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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)

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

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILDREN'S HOME SOCIETY & FAMILY SERVICES		D Employer identification number 41-0693906
	Doing Business As		E Telephone number (651) 646-7771
	Number and street (or P O box if mail is not delivered to street address) 1605 EUSTIS STREET	Room/suite	G Gross receipts \$ 31,484,522
	City or town, state or country, and ZIP + 4 ST PAUL, MN 55108		
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CHSFS.ORG			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1889	M State of legal domicile MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO HELP CHILDREN THRIVE AND TO BUILD, STRENGTHEN AND SUSTAIN INDIVIDUAL, FAMILY AND COMMUNITY LIFE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	404
	6 Total number of volunteers (estimate if necessary)	6	1,019
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,102,653	Current Year 3,457,699
	9 Program service revenue (Part VIII, line 2g)	18,036,125	16,206,495
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	330,902	1,044,214
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-12,604	-90,983
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,457,076	20,617,425
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	529,199	557,803
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,810,871	12,933,145
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 881,146		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	9,035,108	9,307,688
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	25,375,178	22,798,636
19 Revenue less expenses Subtract line 18 from line 12	-2,918,102	-2,181,211	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 25,635,290	End of Year 23,568,105
	21 Total liabilities (Part X, line 26)	5,210,286	4,057,696
	22 Net assets or fund balances Subtract line 21 from line 20	20,425,004	19,510,409

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	2012-03-21 Date			
	MAUREEN E WARREN PRESIDENT & CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name XIAOYAN LUO	Preparer's signature XIAOYAN LUO	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ CLIFTONLARSONALLEN LLP				Firm's EIN ▶
	Firm's address ▶ 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402				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

Check if Schedule O contains a response to any question in this Part III

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 \$ 9,372,707 including grants of \$ 514,818) (Revenue \$ 6,732,615)

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 ONE-THIRD 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

4b (Code) (Expenses \$ 4,757,833 including grants of \$ 0) (Revenue \$ 4,469,815)

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 \$ 3,741,510 including grants of \$ 40,085) (Revenue \$ 4,142,834)

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 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 IN MAY 2011, THE ORGANIZATION'S BOARD OF DIRECTORS ADOPTED A REVISED BUSINESS PLAN THAT INCLUDED THE DECISION TO TRANSFER THE CHILD & FAMILY SUPPORT PROGRAMS TO ANOTHER AGENCY MANAGEMENT HAS IDENTIFIED AN ENTITY TO ACCEPT THE TRANSFER, WHICH IS SCHEDULED TO OCCUR ON DECEMBER 31, 2011 UNTIL THEN, THE ORGANIZATION WILL CONTINUE TO OPERATE ALL PROGRAMS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
 (Expenses \$ 889,474 including grants of \$ 2,900) (Revenue \$ 861,231)

4e Total program service expenses \$ 18,761,524

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>	Yes	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	Yes	
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> <input checked="" type="checkbox"/>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V []

Table with columns for question ID, question text, and Yes/No/Amount columns. Rows include questions 1a-1b, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, and 14a-14b.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17	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 , <input type="checkbox"/> WI , <input type="checkbox"/> IA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input checked="" type="checkbox"/> MARK O'NEILL 1605 EUSTIS STREET ST PAUL, MN 55108 (651) 255-2330

