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| | | |
|--|--|---|
| Form 990  Department of the Treasury Internal Revenue Service | Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) | OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div> |
| | The organization may have to use a copy of this return to satisfy state reporting requirements | |

| | | | | |
|--|--|--|-------------------------------------|---|
| A For the 2009 calendar year, or tax year beginning 04-01-2009 and ending 03-31-2010 | | | | |
| B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA INC | | D Employer identification number 56-0529946 |
| | | Doing Business As | | E Telephone number (336) 274-1538 |
| | | Number and street (or P O box if mail is not delivered to street address) PO BOX 14608 | Room/suite | G Gross receipts \$ 10,562,911 |
| | | City or town, state or country, and ZIP + 4 GREENSBORO, NC 27415 | | |
| | | | | |
| F Name and address of principal officer KENNETH TUTTEROW PO BOX 14608 GREENSBORO, NC 27415 | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ | | |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | |
| J Website: ▶ n/a | | | | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1904 | M State of legal domicile NC | |

| Part I | | Summary | | |
|-----------------------------|------------|---|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities TO PROMOTE THE RIGHT OF EVERY CHILD TO HAVE A PERMANENT, SAFE AND LOVING HOME | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 4 | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 4 | |
| | 5 | Total number of employees (Part V, line 2a) | 5 15 | |
| | 6 | Total number of volunteers (estimate if necessary) | 6 31 | |
| | 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 5,600,644 | 3,881,181 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,493,910 | 6,405,997 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 22,848 | 7,099 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -93,718 | 34,755 |
| | | | 9,023,684 | 10,329,032 |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 0 |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 6,668,964 | 6,273,143 |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 10,900 | 0 |
| | b | Total fundraising expenses (Part IX, column (D), line 25) <u>949,778</u> | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 3,312,195 | 3,594,588 |
| | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 9,992,059 | 9,867,731 |
| | 19 | Revenue less expenses Subtract line 18 from line 12 | -968,375 | 461,301 |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 3,651,578 | 4,799,874 |
| | 21 | Total liabilities (Part X, line 26) | 2,216,544 | 2,127,296 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | 1,435,034 | 2,672,578 |

| Part II | | Signature Block | | | |
|--------------------------|---|-----------------|--|---|--|
| Sign Here | 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 | | | | |
| | ***** Signature of officer | | 2010-11-12 Date | | |
| | KENNETH TUTTEROW PRESIDENT Type or print name and title | | | | |
| Paid Preparer's Use Only | Preparer's signature Amy Bibby | | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | | DIXON HUGHES PLLC 500 Ridgefield Court Asheville, NC 28806 | | EIN |
| | | | | | Phone no (828) 254-2254 |

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA'S PRIMARY PURPOSE IS TO PROMOTE THE RIGHT OF EVERY CHILD TO HAVE A PERMANENT, SAFE AND LOVING HOME

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

☒

No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes

☒

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code

) (Expenses \$

8,638,123

including grants of \$

) (Revenue \$

6,405,997)

BIRTH PARENT SERVICES PRENATAL AID IN DECISION-MAKING, MEDICAL CARE, LIVING ARRANGEMENTS AND OTHER PREGNANCY-RELATED SERVICES WERE PROVIDED TO 261 CLIENTS FOSTER CARE SERVICES TEMPORARY FOSTER CARE FOR CHILDREN, INCLUDING 24-HOUR NURSING SUPPORT, WAS PROVIDED TO 1,312 CLIENTS FOSTER CARE FOR YHI CHILDREN WAS PROVIDED TO 243 CLIENTS ADOPTION SERVICES RECRUITMENT OF ADOPTIVE PARENTS, PRE-PLACEMENT ASSESSMENTS, TRAINING AND PREPARATION OF FAMILIES WANTING TO ADOPT CHILDREN WITH SPECIAL NEEDS, AND RELATED ADOPTION SERVICES AND COUNSELING WERE PROVIDED TO 5,306 CLIENTS IN-HOME SERVICES FAMILY PRESERVATION AND RIGHT START PROGRAMS FOR IMPROVING FAMILY FUNCTIONING USINGSTANDARDIZED PRE-POST ASSESSMENT TOOLS PROGRAMS ARE FOCUSED ON KEEPING CHILDREN IN THEIR OWN HOMES THESE PROGRAMS SERVED 73 FAMILIES AND 162 CHILDREN EDUCATIONAL SERVICES EDUCATION SERVICES PROVIDED TO ADULTS AND TEENS TO FOSTER HEALTHY DECISION MAKING AND RESPONSIBLE ACTIONS AND CHOICES THESE PROGRAMS SERVED 1,597 YOUTH AND 2,118 ADULTS

