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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

## 2009

**Open to Public Inspection**

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 07-01-2009 and ending 06-30-2010**

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

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

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

**D** Employer identification number  
 41-0693906  
**E** Telephone number  
 (651) 646-7771  
**G** Gross receipts \$ 22,617,088

**F** Name and address of principal officer  
 MAUREEN E WARREN  
 1605 EUSTIS STREET  
 ST PAUL, MN 55108

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

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

**H(c)** Group exemption number

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

**J** Website: WWW CHSFS ORG

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 1889

**M** State of legal domicile  
 MN

**Part I Summary**

|  |   |                                  |                     |
|--|---|----------------------------------|---------------------|
| <b>Activities &amp; Governance</b>   | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO HELP CHILDREN THRIVE AND TO BUILD, STRENGTHEN AND SUSTAIN INDIVIDUAL, FAMILY AND COMMUNITY LIFE |                                  |                     |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |                                  |                     |
|  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)  | <b>3</b>                         | 22                  |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)  | <b>4</b>                         | 22                  |
|  | <b>5</b> Total number of employees (Part V, line 2a)  | <b>5</b>                         | 390                 |
|  | <b>6</b> Total number of volunteers (estimate if necessary)   | <b>6</b>                         | 1,010               |
|  | <b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                        | 0                   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34            | <b>7b</b>   | 0                                |                     |
| <b>Revenue</b>   | <b>8</b> Contributions and grants (Part VIII, line 1h)  | <b>Prior Year</b>                | <b>Current Year</b> |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)   | 4,630,314                        | 4,102,653           |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 18,837,352                       | 18,036,125          |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | -587,024                         | 330,902             |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 225,646                          | -12,604             |
|  |   | 23,106,288                       | 22,457,076          |
| <b>Expenses</b>  | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)  | 896,049                          | 529,199             |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)   |                                  | 0                   |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 14,177,999                       | 15,810,871          |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)  |                                  | 0                   |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) 1,175,938  |                                  |                     |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 10,303,644                       | 9,035,108           |
| <b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 25,377,692  | 25,375,178                       |                     |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                      | -2,271,404  | -2,918,102                       |                     |
| <b>Net Assets or Fund Balances</b>   |   | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|  | <b>20</b> Total assets (Part X, line 16)  | 27,473,613                       | 25,635,290          |
|  | <b>21</b> Total liabilities (Part X, line 26)   | 8,059,919                        | 5,210,286           |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                | 19,413,694  | 20,425,004                       |                     |

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2011-05-06  
 MAUREEN E WARREN PRESIDENT & CHIEF EXECUTIVE OFFICER  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Karen Gries Date: \_\_\_\_\_ Check if self-employed:   
 Preparer's identifying number (see instructions): \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4: LARSONALLEN LLP, 220 SOUTH SIXTH STREET SUITE 300, MINNEAPOLIS, MN 55402  
 EIN: \_\_\_\_\_ Phone no: (612) 376-4500

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

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

TO HELP CHILDREN THRIVE AND TO BUILD, STRENGTHEN AND SUSTAIN INDIVIDUAL FAMILY AND COMMUNITY LIFE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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 \$ 10,703,225 including grants of \$ 472,665 ) (Revenue \$ 9,627,509 )

ADOPTION AND POST-ADOPTION SERVICES THE ORGANIZATION'S ADOPTION PROGRAM INCLUDES THE DOMESTIC INFANT PROGRAM, MINNESOTA'S WAITING CHILDREN PROGRAM, AND INTERNATIONAL PROGRAMS IN MORE THAN A DOZEN COUNTRIES APPROXIMATELY ONE-FOURTH OF THE CHILDREN ADOPTED INTERNATIONALLY ARE ADOPTED THROUGH THE ORGANIZATION'S WAITING INTERNATIONAL CHILDREN PROGRAM THE ORGANIZATION MAINTAINS OFFICES IN THE ST PAUL-MINNEAPOLIS AND WASHINGTON METROPOLITAN AREAS TO SERVE FAMILIES IN MINNESOTA, WISCONSIN, MARYLAND, VIRGINIA AND THE DISTRICT OF COLUMBIA USING A NETWORK OF PARTNER AGENCIES, THE ORGANIZATION SERVES FAMILIES THROUGHOUT THE U S WITH COOPERATIVE ADOPTION THE ORGANIZATION'S POST-ADOPTION SERVICES WAS THE FIRST OF ITS KIND IN THE U S , AND PROVIDES DOMESTIC SEARCH AND BACKGROUND SERVICES, INTERNATIONAL SEARCH AND OUTREACH SERVICES, BIRTHLAND TOURS, AND SUPPORT, COUNSELING AND EDUCATIONAL SERVICES TO ALL MEMBERS OF THE ADOPTIVE CIRCLE CONNECTED TO ITS INTERNATIONAL ADOPTION WORK, THE ORGANIZATION OPERATES AN INTERNATIONAL CHILD WELFARE PROGRAM THAT HAS DISTRIBUTED OVER \$4 MILLION TO 15 COUNTRIES THROUGH SPECIAL PROJECTS, FINANCIAL SUPPORT, AND VOLUNTEERS DONATING THEIR TIME FOR VARIOUS EFFORTS TO SUPPORT BOTH CHILDREN AND CAREGIVERS ICW PROGRAMS ARE MAKING A DIFFERENCE IN THE LIVES OF THOUSANDS OF CHILDREN TODAY AND FOR GENERATIONS TO COME IN ETHIOPIA THE ORGANIZATION HAS AUGMENTED ITS INTERNATIONAL ADOPTION PROGRAM WITH A SERIES OF INVESTMENTS DESIGNED TO IMPROVE QUALITY OF LIFE FOR ETHIOPIAN CHILDREN AND FAMILIES THE ORGANIZATION OPERATES THREE SCHOOLS, A MATERNAL AND CHILD HEALTH CENTER, AND A MICRO-FINANCE PROGRAM IN ETHIOPIA, AND HAS FUNDED PROJECTS TO BRING ELECTRICITY TO ONE RURAL VILLAGE AND AN AMBULANCE TO ANOTHER THE ORGANIZATION MAINTAINS AN OFFICE IN ADDIS ABABA TO MANAGE BOTH ADOPTION AND COMMUNITY DEVELOPMENT ACTIVITY IN THE COUNTRY THE ETHIOPIA OPERATIONS ARE COMBINED WITH THE U S OPERATIONS FOR FINANCIAL STATEMENT PURPOSES, BECAUSE ACTIVITY IN ETHIOPIA IS CONDUCTED UNDER A NON-GOVERNMENT ORGANIZATION (NGO) LICENSE GRANTED TO THE ORGANIZATION BY THE FEDERAL DEMOCRATIC REPUBLIC OF ETHIOPIA