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	1,271,156				
	b Membership dues 1b					
	c Fundraising events 1c	126,229				
	d Related organizations 1d					
	e Government grants (contributions) 1e	81,164				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,979,150				
	g Noncash contributions included in lines 1a-1f \$	146,708				
	h Total. Add lines 1a-1f ▼	3,457,699				
	Program Service Revenue		Business Code			
2a FEES FOR SERVICES		624100	9,596,093	9,596,093		
b INT'L ADOPTION FEES		624100	4,802,262	4,802,262		
c GOV'T FEES AND GRANTS		624100	1,808,140	1,808,140		
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f ▼			16,206,495			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) ▼		265,273		265,273	
	4 Income from investment of tax-exempt bond proceeds ▼					
	5 Royalties ▼					
	6a Gross Rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▼					
	7a Gross amount from sales of assets other than inventory	(i) Securities	9,359,944			
		(ii) Other		2,158,924		
		b Less cost or other basis and sales expenses	9,174,424			
		c Gain or (loss)	185,520			
	d Net gain or (loss) ▼		778,941		778,941	
	8a Gross income from fundraising events (not including \$ 126,229 of contributions reported on line 1c) See Part IV, line 18 a					
		b Less direct expenses b		202,777		
c Net income or (loss) from fundraising events ▼			75,607		75,607	
9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b					
	c Net income or (loss) from gaming activities ▼					
10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory ▼					
11a MISCELLANEOUS REVENUE	Miscellaneous Revenue	Business Code				
	b LOSS ON EXCHG RATE	900099	-17,268		-17,268	
	c _____	900099	-149,322		-149,322	
	d All other revenue					
	e Total. Add lines 11a-11d ▼		-166,590			
12 Total revenue. See Instructions ▼		20,617,425	16,206,495	0	953,231	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	40,085	40,085		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	272,456	272,456		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	245,262	245,262		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	646,153	128,433	488,497	29,223
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,800,077	8,164,153	1,160,149	475,775
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	563,155	397,666	141,381	24,108
9	Other employee benefits	1,237,307	851,978	331,716	53,613
10	Payroll taxes	686,453	570,145	82,197	34,111
a	Fees for services (non-employees)				
	Management				
b	Legal	370,815	228,141	123,566	19,108
c	Accounting	42,500		42,500	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	35,084		35,084	
g	Other	779,914	505,984	231,551	42,379
12	Advertising and promotion				
13	Office expenses	1,110,142	982,243	89,497	38,402
14	Information technology				
15	Royalties				
16	Occupancy	868,127	659,662	174,838	33,627
17	Travel	651,854	596,265	54,261	1,328
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,937	17,153	16,280	1,504
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	499,740	380,973	90,401	28,366
23	Insurance	184,946	147,698	28,442	8,806
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	INT'L ADOPTION FEES	3,951,492	3,951,492		
b	BAD DEBT EXPENSE	345,113	345,113		
c	MISCELLANEOUS	322,047	252,452	65,584	4,011
d	DONATED GOODS	110,977	24,170	22	86,785
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	22,798,636	18,761,524	3,155,966	881,146
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	1,967,151	1	442,856
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	703,081	3	604,672
	4 Accounts receivable, net	625,500	4	386,321
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L		6	
	7 Notes and loans receivable, net		7	285,668
	8 Inventories for sale or use	6,145	8	3,716
	9 Prepaid expenses and deferred charges	564,771	9	576,971
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	12,788,164		
	b Less accumulated depreciation	5,002,188	10,365,407	10c 7,785,976
	11 Investments—publicly traded securities	7,467,727	11	9,129,285
	12 Investments—other securities. See Part IV, line 11	1,806,455	12	2,080,082
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,129,053	15	2,272,558
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,635,290	16	23,568,105	
Liabilities	17 Accounts payable and accrued expenses	3,669,186	17	2,835,668
	18 Grants payable		18	
	19 Deferred revenue	671,676	19	450,385
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	869,424	25	771,643
	26 Total liabilities. Add lines 17 through 25	5,210,286	26	4,057,696
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,317,211	27	828,545
	28 Temporarily restricted net assets	9,608,734	28	9,272,849
	29 Permanently restricted net assets	8,499,059	29	9,409,015
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	20,425,004	33	19,510,409	
34 Total liabilities and net assets/fund balances	25,635,290	34	23,568,105	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,617,425
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,798,636
3	Revenue less expenses Subtract line 2 from line 1	3	-2,181,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,425,004
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,266,616
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	19,510,409

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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