4b

(Code

) (Expenses \$

including grants of \$

) (Revenue \$

)

4c

(Code

) (Expenses \$

including grants of \$

) (Revenue \$

)

4d

Other program services (Describe in Schedule O)

(Expenses \$

including grants of \$

) (Revenue \$

)

4e









Total program service expenses

\$

8,638,123

Form 990 (2009)

Part IV Checklist of Required Schedules

| | | Yes | No | |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A  | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2 | Yes | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | No |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | No |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6 | | No |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II  | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8 | | No |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V  | 10 | | No |
| 11 | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | 11 | Yes | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. | | | |
| | • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. | | | |
| | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. | | | |
| | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. | | | |
| | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII  | 12 | | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? | Yes | No | |
| | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional | 12A | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| 14b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I | 14b | | No |
| 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 U S ? If "Yes," complete Schedule F, Part II | 15 | | No |
| 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 U S ? If "Yes," complete Schedule F, Part III | 16 | | No |
| 17 | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Yes | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | No |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | No |

Part IV

Checklist of Required Schedules (continued)

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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

| | | | Yes | No |
|---|--|---|-----|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a62 | | |
| | b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a159 | | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | | 3a | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | No |
| | b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | No |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | 6a | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | Yes |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | Yes |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | 7d | |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | No |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | |
| 9 Sponsoring organizations maintaining donor advised funds. | | | | |
| 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 Section 501(c)(7) organizations. Enter | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| a Gross income from members or shareholders | | 11a | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | 12b | |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | | | | |
|----|---|----|-----|----|
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body . . . | 1a | 47 | |
| b | Enter the number of voting members that are independent . . . | 1b | 48 | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . | 3 | | No |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | No |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? . . . | 5 | | No |
| 6 | Does the organization have members or stockholders? | 6 | | No |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | No |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a | The governing body? | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

Section B. Policies

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

| | | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | No |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | | |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes | |
| b | Other officers or key employees of the organization | 15b | Yes | |
| | If "Yes" to line a or b, describe the process in Schedule O (See instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | No |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

| | |
|----|---|
| 17 | List the States with which a copy of this Form 990 is required to be filed▶ |
| 18 | Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ PETER V SALASSI 604 MEADOW STREET GREENSBORO, NC 274056600 (336) 274-1538 |

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

• 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

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

Form **990** (2009)

| | | | | |
|----|-----------------|---------|---|-------|
| 1b | Total | 190,000 | 0 | 9,089 |
|----|-----------------|---------|---|-------|

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

| | | | |
|---|---|-----|----|
| | | 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> | | No |
| 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> | | No |
| 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> | | No |

Section B. Independent Contractors

| | | | |
|---|--|--------------------------------|---------------------|
| 1 | Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization | | |
| | (A) Name and business address | (B) Description of services | (C) Compensation |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 2 | Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0 | | |