**4b** (Code ) (Expenses \$ 5,734,253 including grants of \$ 10,064 ) (Revenue \$ 5,279,298 )

EARLY CHILDHOOD CARE AND EDUCATION THE ORGANIZATION OPERATES SIX EARLY LEARNING CENTERS LOCATED IN SCHOOLS, ON COLLEGE AND CORPORATE CAMPUSES, AND A DROP-IN PROGRAM FOR RAMSEY COUNTY THESE CENTERS OFFER PROFESSIONAL EARLY CHILDHOOD CARE AND EDUCATION IN AN ENVIRONMENT THAT PROVIDES HIGH QUALITY EARLY LEARNING EXPERIENCES TO PROMOTE KINDERGARTEN READINESS AND FUTURE SUCCESS IN SCHOOL EMOTIONAL AND SOCIAL HEALTH IS RECOGNIZED AS CRUCIAL TO THE CHILD'S DEVELOPMENT AND SCHOOL READINESS THEREFORE, A COMPREHENSIVE ARRAY OF SUPPORT SERVICES FOR CHILDREN AND PARENTS IS EASILY ACCESSIBLE AND AVAILABLE

**4c** (Code ) (Expenses \$ 3,894,598 including grants of \$ 46,470 ) (Revenue \$ 3,129,318 )

CHILD & FAMILY SUPPORT SERVICES PARENT SUPPORT SERVICES ARE VOLUNTARY AND CONFIDENTIAL, PROVIDED AT NO COST TO ELIGIBLE FAMILIES WITH CHILDREN, WITH THE GOAL OF HELPING THEM BUILD THE SKILLS NECESSARY TO SUCCEED IN DAILY LIFE, BUILD SELF-SUFFICIENCY, AND TO PREVENT ABUSE AND NEGLECT IN ADDITION, SERVICES IN THIS AREA INCLUDE DOMESTIC-ABUSE AND ANGER-MANAGEMENT CLASSES AND GROUPS, AND THE LEARNING DISABILITIES PROGRAM THROUGH INDIVIDUAL AND FAMILY COUNSELING, THE ORGANIZATION PROVIDES QUALITY THERAPEUTIC SERVICES TO CHILDREN OVER AGE THREE, TEENS, ADULTS AND FAMILIES THE ORGANIZATION'S LICENSED PROFESSIONALS HELP PEOPLE DEAL WITH PROBLEMS SUCH AS DEPRESSION, ANXIETY, FEAR, TROUBLE WITH FORMING SECURE ATTACHMENTS, RELATIONSHIP DIFFICULTIES, CONFLICT-RESOLUTION STRUGGLES OR POST-TRAUMATIC STRESS THE ORGANIZATION HAS EXPANDED ITS OFFERINGS OF CHILDREN'S MENTAL HEALTH SERVICES, FOLLOWING THE MERGER WITH FAMILY NETWORKS, INC , INCLUDING SCHOOL-LINKED TREATMENT, DAY TREATMENT, AND CASE MANAGEMENT

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

**4e** Total program service expenses \$ 20,332,076

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 20 regarding organizational requirements and reporting.

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

|  |                   |            |           |
|--|-------------------|------------|-----------|
| <p><b>21</b> 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> . . . . . </p>   | <p><b>21</b></p>  | <p>Yes</p> |           |
| <p><b>22</b> 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> . . . . . </p>  | <p><b>22</b></p>  | <p>Yes</p> |           |
| <p><b>23</b> 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> . . . . . </p> | <p><b>23</b></p>  | <p>Yes</p> |           |
| <p><b>24a</b> 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> . . . . .</p>   | <p><b>24a</b></p> |            | <p>No</p> |
| <p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>  | <p><b>24b</b></p> |            |           |
| <p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>   | <p><b>24c</b></p> |            |           |
| <p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>  | <p><b>24d</b></p> |            |           |
| <p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>   | <p><b>25a</b></p> |            | <p>No</p> |
| <p><b>b</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> . . . . .</p>   | <p><b>25b</b></p> |            | <p>No</p> |
| <p><b>26</b> 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> . . . . .</p>   | <p><b>26</b></p>  |            | <p>No</p> |
| <p><b>27</b> 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> . . . . .</p>   | <p><b>27</b></p>  |            | <p>No</p> |
| <p><b>28</b> 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)</p>   |                   |            |           |
| <p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>   | <p><b>28a</b></p> |            | <p>No</p> |
| <p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>  | <p><b>28b</b></p> |            | <p>No</p> |
| <p><b>c</b> 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> . . . . .</p>   | <p><b>28c</b></p> |            | <p>No</p> |
| <p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> </p>   | <p><b>29</b></p>  | <p>Yes</p> |           |
| <p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . </p>   | <p><b>30</b></p>  |            | <p>No</p> |
| <p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . </p>   | <p><b>31</b></p>  |            | <p>No</p> |
| <p><b>32</b> 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> . . . . .</p>   | <p><b>32</b></p>  |            | <p>No</p> |
| <p><b>33</b> 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> . . . . .</p>   | <p><b>33</b></p>  |            | <p>No</p> |
| <p><b>34</b> 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> . . . . .</p>  | <p><b>34</b></p>  |            | <p>No</p> |
| <p><b>35</b> 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> . . . . .</p>  | <p><b>35</b></p>  |            | <p>No</p> |
| <p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>   | <p><b>36</b></p>  |            | <p>No</p> |
| <p><b>37</b> 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></p>  | <p><b>37</b></p>  |            | <p>No</p> |
| <p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>  | <p><b>38</b></p>  | <p>Yes</p> |           |

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

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>1a</b>  | 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 . . . . .   |            |    |
|            | <b>1a</b> 82   |            |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  |            |    |
|            | <b>1b</b> 0  |            |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .   | Yes        |    |
| <b>2a</b>  | 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 . . . . .  |            |    |
|            | <b>2a</b> 390  |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .                               | Yes        |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .   |            | No |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .   |            |    |
| <b>4a</b>  | 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)? . . . . .                                   | Yes        |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country <b>VM, ET, RS</b><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .  |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  |            | No |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .   |            | No |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .  |            |    |
| <b>6a</b>  | 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? . . . . .  |            | No |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .  |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | 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? . . . . .  | Yes        |    |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .  | Yes        |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .   |            | No |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year . . . . .  |            |    |
|            | <b>7d</b>  |            |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .  |            | No |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .   |            | No |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .   |            |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .  |            |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |            |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966? . . . . .  |            |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .   |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 . . . . .   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |            |    |
| <b>a</b>   | Gross income from members or shareholders . . . . .  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .  | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .  | <b>12b</b> |    |