2010

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	5,065,385	4,984,431	4,630,314	4,102,653	3,457,699	22,240,482
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,065,385	4,984,431	4,630,314	4,102,653	3,457,699	22,240,482
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						22,240,482

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	5,065,385	4,984,431	4,630,314	4,102,653	3,457,699	22,240,482
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	880,368	1,523,458	448,725	230,902	265,273	3,348,726
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			152,350	-97,038	-166,590	-111,278
11 Total support (Add lines 7 through 10)						25,477,930
12 Gross receipts from related activities, etc (See instructions)					12	77,685,209

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	87.290%
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	86.610%

16a 33 1/3% support test—2010. 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—2009.** 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME MISCELLANEOUS REVENUE

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) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN KOWALKE BOARD CHAIR	1 00	X		X				0	0	0
JENNIFER MARTIN BOARD FIRST VICE CHAIR	1 00	X		X				0	0	0
MARY KOMORNICKA BOARD SECOND VICE CHAIR	1 00	X		X				0	0	0
NANCY BREYFOGLE BOARD MEMBER	1 00	X						0	0	0
SCOTT BRILL BOARD MEMBER	1 00	X						0	0	0
LIZ CARLSON BOARD MEMBER	1 00	X						0	0	0
SHERRY COOPER BOARD MEMBER	1 00	X						0	0	0
JIMMY FOGEL BOARD MEMBER	1 00	X						0	0	0
MARK GABRIELE BOARD MEMBER	1 00	X						0	0	0
JOCELYN KNOLL BOARD MEMBER	1 00	X						0	0	0
PAT KRUEGER BOARD MEMBER	1 00	X						0	0	0
KEN MIDDLEBROOKS BOARD MEMBER	1 00	X						0	0	0
JAMICE OBIANYO BOARD MEMBER	1 00	X						0	0	0
BILL PRIESMEYER BOARD MEMBER	1 00	X						0	0	0
PETER RAMME BOARD MEMBER	1 00	X						0	0	0
SALIN ROSE BOARD MEMBER	1 00	X						0	0	0
SHERI SCOTT-REDWOOD BOARD MEMBER	1 00	X						0	0	0
HYUN SOOK HAN BOARD MEMBER	1 00	X						0	0	0
BILL SOTH BOARD MEMBER	1 00	X						0	0	0
JIM STEILEN BOARD MEMBER	1 00	X						0	0	0
JOAN SUWALSKY BOARD MEMBER	1 00	X						0	0	0
SANDY TOKACH BOARD MEMBER	1 00	X						0	0	0
PAUL VERRET BOARD MEMBER	1 00	X						0	0	0
SUSAN WHITE BOARD MEMBER	1 00	X						0	0	0
STEVE ZENZ BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAUREEN WARREN PRESIDENT & CHIEF EXECUTIVE OFFICER	40 00			X				96,733	0	11,043
LAURA ARVOLD GENERAL COUNSEL & SECRETARY	40 00			X				100,960	0	8,270
MICHAEL MORROW CHIEF FINANCIAL OFFICER & TREASURER	40 00			X				90,555	0	2,369
KATHLEEN KUKIELKA VICE PRESIDENT, ADVANCEMENT	40 00					X		114,006	0	17,251
ASNAKE AMANUEL AYASIE DIRECTOR OF AFRICA PROGRAMS	40 00					X		103,062	0	3,350
DANIEL SMITH FORMER VP OF FINANCE & ADMIN	40 00						X	32,083	0	2,138
MADONNA KING FORMER PRESIDENT & CEO	40 00						X	173,333	0	9,627

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)**4d. Other program services**

(Code) (Expenses \$ 587,410 including grants of \$ 2,900) (Revenue \$ 590,500)

ETHIOPIA IN ETHIOPIA, THE ORGANIZATION HAS AUGMENTED ITS INTERNATIONAL ADOPTION PROGRAM WITH A SERIES OF INVESTMENTS DESIGNED TO IMPROVE THE 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. IN JUNE 2011, THE ORGANIZATION ENTERED INTO A DEFINITIVE AGREEMENT TO TRANSFER THE MATERNAL AND CHILD HEALTH CENTER AND ANOTHER RURAL MEDICAL CLINIC UNDER CONSTRUCTION TO KISSITO HEALTHCARE INTERNATIONAL, EFFECTIVE AUGUST 1, 2011.

