PER WEEK AS FOLLOWS:

CHILDREN'S HOME SOCIETY AND FAMILY SERVICES 40 HOURS

ADOPTION SERVICES INFORMATION AGENCY, INC. 1 HOUR

DAN SMITH DEVOTES APPROXIMATELY 41 HOURS PER WEEK AS FOLLOWS:

CHILDREN'S HOME SOCIETY AND FAMILY SERVICES 40 HOURS

ADOPTION SERVICES INFORMATION AGENCY, INC. 1 HOUR

LAURA ARVOLD DEVOTES APPROXIMATELY 41 HOURS PER WEEK AS FOLLOWS:

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.  
832211  
12-18-08

Schedule O (Form 990) 2008

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHILDREN'S HOME SOCIETY & FAMILY SERVICES

Employer identification number  
41-0693906

CHILDREN'S HOME SOCIETY AND FAMILY SERVICES 40 HOURS

ADOPTION SERVICES INFORMATION AGENCY, INC. 1 HOUR

JOAN SUWALSKY DEVOTES APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS:

CHILDREN'S HOME SOCIETY AND FAMILY SERVICES 1 HOUR

ADOPTION SERVICES INFORMATION AGENCY, INC. 1 HOUR

HYUN SOOK HAN DEVOTES APPROXIMATELY 2 HOURS PER WEEK AS FOLLOWS:

CHILDREN'S HOME SOCIETY AND FAMILY SERVICES 1 HOUR

ADOPTION SERVICES INFORMATION AGENCY, INC. 1 HOUR

FORM 990, PART IV, LINE 12

EXPLANATION FOR AUDIT PREPARED IN ACCORDANCE WITH GAAP

PER THE IRS INSTRUCTIONS, PART IV, LINE 12 IS CHECKED "NO" BECAUSE THE ORGANIZATION'S FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS. THE ORGANIZATION DID PREPARE FINANCIAL STATEMENT FOR THE YEAR ENDED JUNE 30, 2009, THAT WAS PREPARED IN ACCORDANCE WITH GENERALLY ACCEPTED ACCOUNTING PRINCIPALS AND THOSE FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM.

FORM 990, HEADING, SECTION B

EXPLANATION FOR AMENDED RETURN

THE ORGANIZATION AMENDED PART VII, SECTION B, LINE 1, COLUMN A THE ADDRESS FOR CHSFS ETHIOPIA - ASNAKE AMANUEL.





Part V Transactions With Related Organizations

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)

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

- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

	(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1)	ADOPTION INFORMATION SERVICE AGENCY, INC.	K	106,658.
(2)			
(3)			
(4)			
(5)			
(6)			