**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 |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body . . . . .  |     |    |
| <b>1b</b> | Enter the number of voting members that are independent . . . . .   |     |    |
| <b>2</b>  | 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? . . . . .   |     | No |
| <b>3</b>  | 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? . . . . . |     | No |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   | Yes |    |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .   |     | No |
| <b>6</b>  | Does the organization have members or stockholders? . . . . .   |     | No |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .   |     | No |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .   |     | No |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>8a</b> | The governing body? . . . . .   | Yes |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body? . . . . .   | Yes |    |
| <b>9</b>  | 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 . . . . .        |     | No |

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

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

**Section C. Disclosure**

|           |  |
|-----------|--|
| <b>17</b> | List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> MN , <input type="checkbox"/> DC , <input type="checkbox"/> VA , <input type="checkbox"/> MD  |
| <b>18</b> | 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.<br><input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| <b>19</b> | 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.   |
| <b>20</b> | State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/><br>MARK O'NEILL<br>1605 EUSTIS STREET<br>ST PAUL, MN 55108<br>(651) 255-2330  |



|                 |         |   |        |
|-----------------|---------|---|--------|
| <b>1b Total</b> | 628,879 | 0 | 80,368 |
|-----------------|---------|---|--------|

**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 **▶3**

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> 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> | Yes |    |
| <b>5</b> 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| E SOCIAL WELFARE SOC<br>493 CHANGCHON- DONG SODAEMUN-GU<br>SEOUL 135-920<br>KS | ADOPTION SERVICES              | 1,615,004           |
| SOCIAL WELFARE SOCIETY<br>CENTRAL POST OFFICE 24<br>SEOUL 135-920<br>KS        | ADOPTION SERVICES              | 353,860             |
| OLEG KLIMKOVSKY<br>IBAN CY85<br>LIMASSOL<br>CY                                 | ADOPTION SERVICES              | 233,258             |
| GARY COHEN<br>10638 BRIARLAKE WOODS DR<br>SAN DIEGO, CA 92130                  | ADOPTION SERVICES              | 229,749             |
| XIMENA GONZALEZ DAVALOS<br>AVENIDA SOLANO Y 12<br>DE ABRIL, QUITO<br>EC        | ADOPTION SERVICES              | 190,300             |