(Code) (Expenses \$ 302,064 including grants of \$ 0) (Revenue \$ 270,731)

INTERNATIONAL CHILD WELFARE TO DATE, THE ORGANIZATION HAS DISTRIBUTED \$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.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2010

Open to Public Inspection

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then

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

Table with 2 columns: Name of the organization (CHILDREN'S HOME SOCIETY & FAMILY SERVICES) and Employer identification number (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 \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? [] Yes [] No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c	Total lobbying expenditures (add lines 1a and 1b)	0													
d	Other exempt purpose expenditures	21,917,490													
e	Total exempt purpose expenditures (add lines 1c and 1d)	21,917,490													
f	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														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	21,661	9,846	20,000		51,507
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures			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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

Part III-B 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".

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

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

2010

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f 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
1a Beginning of year balance	6,077,769	6,174,940	8,306,417		
b Contributions	426,983	65,374	52,364		
c Investment earnings or losses	1,269,572	684,269	-1,907,320		
d Grants or scholarships					
e Other expenditures for facilities and programs	6,485	486,101	276,521		
f Administrative expenses		360,713			
g End of year balance	7,767,839	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 77.850 %
- c** Term endowment 22.150 %

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

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

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		573,040		573,040
b Buildings		7,770,186	1,556,986	6,213,200
c Leasehold improvements				
d Equipment		2,520,588	1,852,786	667,802
e Other		1,924,350	1,592,416	331,934
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.)				7,785,976

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	20,617,425
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,798,636
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,181,211
4	Net unrealized gains (losses) on investments	4	823,030
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	443,586
9	Total adjustments (net) Add lines 4 - 8	9	1,266,616
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-914,595

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

1	Total revenue, gains, and other support per audited financial statements	1	17,649,037
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	823,030
b	Donated services and use of facilities	2b	1,464,482
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	570,756
e	Add lines 2a through 2d	2e	2,858,268
3	Subtract line 2e from line 1	3	14,790,769
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,084
b	Other (Describe in Part XIV)	4b	5,791,572
c	Add lines 4a and 4b	4c	5,826,656
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	20,617,425

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

1	Total expenses and losses per audited financial statements	1	20,592,272
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,464,482
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	127,170
e	Add lines 2a through 2d	2e	1,591,652
3	Subtract line 2e from line 1	3	19,000,620
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,084
b	Other (Describe in Part XIV)	4b	3,762,932
c	Add lines 4a and 4b	4c	3,798,016
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	22,798,636

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION MAINTAINS THE ENDOWMENT TO SUPPORT OPERATIONS EXPENSES OVER THE LONG TERM
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND APPLICABLE STATE STATUES AND IS GENERALLY NOT SUBJECT TO INCOME TAXES IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITION 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 2008 TO 2011 ARE OPEN TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 125,885 CHANGE IN VALUE OF BENEFICIAL INTEREST COMMUNITY FOUNDATION HOLDING 317,701
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 125,885 CHANGE IN VALUE OF BENEFICIAL INTEREST COMMUNITY FOUNDATION HOLDING 317,701 SPECIAL EVENT EXPENSES 127,170
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT RETURN 1,204,639 GAIN ON SALE OF FIXED ASSETS 593,421 LOSS ON EXCHANGE RATE -149,322 INCOME FROM DISCONTINUED OPERATIONS 4,142,834
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 127,170
PART XIII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES FROM DISCONTINUED OPERATIONS 3,762,932