Part VIII

Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|--|--------------------------------|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns . . . | 1a218,502 | 3,881,181 | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c139,724 | | | | |
| | d | Related organizations | 1d1,206,639 | | | | |
| | e | Government grants (contributions) | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f2,316,316 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ _____ | | | | | |
| | h | Total. Add lines 1a-1f | | | | | |
| Program Service Revenue | | | Business Code | 6,405,997 | 6,405,997 | | |
| | 2a | ADOPTION AND FOSTER CA | 624,100 | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) | | 7,099 | | | 7,099 |
| | 4 | Income from investment of tax-exempt bond proceeds . . | | | | | |
| | 5 | Royalties | | | | | |
| | 6a | (i) Real | | | | | |
| | | (ii) Personal | | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7a | (i) Securities | | | | | |
| | | (ii) Other | | | | | |
| | | | | | | | |
| | | | | | | | |
| | b | Less cost or other basis and sales expenses | | | | | |
| | c | Gain or (loss) | | | | | |
| | d | Net gain or (loss) | | | | | |
| | 8a | Gross income from fundraising events (not including \$ 139,724 of contributions reported on line 1c) See Part IV, line 18 | | 232,452 | -1,427 | | -1,427 |
| | | a | 232,452 | | | | |
| | | b | Less direct expenses b | | | | |
| c | Net income or (loss) from fundraising events . . | | | | | | |
| 9a | Gross income from gaming activities See Part IV, line 19 | | | | | | |
| | a | | | | | | |
| | b | Less direct expenses b | | | | | |
| c | Net income or (loss) from gaming activities . . | | | | | | |
| 10a | Gross sales of inventory, less returns and allowances | | | | | | |
| | a | | | | | | |
| | b | Less cost of goods sold . . . b | | | | | |
| c | Net income or (loss) from sales of inventory . . | | | | | | |
| Miscellaneous Revenue | | Business Code | 36,182 | | | 36,182 | |
| 11a | MISCELLANEOUS INCOME | 624,100 | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | 36,182 |
| 12 | Total revenue. See Instructions | | 10,329,032 | 6,405,997 | 0 | 41,854 | |

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 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 227,614 | 106,834 | 64,208 | 56,572 |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 65,865 | | | 65,865 |
| 7 | Other salaries and wages | 4,992,941 | 4,429,251 | 102,492 | 461,198 |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 606,880 | 541,854 | 14,943 | 50,083 |
| 10 | Payroll taxes | 379,843 | 330,684 | 11,865 | 37,294 |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | | | | |
| b | Legal | 70,631 | 45,012 | 25,619 | |
| c | Accounting | 36,108 | 32,882 | | 3,226 |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | 16,819 | 13,775 | 450 | 2,594 |
| g | Other | 40,790 | 7,090 | 13,355 | 20,345 |
| 12 | Advertising and promotion | 329,811 | 240,128 | 17,314 | 72,369 |
| 13 | Office expenses | 338,532 | 295,104 | 59 | 43,369 |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 311,809 | 224,517 | 10,902 | 76,390 |
| 17 | Travel | 406,307 | 376,577 | 4,185 | 25,545 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 4,610 | | 3,601 | 1,009 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 129,324 | 129,324 | | |
| 23 | Insurance | | | | |
| 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 | ASSISTANCE TO CLIENTS | 1,685,887 | 1,684,003 | 1,831 | 53 |
| b | EQUIPMENT EXPENSE | 123,612 | 91,914 | 4,596 | 27,102 |
| c | STAFF EXPENSES | 100,348 | 89,174 | 4,410 | 6,764 |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 9,867,731 | 8,638,123 | 279,830 | 949,778 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X

Balance Sheet

| | | | | | (A) | | (B) |
|-----------------------------|---|---|-----|-----------|-------------------|-----|-------------|
| | | | | | Beginning of year | | End of year |
| Assets | 1 | Cash—non-interest-bearing | | | 126,775 | 1 | 206,968 |
| | 2 | Savings and temporary cash investments | | | | 2 | |
| | 3 | Pledges and grants receivable, net | | | 535,084 | 3 | 555,284 |
| | 4 | Accounts receivable, net | | | 551,625 | 4 | 1,604,613 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 100,000 | 7 | 100,000 |
| | 8 | Inventories for sale or use | | | 13,645 | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | 42,348 | 9 | 108,590 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a | 4,833,013 | | | |
| | b | Less accumulated depreciation | 10b | 2,817,907 | 2,003,297 | 10c | 2,015,106 |
| | 11 | Investments—publicly traded securities | | | | 11 | 13,020 |
| | 12 | Investments—other securities See Part IV, line 11 | | | | 12 | |
| | 13 | Investments—program-related See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | | 278,804 | 15 | 196,293 |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | | 3,651,578 | 16 | 4,799,874 |
| Liabilities | 17 | Accounts payable and accrued expenses | | | 1,522,175 | 17 | 1,734,526 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 457,125 | 19 | 146,813 |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | | 23 | 49,664 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | | 237,244 | 25 | 196,293 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 2,216,544 | 26 | 2,127,296 |
| Net Assets or Fund Balances | 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 | | | 580,006 | 27 | 1,879,861 |
| | 28 | Temporarily restricted net assets | | | 855,028 | 28 | 792,717 |
| | 29 | Permanently restricted net assets | | | | 29 | |
| | 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 | Total net assets or fund balances | | | 1,435,034 | 33 | 2,672,578 |
| | 34 | Total liabilities and net assets/fund balances | | | 3,651,578 | 34 | 4,799,874 |