**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 **▶6**

**Part VIII Statement of Revenue**

|   |  |   | (A)<br>Total revenue                                   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |  |
|---|--|---|--|--|---|---|--|
| <b>Contributions, gifts, grants and other similar amounts</b> | <b>1a</b>  | Federated campaigns . . . . . <b>1a</b>   | 1,535,211  |  |   |   |  |
|   | <b>b</b>   | Membership dues . . . . . <b>1b</b>   |  |  |   |   |  |
|   | <b>c</b>   | Fundraising events . . . . . <b>1c</b>  | 15,109   |  |   |   |  |
|   | <b>d</b>   | Related organizations . . . . . <b>1d</b>   |  |  |   |   |  |
|   | <b>e</b>   | Government grants (contributions) <b>1e</b>   | 91,761   |  |   |   |  |
|   | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>  | 2,460,572  |  |   |   |  |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f \$ 259,054  |  |  |   |   |  |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . ▶   |  | 4,102,653  |   |   |  |
| <b>Program Service Revenue</b>                                |  |   | Business Code  |  |   |   |  |
|   | <b>2a</b>  | FEES FOR SERVICES   | 624,100  | 10,755,845   | 10,755,845                              |   |  |
|   | <b>b</b>   | INT'L ADOPTION FEES   | 624,100  | 4,273,029  | 4,273,029                               |   |  |
|   | <b>c</b>   | GOV'T FEES AND GRANTS   | 624,100  | 3,007,251  | 3,007,251                               |   |  |
|   | <b>d</b>   |   |  |  |   |   |  |
|   | <b>e</b>   |   |  |  |   |   |  |
|   | <b>f</b>   | All other program service revenue   |  |  |   |   |  |
| <b>g</b>  | <b>Total.</b> Add lines 2a-2f . . . . . ▶                |   | 18,036,125   |  |   |   |  |
| <b>Other Revenue</b>  | <b>3</b>   | Investment income (including dividends, interest and other similar amounts) . . . . . ▶   |  | 230,902  |   | 230,902   |  |
|   | <b>4</b>   | Income from investment of tax-exempt bond proceeds . . . . . ▶  |  |  |   |   |  |
|   | <b>5</b>   | Royalties . . . . . ▶   |  |  |   |   |  |
|   | <b>6a</b>  | (i) Real  |  | (ii) Personal                                      |   |   |  |
|   |  | <b>b</b>  | Gross Rents  |  |   |   |  |
|   |  | <b>c</b>  | Less rental expenses                                   |  |   |   |  |
|   |  | <b>d</b>  | Rental income or (loss)                                |  |   |   |  |
|   | <b>d</b>   | Net rental income or (loss) . . . . . ▶   |  |  |   |   |  |
|   | <b>7a</b>  | (i) Securities  |  | (ii) Other   |   |   |  |
|   |  | <b>b</b>  | Gross amount from sales of assets other than inventory |  | 100,000                                 |   |  |
|   |  | <b>c</b>  | Less cost or other basis and sales expenses            |  |   |   |  |
|   |  | <b>d</b>  | Gain or (loss)   |  | 100,000                                 |   |  |
|   | <b>d</b>   | Net gain or (loss) . . . . . ▶  |  | 100,000  |   | 100,000   |  |
| <b>8a</b>   | (i) Securities   |   | (ii) Other   |  |   |   |  |
|   | <b>b</b>   | Gross income from fundraising events (not including \$ 15,109 of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b> |  | 244,446  |   |   |  |
|   | <b>b</b>   | Less direct expenses . . . . . <b>b</b>   |  | 160,012  |   |   |  |
| <b>c</b>  | Net income or (loss) from fundraising events . . . . . ▶ |   | 84,434   |  | 84,434                                  |   |  |
| <b>9a</b>   | (i) Securities   |   | (ii) Other   |  |   |   |  |
|   | <b>b</b>   | Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>   |  |  |   |   |  |
|   | <b>b</b>   | Less direct expenses . . . . . <b>b</b>   |  |  |   |   |  |
| <b>c</b>  | Net income or (loss) from gaming activities . . . . . ▶  |   |  |  |   |   |  |
| <b>10a</b>  | (i) Securities   |   | (ii) Other   |  |   |   |  |
|   | <b>b</b>   | Gross sales of inventory, less returns and allowances . . . . . <b>a</b>  |  |  |   |   |  |
|   | <b>b</b>   | Less cost of goods sold . . . . . <b>b</b>  |  |  |   |   |  |
| <b>c</b>  | Net income or (loss) from sales of inventory . . . . . ▶ |   |  |  |   |   |  |
|   |  | Business Code   |  |  |   |   |  |
| <b>11a</b>  | (i) Securities   |   | (ii) Other   |  |   |   |  |
|   | Miscellaneous Revenue                                    |   |  |  |   |   |  |
|   | <b>b</b>   | MISCELLANEOUS REVENUE   | 900,099  | 66,655   |   | 66,655  |  |
|   | <b>c</b>   | LOSS ON EXCHG RATE  | 900,099  | -163,693   |   | -163,693  |  |
|   | <b>d</b>   | All other revenue . . . . .   |  |  |   |   |  |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶              |   | -97,038  |  |   |   |  |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . ▶       |   | 22,457,076   | 18,036,125   | 0                                       | 318,298   |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   |                       |                                 |  |                             |
| <b>2</b>   | Grants and other assistance to individuals in the U S See Part IV, line 22   | 73,784                | 73,784                          |  |                             |
| <b>3</b>   | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16  | 455,415               | 455,415                         |  |                             |
| <b>4</b>   | Benefits paid to or for members  |                       |                                 |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees . . . . .   | 473,025               | 102,969                         | 346,013                                | 24,043                      |
| <b>6</b>   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| <b>7</b>   | Other salaries and wages   | 12,148,046            | 10,197,850                      | 1,365,838                              | 584,358                     |
| <b>8</b>   | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  | 103,953               | 85,104                          | 13,849                                 | 5,000                       |
| <b>9</b>   | Other employee benefits . . . . .  | 2,206,401             | 1,442,237                       | 694,904                                | 69,260                      |
| <b>10</b>  | Payroll taxes . . . . .  | 879,446               | 725,991                         | 110,749                                | 42,706                      |
| <b>11</b>  | Fees for services (non-employees)  |                       |                                 |  |                             |
| <b>a</b>   | Management . . . . .   |                       |                                 |  |                             |
| <b>b</b>   | Legal . . . . .  | 55,107                | 36,106                          | 12,483                                 | 6,518                       |
| <b>c</b>   | Accounting . . . . .   | 46,150                |                                 | 46,150                                 |                             |
| <b>d</b>   | Lobbying . . . . .   |                       |                                 |  |                             |
| <b>e</b>   | Professional fundraising See Part IV, line 17 . . . . .  |                       |                                 |  |                             |
| <b>f</b>   | Investment management fees . . . . .   | 39,236                |                                 | 39,236                                 |                             |
| <b>g</b>   | Other . . . . .  | 1,303,089             | 803,774                         | 354,007                                | 145,308                     |
| <b>12</b>  | Advertising and promotion . . . . .  |                       |                                 |  |                             |
| <b>13</b>  | Office expenses . . . . .  | 1,523,739             | 1,216,974                       | 101,790                                | 204,975                     |
| <b>14</b>  | Information technology . . . . .   |                       |                                 |  |                             |
| <b>15</b>  | Royalties . . . . .  |                       |                                 |  |                             |
| <b>16</b>  | Occupancy . . . . .  | 1,090,652             | 796,913                         | 247,473                                | 46,266                      |
| <b>17</b>  | Travel . . . . .   | 815,516               | 734,983                         | 74,650                                 | 5,883                       |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| <b>19</b>  | Conferences, conventions, and meetings . . . . .   | 53,110                | 23,859                          | 27,410                                 | 1,841                       |
| <b>20</b>  | Interest . . . . .   |                       |                                 |  |                             |
| <b>21</b>  | Payments to affiliates . . . . .   |                       |                                 |  |                             |
| <b>22</b>  | Depreciation, depletion, and amortization . . . . .  | 659,599               | 457,943                         | 176,796                                | 24,860                      |
| <b>23</b>  | Insurance . . . . .  | 227,722               | 177,835                         | 39,259                                 | 10,628                      |
| <b>24</b>  | 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 )  |                       |                                 |  |                             |
| <b>a</b>   | INT'L ADOPTION FEES  | 2,835,746             | 2,835,746                       |  |                             |
| <b>b</b>   | MISCELLANEOUS  | 266,725               | 155,201                         | 107,232                                | 4,292                       |
| <b>c</b>   | BAD DEBT EXPENSE   | 118,717               | 9,392                           | 109,325                                |                             |
| <b>d</b>   |  |                       |                                 |  |                             |
| <b>e</b>   |  |                       |                                 |  |                             |
| <b>f</b>   | All other expenses   |                       |                                 |  |                             |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24f  | 25,375,178            | 20,332,076                      | 3,867,164                              | 1,175,938                   |
| <b>26</b>  | <b>Joint costs.</b> 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 |
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   | 908,835           | <b>1</b>   | 1,967,151   |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 1,213,789         | <b>2</b>   |             |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  | 932,624           | <b>3</b>   | 703,081     |
|  | <b>4</b> Accounts receivable, net . . . . .  | 1,030,683         | <b>4</b>   | 1,373,140   |
|  | <b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .                   |                   | <b>5</b>   |             |
|  | <b>6</b> 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 . . . . .      |                   | <b>6</b>   |             |
|  | <b>7</b> Notes and loans receivable, net . . . . .   |                   | <b>7</b>   |             |
|  | <b>8</b> Inventories for sale or use . . . . .   | 7,798             | <b>8</b>   | 6,145       |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 521,870           | <b>9</b>   | 564,771     |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .  | 16,364,737        |            |             |
|  | <b>b</b> Less accumulated depreciation . . . . .   | 5,999,330         |            |             |
|  | <b>11</b> Investments—publicly traded securities . . . . .   | 9,954,416         | <b>10c</b> | 10,365,407  |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 6,841,332         | <b>11</b>  | 7,467,727   |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 3,574,827         | <b>12</b>  | 1,806,455   |
|  | <b>14</b> Intangible assets . . . . .  |                   | <b>13</b>  |             |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 7,001             | <b>14</b>  |             |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 2,480,438  | <b>15</b>         | 1,381,413  |             |
|  | 27,473,613   | <b>16</b>         | 25,635,290 |             |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  | 7,315,462         | <b>17</b>  | 3,893,676   |
|  | <b>18</b> Grants payable . . . . .   |                   | <b>18</b>  |             |
|  | <b>19</b> Deferred revenue . . . . .   |                   | <b>19</b>  | 738,462     |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  | 200,000           | <b>20</b>  |             |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                   | <b>21</b>  |             |
|  | <b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . . |                   | <b>22</b>  |             |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                   | <b>23</b>  |             |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                   | <b>24</b>  |             |
|  | <b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .   | 544,457           | <b>25</b>  | 578,148     |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  | 8,059,919         | <b>26</b>  | 5,210,286   |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>   |                   |            |             |
|  | <b>27</b> Unrestricted net assets . . . . .  | 1,203,499         | <b>27</b>  | 2,317,211   |
|  | <b>28</b> Temporarily restricted net assets . . . . .  | 9,469,713         | <b>28</b>  | 9,608,734   |
|  | <b>29</b> Permanently restricted net assets . . . . .  | 8,740,482         | <b>29</b>  | 8,499,059   |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>  |                   |            |             |
|  | <b>30</b> Capital stock or trust principal, or current funds . . . . .   |                   | <b>30</b>  |             |
|  | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                   | <b>31</b>  |             |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                   | <b>32</b>  |             |
| <b>33</b> Total net assets or fund balances . . . . .                                | 19,413,694   | <b>33</b>         | 20,425,004 |             |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .                   | 27,473,613   | <b>34</b>         | 25,635,290 |             |