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 Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	FOSTER CARE ASSISTANCE	5,460	WIRE		N/A	N/A
		SOUTH AMERICA	ORPHANAGE ASSISTANCE	8,700	WIRE		N/A	N/A
		SOUTH ASIA	ORPHANAGE ASSISTANCE	12,000	WIRE		N/A	N/A
		RUSSIA & THE NEWLY INDEPENDENT STATES	ORPHANAGE ASSISTANCE	12,148	WIRE		N/A	N/A
		SOUTH ASIA	NEW GENERATION PROJECT	6,250	WIRE		N/A	N/A
		EAST ASIA AND THE PACIFIC	ORPHANAGE ASSISTANCE	18,857	WIRE/CHECK		N/A	N/A
		EAST ASIA AND THE PACIFIC	ORPHANAGE ASSISTANCE	15,000	WIRE/CHECK		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 7

3 Enter total number of other organizations or entities 0

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 CHILDREN'S HOME SOCIETY AND FAMILY SERVICES (CHSFS) WORKS COLLABORATIVELY WITH CONSULTANTS AND INTERNATIONAL NGO'S TO ENSURE ETHICAL ALLOCATION OF GRANT FUNDS THE CHSFS INTERNATIONAL CHILD WELFARE COMMITTEE APPROVES EACH PROJECT TO BE FUNDED AND DETERMINES THE MAXIMUM AMOUNT OF FUNDS TO BE GRANTED THE CHSFS INTERNATIONAL CHILD WELFARE COMMITTEE REVIEWS EACH PROJECT/PROGRAM'S UNIQUE BUDGET, SUSTAINABILITY, TRACKING METHODOLOGY AND GOALS RECEIPT OF GRANTED FUNDS IS REQUIRED FOR ALL RECIPIENTS WHEN POSSIBLE, CHSFS OBTAINS PHOTOGRAPHIC EVIDENCE OF FUND DISBURSEMENT OR ALLOCATION ABROAD WHEN POSSIBLE, CHSFS STAFF PERSONALLY VISIT RECIPIENTS OF GRANT FUNDS AND OBSERVE THE FUNDED PROJECT/PROGRAM MANDATORY UPDATES ARE PROVIDED BY GRANT RECIPIENTS ON EACH FUNDED PROJECT/PROGRAM

Identifier	Return Reference	Explanation
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ACCRUAL

Identifier	Return Reference	Explanation
OTHER INFORMATION	SCHEDULE F, PART V	PART III - SPECIFIC ASSISTANCE DETAIL - SPECIFIC ASSISTANCE INCLUDES HUMANITARIAN AID, PROGRAM STARTUP COSTS INCLUDING RENT, SUPPLIES, TRAVEL AND OTHER SUPPLIES

Schedule F (Form 990) 2010

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number 41-0693906

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a Mail solicitations, b Internet and e-mail solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1 <u>LITTLE RED BALL</u> (event type)	(b) Event #2 <u>WINE MAKER'S DINNER</u> (event type)	(c) Other Events <u>2</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	135,398	86,980	106,628	329,006
	2 Less Charitable contributions	56,553	26,560	43,116	126,229
	3 Gross income (line 1 minus line 2)	78,845	60,420	63,512	202,777
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes	15,465	26,725	17,188	59,378
	6 Rent/facility costs				
	7 Food and beverages	25,942	3,929	3,037	32,908
	8 Entertainment				
	9 Other direct expenses	16,013	5,795	13,076	34,884
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				127,170
11 Net income summary Combine lines 3 and 10 in column (d) ▶				75,607	

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

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 ▶ \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2010

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. Part II can be duplicated 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 0
3 Enter total number of other organizations 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SPECIFIC ASSISTANCE	174	105,609	0	N/A	N/A