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 _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . | | No |
| b Were the organization's financial statements audited by an independent accountant? | Yes | |
| c If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | Yes | |
| d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . | Yes | |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

| | |
|---|--|
| Name of the organization THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA INC | Employer identification number 56-0529946 |
|---|--|

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

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

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

Part II

Support Schedule for Organizations Described in IRC 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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 1,406,997 | 3,043,128 | 2,750,167 | 4,050,644 | 3,881,181 | 15,132,117 |
| 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 through 3 | 1,406,997 | 3,043,128 | 2,750,167 | 4,050,644 | 3,881,181 | 15,132,117 |
| 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) | | | | | | 4,728,234 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 10,403,883 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|----------|-----------|-----------|-----------|------------|
| 7 Amounts from line 4 | 1,406,997 | 29,130 | 2,750,167 | 4,050,644 | 3,881,181 | 15,132,117 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 23,471 | 29,130 | 39,475 | 23,598 | 7,099 | 122,773 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 15,254,890 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 25,499,600 |

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

☐

Section C. Computation of Public Support Percentage

| | | |
|---|----|----------|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | 68 200 % |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | 71 330 % |

- 16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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—2008. 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 IIISupport Schedule for Organizations Described in IRC 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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6Total. Add lines 1 through 5 | | | | | | |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| cAdd lines 7a and 7b | | | | | | |
| 8Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6 | | | | | | |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| cAdd lines 10a and 10b | | | | | | |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13Total support (Add lines 9, 10c, 11 and 12.) | | | | | | |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|---|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | |
| 19a33 1/3% support tests—2009. 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 | | |
| b33 1/3% support tests—2008. 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 | | |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions | | |

Part IV

Supplemental Information. 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

Additional Data

Software ID:
Software Version:
EIN: 56-0529946
Name: THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| CAROLE S LESLEY CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| MARGARET A MICHEL VICE CHAIR | 5 00 | X | | X | | | | 0 | 0 | 0 |
| CAROLINE N BARBER SECRETARY | 5 00 | X | | X | | | | 0 | 0 | 0 |
| ANN S GRANT ASSISTANT SECRETARY | 5 00 | X | | X | | | | 0 | 0 | 0 |
| GINNI LINEBERRY TREASURER | 5 00 | X | | X | | | | 0 | 0 | 0 |
| WILLIAM S JONES ASSISTANT TREASURER | 5 00 | X | | | | | | 0 | 0 | 0 |
| PORTER B THOMPSON TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| ANNA MARIE SMITH TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| M RUSSELL DUNN SECRETARY | 5 00 | X | | | | | | 0 | 0 | 0 |
| BRINTON D WRIGHT TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| DAVID R HOWARD TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| SALLIE A MCMILLION TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT H BORDEN TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| JANE L COCHRANE TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| DIANNE DILL TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| DORSAY JONES EICHHORN TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| EDWARD B FORT TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| JUDY HARRISON TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| JENNY MARTELLA TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| D HECTOR MCEACHERN TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| MAURA S MCGINN TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| LARRY E MCAULEY TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| AMANDA PATTY TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| CHARLES M REID TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| JANE RIPPY TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| DEBORAH SCALES TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| SAM SIMPSON TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| JOHN REDMOND TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| KAY STERN TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| BETTY KING SUTTON TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| DR PATRICIA WHITFIELD TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| FRANCES H WILDER TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| DR VEREEDA J WILLIAMS TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| M GAY BOWMAN TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| FRANCES BULLOCK TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| STEVE RICHARDS TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| MARY SHEPPARD TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| THOMAS L BUTLER TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| LOUISE MILES CHIBBS TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| BARDEN COOKE TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| MARY B DEHNERT TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| PHIL HYNES TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| PATRICIA INGERSOLL TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| LANDRA JOHNSON TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| BURNS JONES TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| DAVID LAMOTHE TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| GAIL M LEBAUER TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| CATHY LEVINSON TRUSTEE | 5 00 | X | | | | | | 0 | 0 | 0 |
| KENNETH E TUTTEROW PRESIDENT | 40 00 | | | X | | | | 100,000 | 0 | 9,089 |
| SANDRA M COOK EXECUTIVE VICE PRESIDENT | 40 00 | | | X | | | | 90,000 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (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 | | | |
| FRANK H CRAWFORD JR EXECUTIVE VICE PRESIDENT | 40 00 | | | X | | | | 0 | 0 | 0 |