**Part XI Financial Statements and Reporting**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . .  |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant? . . . . .   |     | No |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . | Yes |    |
| <b>2d</b> | 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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis                                |     |    |
| <b>3a</b> | 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? . . . . .   |     | No |
| <b>3b</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 . . .   |     |    |

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
41-0693906

**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)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

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

**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  |
|--|-----------|-----------|-----------|-----------|-----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 5,278,524 | 5,065,385 | 4,984,431 | 4,630,314 | 4,102,653 | 24,061,307 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |           |           |           |           |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |           |           |           |           |            |
| <b>4 Total.</b> Add lines 1 through 3  | 5,278,524 | 5,065,385 | 4,984,431 | 4,630,314 | 4,102,653 | 24,061,307 |
| <b>5</b> 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) |           |           |           |           |           |            |
| <b>6 Public Support.</b> Subtract line 5 from line 4   |           |           |           |           |           | 24,061,307 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2005  | (b) 2006 | (c) 2007  | (d) 2008  | (e) 2009  | (f) Total  |
|---|-----------|----------|-----------|-----------|-----------|------------|
| <b>7</b> Amounts from line 4  | 5,278,524 | 880,368  | 4,984,431 | 4,630,314 | 4,102,653 | 24,061,307 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 581,666   | 880,368  | 1,523,458 | 448,725   | 230,902   | 3,665,119  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |           |          |           |           |           |            |
| <b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                |           |          |           | 152,350   | -97,038   | 55,312     |
| <b>11 Total support</b> (Add lines 7 through 10)  |           |          |           |           |           | 27,781,738 |
| <b>12</b> Gross receipts from related activities, etc (See instructions )   |           |          |           |           | <b>12</b> | 96,801,422 |

**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**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | <b>14</b> | 86.610 % |
| <b>15</b> Public Support Percentage for 2008 Schedule A, Part II, line 14                      | <b>15</b> | 86.090 % |

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

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11 and 12)   |          |          |          |          |          |           |

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

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

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

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f)) | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17                      | <b>18</b> |  |

**19a 33 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

**b 33 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

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

**Part IV** **Supplemental Information.** 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

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**Explanation**

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Schedule A, Part II, Line 10, Explanation of Other Income MISCELLANEOUS REVENUE

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**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047  
  
**2009**  
  
**Open to Public Inspection**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then**

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

|   |  |
|---|--|
| Name of the organization<br>CHILDREN'S HOME SOCIETY & FAMILY SERVICES | Employer identification number<br>41-0693906 |
|---|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

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

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

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

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing Organization's Totals                         | (b) Affiliated Group Totals        |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|---|---|--|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying)  | 9,500  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   | 10,500   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   | 20,000   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>  | Other exempt purpose expenditures   | 24,238,884   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   | 24,258,884   |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>  | Lobbying nontaxable amount Enter the amount from the following table in both columns  | 1,000,000  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000  | 20% of the amount on line 1e  |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000  |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000   | \$1,000,000   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)   | 250,000  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b>  | Subtract line 1g from line 1a If zero or less, enter -0-  | 0  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b>  | Subtract line 1f from line 1c If zero or less, enter -0-  | 0  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |           |           |           |           |           |
|--|-----------|-----------|-----------|-----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2006  | (b) 2007  | (c) 2008  | (d) 2009  | (e) Total |
| <b>2a</b> Lobbying non-taxable amount                            | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |           |           |           |           | 6,000,000 |
| <b>c</b> Total lobbying expenditures                             | 20,405    | 21,661    | 9,846     | 20,000    | 71,912    |
| <b>d</b> Grassroots non-taxable amount                           | 250,000   | 250,000   | 250,000   | 250,000   | 1,000,000 |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |           |           |           |           | 1,500,000 |
| <b>f</b> Grassroots lobbying expenditures                        |           |           |           | 9,500     | 9,500     |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

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

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

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

**Part IV Supplemental Information**

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

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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

Employer identification number 41-0693906

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), 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?
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)?
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

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

**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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 6,174,940        | 8,306,417      |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  | 65,374           | 52,364         |                    |                      |                     |
| <b>c</b> Investment earnings or losses . . . . .                  | 684,269          | -1,907,320     |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . | 486,101          | 276,521        |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 360,713          |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 6,077,769        | 6,174,940      |                    |                      |                     |

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ **0 %**
- b** Permanent endowment ▶ **91.720 %**
- c** Term endowment ▶ **8.280 %**

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

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

**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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 651,040                         |                              | 651,040        |
| <b>b</b> Buildings . . . . .   |                                      | 11,090,075                      | 2,836,650                    | 8,253,425      |
| <b>c</b> Leasehold improvements . . . . .  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 2,717,807                       | 1,710,100                    | 1,007,707      |
| <b>e</b> Other . . . . .   |                                      | 1,905,815                       | 1,452,580                    | 453,235        |
| <b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.) . . . . . |                                      |                                 |                              | 10,365,407     |