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION MAKES GRANTS TO OTHER EXEMPT PUBLIC CHARITIES FOR THE YEAR ENDED JUNE 30, 2011, THERE WERE NO GRANTS AWARDED THAT EXCEEDED \$5,000 TO ANY ONE ORGANIZATION THESE GRANTS ARE CONSIDERED CHARITABLE IN NATURE, NO FORMAL MONITORING OF THE FUNDS IS REQUIRED A CLIENT COMPLETES AN APPLICATION THAT INCLUDES A BUDGET ON MONTHLY EXPENSES AND IS REVIEWED BY A SOCIAL WORKER AND APPROVED BY A SUPERVISOR IF NEEDED, THE CLIENT IS REFERRED TO FINANCIAL COUNSELING AND IN SOME CASES IT IS FINANCIAL COUNSELING REQUESTING THE GRANT THE CHECK REQUEST IS WRITTEN TO THE VENDOR INSTEAD OF THE CLIENT AND SENT DIRECTLY TO THE VENDOR THIS ASSURES THAT THE VENDOR GETS THE MONEY AND PROTECTS THE ORGANIZATION IN ASSISTING THE CLIENT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

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								
<p>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</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>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</p>		No								
<p>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?</p>	Yes									
<p>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</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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									
<p>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</p>										
<p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>		No								
<p>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</p>										
<p>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</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 5a or 5b, describe in Part III</p>		No								
<p>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</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," to line 6a or 6b, describe in Part III</p>		No								
<p>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</p>		No								
<p>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</p>		No								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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				
(1) MADONNA KING	(i) (ii)	37,245 0	0 0	136,088 0	1,031 0	8,596 0	182,960 0	0 0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 - \$5,639 - NOT INCLUDED IN TAXABLE INCOME
	PART I, LINE 1B	THE HOUSING ALLOWANCE WAS INCLUDED AS PART OF THE INITIAL COMPENSATION PACKAGE FOR MR AMANUEL IN 2004, AS IS CUSTOMARY FOR LOCAL DIRECTORS OF FOREIGN NGOS IN ETHIOPIA. THE AMOUNT OF THE ALLOWANCE WAS ADJUSTED FROM TIME TO TIME, AS THE RENT VARIED. THE HOUSING ALLOWANCE WAS PAID DIRECTLY TO THE LANDLORD.
	PART I, LINE 4A	MADONNA KING - \$104,573 - SEVERANCE PAYMENT

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

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 or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining oncash contribution amounts. 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 include 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
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Schedule M (Form 990) 2010

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

CHILDREN'S HOME SOCIETY & FAMILY SERVICES

Employer identification number

41-0693906

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 OTHER BOARD COMMITTEES, AND THE CHAIR OF THE DIRECTORS EMERITUS. THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT FOR AND ON BEHALF OF THE BOARD WHEN THE BOARD IS NOT IN SESSION, BUT IS ACCOUNTABLE TO THE BOARD FOR ALL ACTIONS TAKEN. 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 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 DOCUMENTED IN THE MEETING MINTUES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	<p>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.</p>

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 823,030 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 125,885 CHANGE IN VALUE OF BENEFICIAL INTEREST COMMUNITY FOUNDATION HOLDING 317,701 TOTAL TO FORM 990, PART XI, LINE 5 1,266,616

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDREN'S HOME SOCIETY & FAMILY SERVICES

Employer identification number

41-0693906

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) CHILDREN'S HOME SOCIETY FAMILY SERVICES CHARITABLE REMAINDER UNITRUST 1605 EUSTIS STREET ST PAUL, MN551081219 41-6384741	INVESTMENT	MN	N/A	T			
(2) PETER H TAYLOR CHARITABLE REMAINDER UNITRUST 1605 EUSTIS STREET ST PAUL, MN551081219 41-6471156	INVESTMENT	MN	N/A	T			
(3) CHILDREN'S HOME SOCIETY FAMILY SERVICES POOLED LIFE INCOME FUND 1605 EUSTIS STREET ST PAUL, MN551081219 41-6294280	INVESTMENT	MN	N/A	T			

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

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

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

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

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

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

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

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

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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