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

| | |
|--|---|
| Name of the organization THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA INC | Employer identification number 56-0529946 |
|--|---|

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 for any other purpose conferring 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) <input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Preservation of a certified historic structure |
| 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 |
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06 |
| 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, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____ |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements |

Part III

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

| | |
|------|--|
| 1a | If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items |
| b | If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items |
| (i) | Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____ |
| (ii) | Assets included in Form 990, Part X ▶ \$ _____ |
| 2 | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items |
| a | Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____ |
| b | Assets included in Form 990, Part X ▶ \$ _____ |

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

| | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

| | | | | | |
|----|--|---------------|-------------------|---------------------|--------------------|
| | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Investment earnings or losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

| Description of investment | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land | | 351,291 | | 351,291 |
| b Buildings | | 2,502,378 | 1,575,307 | 927,071 |
| c Leasehold improvements | | | | |
| d Equipment | | 1,973,874 | 1,242,600 | 731,274 |
| e Other | | 5,470 | | 5,470 |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | 2,015,106 |

| Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements | | |
|--|---|-------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 110,329,032 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 29,867,731 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3461,301 |
| 4 | Net unrealized gains (losses) on investments | |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV) | 3776,243 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 3776,243 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 1,237,544 |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | |
|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments2a | |
| b | Donated services and use of facilities2b | |
| c | Recoveries of prior year grants2c | |
| d | Other (Describe in Part XIV)2d | |
| e | Add lines 2a through 2d2e | |
| 3 | Subtract line 2e from line 13 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b4a | |
| b | Other (Describe in Part XIV)4b | |
| c | Add lines 4a and 4b4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5 | |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|--|--|---|
| 1 | Total expenses and losses per audited financial statements | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a | Donated services and use of facilities2a | |
| b | Prior year adjustments2b | |
| c | Other losses2c | |
| d | Other (Describe in Part XIV)2d | |
| e | Add lines 2a through 2d2e | |
| 3 | Subtract line 2e from line 13 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b4a | |
| b | Other (Describe in Part XIV)4b | |
| c | Add lines 4a and 4b4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5 | |

| Part XIV Supplemental Information | | |
|--|------------------|--|
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information | | |
| Identifier | Return Reference | Explanation |
| Part XI, Line 8 - Other Adjustments | | NET ASSETS ACQUIRED DURING MERGER 776243 |

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOME SOCIETY OF NORTH
CAROLINA INC

Employer identification number

56-0529946

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

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes ☐ No

b

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

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ▶ | | | | | | |

3

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

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.

| Revenue | | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events | |
|-----------------|---------------------------------------|--|-------------------------------|--------------------------------|------------------|----------------------------------|---------|
| | | | BEACH MUSIC CONCERT SERIES | SCHIFFMAN'S GOLF TOURNAMENT | 5 | (Add col (a) through col (c)) | |
| | | | (event type) | (event type) | (total number) | | |
| | | | | | | | |
| 1 | Gross receipts | | 226,855 | 59,840 | 85,481 | 372,176 | |
| 2 | Less Charitable contributions | | 63,808 | 23,175 | 52,741 | 139,724 | |
| 3 | Gross income (line 1 minus line 2) | | 163,047 | 36,665 | 32,740 | 232,452 | |
| Direct Expenses | 4 | Cash prizes | | | | | |
| | 5 | Non-cash prizes | | 1,315 | 2,373 | 3,688 | |
| | 6 | Rent/facility costs | | 3,333 | | 3,333 | |
| | 7 | Food and beverages | | | | | |
| | 8 | Entertainment | | | | | |
| | 9 | Other direct expenses | | 108,529 | 44,762 | 73,567 | 226,858 |
| | 10 | Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | | 233,879 |
| | 11 | Net income summary Combine lines 3, column d, and line 10. ▶ | | | | | -1,427 |

Part III Gaming.