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

|           |   |           |            |
|-----------|---|-----------|------------|
| <b>1</b>  | Total revenue (Form 990, Part VIII, column (A), line 12)                        | <b>1</b>  | 22,457,076 |
| <b>2</b>  | Total expenses (Form 990, Part IX, column (A), line 25)                         | <b>2</b>  | 25,375,178 |
| <b>3</b>  | Excess or (deficit) for the year Subtract line 2 from line 1                    | <b>3</b>  | -2,918,102 |
| <b>4</b>  | Net unrealized gains (losses) on investments                                    | <b>4</b>  | 723,729    |
| <b>5</b>  | Donated services and use of facilities  | <b>5</b>  |            |
| <b>6</b>  | Investment expenses   | <b>6</b>  |            |
| <b>7</b>  | Prior period adjustments  | <b>7</b>  | 2,908,686  |
| <b>8</b>  | Other (Describe in Part XIV)  | <b>8</b>  | 296,997    |
| <b>9</b>  | Total adjustments (net) Add lines 4 - 8   | <b>9</b>  | 3,929,412  |
| <b>10</b> | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | <b>10</b> | 1,011,310  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                        | <b>1</b>  | 23,862,524 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12  |           |            |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | 723,729    |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> | 935,526    |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIV) . . . . .  | <b>2d</b> | 425,673    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 2,084,928  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 21,777,596 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 39,236     |
| <b>b</b> | Other (Describe in Part XIV) . . . . .  | <b>4b</b> | 640,244    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 679,480    |
| <b>5</b> | Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 22,457,076 |

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

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                       | <b>1</b>  | 26,431,480 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> | 935,526    |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |            |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIV) . . . . .   | <b>2d</b> | 160,012    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 1,095,538  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 25,335,942 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                 |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                 | <b>4a</b> | 39,236     |
| <b>b</b> | Other (Describe in Part XIV) . . . . .   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 39,236     |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 25,375,178 |

**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 III, Line 4                       |   | THE ORGANIZATION'S ARTWORK ENHANCES THE BUILDING, WHICH PROVIDES A NICE FACILITY TO HELP THE IMAGE WE CONVEY TO THE GENERAL PUBLIC  |
| Part V, Line 4                         | Description of Intended Use of Endowment Funds      | THE ORGANIZATION MAINTAINS THE ENDOWMENT TO SUPPORT OPERATIONS EXPENSES OVER THE LONG TERM  |
| Part X                                 | Description of Uncertain Tax Positions Under FIN 48 | EFFECTIVE JULY 1, 2009, THE ORGANIZATION ADOPTED THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITION. THE IMPLEMENTATION OF THIS STANDARD HAS NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW BY FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS. THE TAX RETURNS FOR THE FISCAL YEARS 2007 TO 2009 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES. |
| Part XI, Line 8 - Other Adjustments    |   | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 21159 CHANGE IN VALUE OF BENEFICIAL INTEREST COMMUNITY FOUNDATION HOLDING 244502 FAMILY NETWORKS MERGER 960981 ASIA MERGER -929645  |
| Part XII, Line 2d - Other Adjustments  |   | CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 21159 CHANGE IN VALUE OF BENEFICIAL INTEREST COMMUNITY FOUNDATION HOLDING 244502 SPECIAL EVENT EXPENSES 160012  |
| Part XII, Line 4b - Other Adjustments  |   | INVESTMENT RETURN 703937 GAIN ON SALE OF FIXED ASSETS 100000 LOSS ON EXCHANGE RATE -163693  |
| Part XIII, Line 2d - Other Adjustments |   | SPECIAL EVENT EXPENSES 160012   |



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

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                | (d) Purpose of grant   | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|---------------------------|------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
|                               |  | East Asia and the Pacific | AE RAN WON PROJECT     | 7,000                    | WIRE/CHECK                      | 0                                 | N/A                                    | N/A   |
|                               |  | East Asia and the Pacific | ORPHANAGE ASSISTANCE   | 91,994                   | WIRE/CHECK                      | 0                                 | N/A                                    | N/A   |
|                               |  | South Asia                | ORPHANAGE ASSISTANCE   | 9,000                    | WIRE                            | 0                                 | N/A                                    | N/A   |
|                               |  | South America             | ORPHANAGE ASSISTANCE   | 5,000                    | WIRE                            | 0                                 | N/A                                    | N/A   |
|                               |  | South Asia                | NEW GENERATION PROJECT | 14,426                   | WIRE                            | 0                                 | N/A                                    | N/A   |
|                               |  | East Asia and the Pacific | ORPHANAGE ASSISTANCE   | 25,000                   | CHECK                           | 0                                 | N/A                                    | N/A   |
|                               |  | South Asia                | ORPHANAGE ASSISTANCE   | 34,115                   | WIRE                            | 0                                 | N/A                                    | N/A   |
|                               |  | East Asia and the Pacific | FOSTER CARE ASSISTANCE | 17,820                   | WIRE                            | 0                                 | N/A                                    | N/A   |
|                               |  |                           |                        |                          |                                 |                                   |  |   |
|                               |  |                           |                        |                          |                                 |                                   |  |   |
|                               |  |                           |                        |                          |                                 |                                   |  |   |
|                               |  |                           |                        |                          |                                 |                                   |  |   |
|                               |  |                           |                        |                          |                                 |                                   |  |   |
|                               |  |                           |                        |                          |                                 |                                   |  |   |
|                               |  |                           |                        |                          |                                 |                                   |  |   |
|                               |  |                           |                        |                          |                                 |                                   |  |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .  8

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







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

|  |  | (a) Event #1                               | (b) Event #2                           | (c) Other Events           | (d) Total Events              |
|--|--|--|--|----------------------------|-------------------------------|
|  |  | <b>WINE MAKER'S DINNER</b><br>(event type) | <b>LITTLE RED BALL</b><br>(event type) | <b>3</b><br>(total number) | (Add col (a) through col (c)) |
| <b>Revenue</b>   | <b>1</b> Gross receipts . . . . .  | 123,933                                    | 98,654                                 | 36,968                     | 259,555                       |
|  | <b>2</b> Less Charitable contributions . . . . .                                 |  |  | 15,109                     | 15,109                        |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                            | 123,933                                    | 98,654                                 | 21,859                     | 244,446                       |
| <b>Direct Expenses</b>   | <b>4</b> Cash prizes . . . . .   |  |  |                            |                               |
|  | <b>5</b> Non-cash prizes . . . . .   | 41,199                                     | 30,212                                 | 15,950                     | 87,361                        |
|  | <b>6</b> Rent/facility costs . . . . .   |  |  |                            |                               |
|  | <b>7</b> Food and beverages . . . . .  |  |  |                            |                               |
|  | <b>8</b> Entertainment . . . . .   |  |  |                            |                               |
|  | <b>9</b> Other direct expenses . . . . .   | 26,399                                     | 25,722                                 | 20,530                     | 72,651                        |
|  | <b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |  |  |                            | 160,012                       |
| <b>11</b> Net income summary Combine lines 3, column d, and line 10. . . . . ▶ |  |  |  | 84,434                     |                               |