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|-----------------|---|---|---|---|---|
| | | | | | (Add col (a) through col (c)) |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 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, column d, and line 7 ▶ | | | |

| | | | | |
|-----|--|-----|-----|----|
| | | | 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? | 9a | | |
| b | If "No," Explain _____ _____ | | | |
| 10a | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | | |
| b | If "Yes," Explain _____ _____ | | | |
| 11 | Does the organization operate gaming activities with nonmembers? | 11 | | |
| 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? | 12 | | |

| | | | |
|---|--|------------|-----------|
| | | Yes | No |
| 13 | Indicate the percentage of gaming activity operated in | | |
| a | The organization's facility 13a | | |
| b | An outside facility 13b | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records | | |
| Name ► _____ | | | |
| Address ► _____ | | | |
| 15a | Does the organization have a 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 ► _____ | | | |
| <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 ► \$ _____ | | |

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE CHILDREN'S HOME SOCIETY OF NORTH
CAROLINA INC

Employer identification number

56-0529946

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? | |
|---|---------------------------------|--------------------------------|----------------|----|
| | | | Yes | No |
| | | | | |

| | | | |
|----------|---|---|----------|
| 2 | Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 | ▶ | \$ _____ |
| 3 | Enter the amount of tax, if any, on line 2, above, reimbursed by the organization | ▶ | \$ _____ |

Part II **Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

[illegible][illegible]

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|---|---|
|-------------------------------|---|---|

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--|---|----|
| | | | | Yes | No |
| TOM LINEBERRY | TOM LINEBERRY IS THE BROTHER-IN-LAW OF GINNI LINEBERRY, BOARD TREASURER | 65,865 | TOM LINEBERRY IS COMPENSATED BY THE ORGANIZATION AS VP OF SPECIAL EVENTS | | No |

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA INC

Employer identification number
56-0529946

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 | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 6 | 44,811 | STOCK 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 ► (_____) | | | | |
| 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 Acknowledgement | | | 29 | |

| | | | |
|-----|---|-----|----|
| 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? | Yes | No |
| b | If "Yes," describe the arrangement in Part II | | No |
| 31 | Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | 31 | No |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? | 32a | No |
| 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 | | |