**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)) |
| <b>Revenue</b>   | <b>1</b> Gross revenue . . . . .                                    |   |   |                  |                               |
| <b>Direct Expenses</b>   | <b>2</b> Cash prizes . . . . .                                      |   |   |                  |                               |
|  | <b>3</b> Non-cash prizes . . . . .                                  |   |   |                  |                               |
|  | <b>4</b> Rent/facility costs . . . . .                              |   |   |                  |                               |
|  | <b>5</b> Other direct expenses . . . . .                            |   |   |                  |                               |
| <b>6</b> Volunteer labor . . . . .   | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                  |                               |
| <b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶      |   |   |   |                  |                               |
| <b>8</b> Net gaming income summary Combine lines 1, column d, and line 7 . . . . . ▶ |   |   |   |                  |                               |

|            |   | Yes        | No |
|------------|---|------------|----|
| <b>9</b>   | Enter the state(s) in which the organization operates gaming activities _____   |            |    |
| <b>a</b>   | Is the organization licensed to operate gaming activities in each of these states? . . . . .  | <b>9a</b>  |    |
| <b>b</b>   | If "No," Explain<br>_____<br>_____  |            |    |
| <b>10a</b> | Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  | <b>10a</b> |    |
| <b>b</b>   | If "Yes," Explain<br>_____<br>_____   |            |    |
| <b>11</b>  | Does the organization operate gaming activities with nonmembers? . . . . .  | <b>11</b>  |    |
| <b>12</b>  | 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? . . . . . | <b>12</b>  |    |

|   |            | Yes        | No |
|---|------------|------------|----|
| <b>13</b> Indicate the percentage of gaming activity operated in  |            |            |    |
| <b>a</b> The organization's facility . . . . .  | <b>13a</b> |            |    |
| <b>b</b> An outside facility . . . . .  | <b>13b</b> |            |    |
| <b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records  |            |            |    |
| Name ▶ _____  |            |            |    |
| Address ▶ _____   |            |            |    |
| <b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .   |            | <b>15a</b> |    |
| <b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____                             |            |            |    |
| <b>c</b> If "Yes," enter name and address   |            |            |    |
| Name ▶ _____  |            |            |    |
| Address ▶ _____   |            |            |    |
| <b>16</b> 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   |            |            |    |
| <b>17</b> Mandatory distributions   |            |            |    |
| <b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .                                     |            | <b>17a</b> |    |
| <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ |            |            |    |

Schedule I (Form 990)

OMB No 1545-0047

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

2009

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 41-0693906

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations



**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

CHILDREN'S HOME SOCIETY & FAMILY SERVICES

**Employer identification number**

41-0693906

**Part I Questions Regarding Compensation**

Yes No

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

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

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

**1b** No

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

**2** No

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

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

**a** Receive a severance payment or change-of-control payment?

**4a** No

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**4b** No

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

**4c** No

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

**a** The organization?

**5a** No

**b** Any related organization?

**5b** No

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**6a** No

**b** Any related organization?

**6b** No

If "Yes," to line 6a or 6b, describe in Part III

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

**7** No

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

**8** No

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

**9**

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

| (A) Name     |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|              |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| MADONNA KING | (i)  | 197,997  | 0                                   | 0                                   | 29,347   | 13,087                  | 240,431                         | 0  |
|              | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |
|              |      |  |                                     |                                     |  |                         |                                 |  |

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation  |
|------------|------------------|--|
|            | Part I, Line 1a  | Asnake Amanuel Ayasie Housing Allowance \$9,616 Not included in taxable income |

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.

Department of the Treasury Internal Revenue Service

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

Employer identification number 41-0693906

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Clothing, Securities, etc.

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 0

Table with 3 columns: Question, Yes, No. Rows 30a, 31, 32a, 33 regarding contribution reporting and policies.

**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 |
|------------|------------------|-------------|
|------------|------------------|-------------|

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-0693906  
**Name:** CHILDREN'S HOME SOCIETY & FAMILY SERVICES

**efile GRAPHIC print - DO NOT PROCESS** | **As Filed Data -** | **DLN: 93493129016501**

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Employer identification number**

41-0693906

| Identifier                 | Return Reference     | Explanation   |
|----------------------------|----------------------|---|
| Form 990, Part III, line 2 | New Program Services | THE ORGANIZATION MERGED WITH FAMILY NETWORK AND CHANGED THE RECOGNITION OF ITS ETHIOPIA OPERATION |

| Identifier                           | Return Reference | Explanation  |
|--------------------------------------|------------------|--|
| Form 990, Part VI, Section A, line 1 |                  | THE ORGANIZATION'S EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, VICE-CHAIRS, THE CHAIRS OF ALL BOARD COMMITTEES, AND THE CHAIR OF THE DIRECTORS EMERITUS THE EXECUTIVE COMMITTEE HAS THE ALL OF THE POWERS AND AUTHORITY OF THE BOARD OF DIRECTORS, EXCEPT THE FOLLOWING THE POWER TO ELECT OR REMOVE DIRECTORS, AMEND THE GOVERNING DOCUMENTS, AUTHORIZE THE VOLUNTARY DISSOLUTION OF THE ORGANIZATION, OR TO DO ANY OTHER ACTS SPECIFICALLY RESERVED BY THE BOARD ALL FORMAL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD FOR RATIFICATION DURING THE NEXT MEETING |

| Identifier                           | Return Reference | Explanation   |
|--------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 4 |                  | THE ORGANIZATION AMENDED THE BYLAWS SECTION 2 2 INCLUSION OF THREE MEMBERS ON THE BOARD OF DIRECTORS THAT MUST BE RESIDENTS OF THE STATE OF MARYLAND TO SATISFY REQUIREMENTS FOR A CHILD PLACING LICENSE WITHIN THE STATE OF MARYLAND SECTION 2 2 ADDITIONAL CLARIFICATION ON BOARD TERMS FOR THOSE INDIVIDUALS IN THEIR FINAL THREE-YEAR TERM WHO ARE SERVING IN OFFICER POSITIONS OF THE BOARD OF DIRECTORS MAY SERVE AN ADDITIONAL ONE TO TWO YEARS AT THE DISCRETION OF THE BOARD SECTION 2 8 1 THE EXECUTIVE COMMITTEE'S SCOPE AND AUTHORITY WAS FURTHER DEFINED TO STIPULATE THAT THE COMMITTEE SHALL AT ALL TIMES BE SUBJECT TO THE CONTROL AND DIRECTION OF THE BOARD OF DIRECTORS AND TO LIMIT THE POWERS AND AUTHORITY OF THE EXECUTIVE COMMITTEE WITH RESPECT TO ELECTION/REMOVAL OF DIRECTORS, AMENDMENTS TO THE ORGANIZATION'S GOVERNING DOCUMENTS, AUTHORIZATION OF VOLUNTARY DISSOLUTION, AND OTHER ACTS SPECIFICALLY RESERVED BY THE FULL BOARD |