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
 THE CHILDREN'S HOME SOCIETY OF NORTH CAROLINA INC

Employer identification number
 56-0529946

| Identifier | Return Reference | Explanation |
|--|------------------|--|
| Form 990, Part VI, Section B, line 11 | | THE FORM 990 WAS POSTED TO THE BOARD WEB SITE AND MEMBERS WERE NOTIFIED OF ITS AVAILABILITY BY EMAIL BOARD MEMBERS WERE ENCOURAGED TO SHARE ANY QUESTIONS OR OPINIONS WITH MEMBERS OF THE FINANCE COMMITTEE THE FINANCE COMMITTEE MET IN GREENSBORO TO REVIEW AND APPROVE THE 990 FOR FILING BY THE NOVEMBER 15 DEADLINE THE 990 WILL SUBSEQUENTLY BE PRESENTED FOR FORMAL REVIEW AND APPROVAL BY THE BOARD AT ITS NEXT MEETING |
| Form 990, Part VI, Section B, line 12c | | THE CONFLICT OF INTEREST POLICY IS REVIEWED AND APPROVED BY THE BOARD ANNUALLY AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE IS COMPLETED BY EACH MEMBER OF THE BOARD THE QUESTIONNAIRE IS DISTRIBUTED BY AND RETURNED DIRECTLY TO THE AGENCY'S INDEPENDENT AUDITOR WHEN A CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD OF TRUSTEES, THE INTERESTED PERSON(S) SHALL CALL IT TO THE ATTENTION OF THE BOARD OF TRUSTEES AND SAID PERSON(S) SHALL NOT VOTE ON THE MATTER IN ADDITION, THE PERSON(S) SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION AND SHALL RETIRE FROM THE ROOM DURING THE VOTE OF THE BOARD OF TRUSTEES WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT EXISTS, THE MATTER SHALL BE RESOLVED BY VOTE OF THE BOARD OF TRUSTEES, EXCLUDING THE PERSON(S) CONCERNING WHOSE SITUATION THE DOUBT HAS ARISEN |
| Form 990, Part VI, Section B, line 15 | | SALARY RANGES FOR ALL EMPLOYEES ARE ESTABLISHED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD BASED ON RECOMMENDATIONS FROM THE HUMAN RESOURCES DEPARTMENT THE BOARD ANNUALLY REVIEWS RANGES IN LIGHT OF SALARY STUDIES OF COMPARABLE ORGANIZATIONS THE SALARY OF THE PRESIDENT IS RECOMMENDED BY THE HUMAN RESOURCES COMMITTEE AND APPROVED BY THE FULL BOARD |
| Form 990, Part VI, Section C, line 18 | | COPIES OF THE ORGANIZATION'S 990 ARE MADE AVAILABLE AT MAIN OFFICES, ON ANOTHER WEBSITE, AND UPON REQUEST |
| Form 990, Part VI, Section C, line 19 | | COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY , AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO EMPLOYEES AND TO THE TRUSTEES SUMMARY FINANCIAL INFORMATION IS PROVIDED TO DONORS IN THE ANNUAL REPORT WITH AN INVITATION TO REQUEST COPIES OF THE ANNUAL AUDIT IF SO DESIRED COPIES OF ALL OTHER DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC ON REQUEST |

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Name of the organization

THE CHILDREN'S HOME SOCIETY OF NORTH
CAROLINA INC

Employer identification number

56-0529946

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

CHILDREN'S HOME SOCIETY FOUNDATION INC

PO BOX 14608

GREENSBORO, NC 27415
58-1368919

FOUNDATION FOR
CHILDREN'S HOME
SOCIETY, INC

NC

501(C)(3)

11, TYPE II

CHILDREN'S HOME
SOCIETY INC

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|---|----|---|---|----|
| | | | | | | | Yes | No | | Yes | No |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

| | | | |
|---|----|-----|----|
| Note. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | No |
| 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 | 1a | | No |
| b Gift, grant, or capital contribution to other organization(s) | 1b | | No |
| c Gift, grant, or capital contribution from other organization(s) | 1c | Yes | |
| d Loans or loan guarantees to or for other organization(s) | 1d | | No |
| e Loans or loan guarantees by other organization(s) | 1e | | No |
| | | | |
| f Sale of assets to other organization(s) | 1f | | No |
| g Purchase of assets from other organization(s) | 1g | | No |
| h Exchange of assets | 1h | | No |
| i Lease of facilities, equipment, or other assets to other organization(s) | 1i | | No |
| | | | |
| j Lease of facilities, equipment, or other assets from other organization(s) | 1j | | No |
| k Performance of services or membership or fundraising solicitations for other organization(s) | 1k | | No |
| l Performance of services or membership or fundraising solicitations by other organization(s) | 1l | | No |
| m Sharing of facilities, equipment, mailing lists, or other assets | 1m | Yes | |
| n Sharing of paid employees | 1n | | No |
| | | | |
| o Reimbursement paid to other organization for expenses | 1o | | No |
| p Reimbursement paid by other organization for expenses | 1p | | No |
| | | | |
| q Other transfer of cash or property to other organization(s) | 1q | | No |
| r Other transfer of cash or property from other organization(s) | 1r | | No |

| | | | |
|---|--|---------------------------------|------------------------|
| 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 | (b) Transaction type(a-r) | (c) Amount involved |
| (1) | CHILDREN'S HOME SOCIETY FOUNDATION INC | C | 1,206,639 |
| (1) | See Additional Data Table | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | | (e) Share of end-of-year assets | (f) Disproportionate allocations? | | (g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? | |
|---|-------------------------|--|--|----|--|---|----|---|---|----|
| | | | Yes | No | | Yes | No | | Yes | No |