| Identifier                            | Return Reference | Explanation  |
|---------------------------------------|------------------|--|
| Form 990, Part VI, Section B, line 11 |                  | THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND REVIEWED IN DETAIL BY THE AUDIT COMMITTEE THE APPROVED FORM 990 WILL BE PROVIDED TO EACH MEMBER OF THE BOARD PRIOR TO FILING WITH THE IRS |

| Identifier                             | Return Reference | Explanation   |
|--|------------------|---|
| Form 990, Part VI, Section B, line 12c |                  | ANNUAL DISCLOSURE FORMS ARE REQUIRED TO BE COMPLETED BY ALL BOARD MEMBERS IF A POTENTIAL CONFLICT ARISES, THE CONFLICTED INDIVIDUAL SHALL NOT PARTICIPATE IN THE DISCUSSION (EXCEPT TO DISCLOSE MATERIAL FACTS), VOTE, OR HAVE INVOLVEMENT IN ANY OTHER ACTION RELATED TO THE CONFLICTED TRANSACTION CONFLICTS ARE DETERMINED BY UNCONFLICTED BOARD MEMBERS ANY CONFLICT OF INTEREST PROCEEDINGS ARE NOTED IN THE MEETING MINTUES |

| Identifier                             | Return Reference | Explanation   |
|--|------------------|---|
| Form 990, Part VI, Section B, line 15a |                  | THE BOARD CHAIR IS RESPONSIBLE FOR THE PRESIDENT/CEO'S PERFORMANCE APPRAISAL AND RECOMMENDS THE SALARY TO THE ORGANIZATION'S EXECUTIVE COMMITTEE THE CEO'S COMPENSATION IS COMPARED TO OTHER ORGANIZATIONS USING THE STAR TRIBUNE'S "TOP NONPROFIT AGENCIES" SURVEY PUBLISHED ANNUALLY, AND OTHER SURVEY INFORMATION PROVIDED TO THE AGENCY THROUGH A COMPENSATION STUDY CONDUCTED BY AN OUTSIDE CONSULTANT IN 2007 SPECIAL ATTENTION IS GIVEN TO ORGANIZATIONS OF SIMILAR SIZE AND COMPLEXITY THE PERFORMANCE APPRAISAL AND SALARY RECOMMENDATION ARE REVIEWED BY ALL OF THE MEMBERS OF THE EXECUTIVE COMMITTEE AND EACH MEMBER HAS INPUT IN THE PROCESS THE DECISION IS SUBSTANTIATED WITH EXECUTIVE COMMITTEE MINUTES, AND THE BOARD CHAIR'S SIGNATURE ON THE PERFORMANCE APPRAISAL AND SALARY CHANGE FORM THE PRESIDENT/CEO IS RESPONSIBLE FOR THE VICE PRESIDENTS' (INCLUDING CFO) PERFORMANCE APPRAISALS AND RECOMMENDS THE SALARIES BASED ON SURVEY INFORMATION PROVIDED TO THE AGENCY THROUGH A COMPENSATION STUDY CONDUCTED BY AN OUTSIDE CONSULTANT IN 2007, AS WELL AS EACH INDIVIDUAL'S PERFORMANCE THE PERFORMANCE APPRAISALS AND SALARY RECOMMENDATIONS ARE REVIEWED BY THE BOARD CHAIR THE DECISIONS ARE SUBSTANTIATED WITH THE BOARD CHAIR'S SIGNATURE ON THE PERFORMANCE APPRAISALS AND SALARY CHANGE FORM |

| Identifier                            | Return Reference | Explanation   |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section C, line 19 |                  | THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 41-0693906

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

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

| (A)<br>Name and Title                                     | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| STEPHEN KOWALKE<br>BOARD CHAIR                            | 1 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| PAUL VERRET<br>BOARD FIRST VICE CHAIR                     | 1 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| JENNIFER MARTIN<br>BOARD SECOND CHAIR                     | 1 00                          | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| NANCY BREYFOGLE<br>BOARD MEMBER                           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SCOTT BRILL<br>BOARD MEMBER                               | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HOWARD BUFF<br>BOARD MEMBER                               | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| LIZ CARLSON<br>BOARD MEMBER                               | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JIMMY FOGEL<br>BOARD MEMBER                               | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MARK GABRIELE<br>BOARD MEMBER                             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MARK KOMORNICKA<br>BOARD MEMBER                           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOCELYN KNOLL<br>BOARD MEMBER                             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PATRICIA KRUEGER<br>BOARD MEMBER                          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| KEN MIDDLEBROOKS<br>BOARD MEMBER                          | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| BILL PRIESMEYER<br>BOARD MEMBER                           | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| PETER RAMME<br>BOARD MEMBER                               | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SALIN ROSE<br>BOARD MEMBER                                | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SHERI SCOTT-REDWOOD<br>BOARD MEMBER                       | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| HYUN SOOK HAN<br>BOARD MEMBER                             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JIM STEILEN<br>BOARD MEMBER                               | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOAN SUWALSKY<br>BOARD MEMBER                             | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SANDY TOKACH<br>BOARD MEMBER                              | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SUSAN WHITE<br>BOARD MEMBER                               | 1 00                          | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MAUREEN E WARREN - PRESIDENT<br>CHIEF EXECUTIVE OFFICER   | 40 00                         |  |                       | X       |              |                              |        | 0  | 0   | 0   |
| Laura Arvold<br>VP, Legal & Corp Secretary                | 40 00                         |  |                       | X       |              |                              |        | 64,739   | 0   | 0   |
| MICHAEL MORROW - VP CHIEF<br>FINANCIAL OFFICER, TREASURER | 40 00                         |  |                       | X       |              |                              |        | 0  | 0   | 0   |

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

| (A)<br>Name and Title                                | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MADONNA KING<br>PRESIDENT & CHIEF EXECUTIVE OFFICER  | 40 00                         |  |                       | X       |              |                              |        | 197,997  | 0   | 42,434  |
| DANIEL SMITH<br>VICE PRESIDENT, FINANCE/ADMIN        | 40 00                         |  |                       | X       |              |                              |        | 121,680  | 0   | 14,255  |
| KATHLEEN KUKIELKA<br>VICE PRESIDENT, ADVANCEMENT     | 40 00                         |  |                       |         |              | X                            |        | 118,942  | 0   | 11,047  |
| Asnake Amanuel Ayasie<br>Director of Africa Programs | 40 00                         |  |                       |         |              | X                            |        | 125,521  | 0   | 12,632  |