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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 ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization CHILDRENS HOME SOCIETY OF WASHINGTON	D Employer identification number 91-0575955
	Doing Business As	E Telephone number (206) 695-3200
	Number and street (or P O box if mail is not delivered to street address) 3300 NE 65TH STREET	Room/suite
	City or town, state or country, and ZIP + 4 SEATTLE, WA 981150190	
	F Name and address of principal officer SHARON OSBORNE 3300 NE 65TH STREET SEATTLE, WA 981150190	
		H(a) Is this a group return for affiliates? ☐ Yes ☒ No
		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)
		H(c) Group exemption number ▶
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (Insert no) ☐ 4947(a)(1) or ☐ 527		
J Website: ▶ WWW.CHILDRENSHOMESOCIETY.ORG		
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1896
		M State of legal domicile WA

Part I	Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities CHILDRENS HOME SOCIETY'S VISION IS A WORLD WHERE ALL CHILDREN THRIVE		
	2 Check this box ☒ 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	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	424
6 Total number of volunteers (estimate if necessary)	6	556	
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	Current Year
	9 Program service revenue (Part VIII, line 2g)	17,063,441	3,658,066
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	361,571	13,413,401
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	721,009	400,858
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	102,258	112,809
		18,248,279	17,585,134
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,565,582	1,253,973
	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)	12,814,253	13,494,882
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶540,799		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	3,819,583	4,084,973
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,199,418	18,833,828
	19 Revenue less expenses Subtract line 18 from line 12	48,861	-1,248,694
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		10,544,659	11,241,649
21 Total liabilities (Part X, line 26)		4,116,323	4,977,397
22 Net assets or fund balances Subtract line 21 from line 20		6,428,336	6,264,252

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				2012-05-14 Date	
	SHARON OSBORNE PRESIDENT/CEO Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	SARA ELIZABETH J HYRE	Preparer's signature	SARA ELIZABETH J HYRE	Date	Check if self-employed ☐
	Firm's name ▶ CLARK NUBER PS					Firm's EIN ▶
	Firm's address ▶ 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004					Phone no ▶ (425) 454-4919
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

THE MISSION OF CHILDREN'S HOME SOCIETY OF WASHINGTON IS TO DEVELOP HEALTHY CHILDREN, CREATE STRONG FAMILIES, BUILD ENGAGED COMMUNITIES, AND SPEAK AND ADVOCATE FOR CHILDREN

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 \$ 2,593,461 including grants of \$ 939,559) (Revenue \$ 2,498,456)

OUT OF HOME CARE THE GOAL OF THE OUT-OF-HOME CARE PROGRAM IS FOR CHILDREN TO EVENTUALLY RETURN TO THEIR BIRTH FAMILIES OR TO TRANSITION TO A PERMANENT ADOPTIVE PLACEMENT IF RETURN TO HOME IS NOT POSSIBLE THE PROGRAM HAS A SPECIAL FOCUS ON PERMANENCY, WHICH INCLUDES WORKING FOR A SAFE REUNIFICATION WITH BIRTH FAMILIES, PLACING THE CHILD IN AN ADOPTIVE HOME, COORDINATING OTHER LONG-TERM PLACEMENTS, AND PREPARING OLDER YOUTH FOR A HEALTHY TRANSITION TO ADULTHOOD FOSTER FAMILIES AND KINSHIP FAMILIES, OR RELATIVES OF THE CHILD SERVING AS THEIR GUARDIANS, COMMIT TO PROVIDING A STABLE AND SUPPORTIVE HOME FOR A CHILD UNTIL THE YOUTH'S PERMANENT PLAN IS RESOLVED FOSTER FAMILIES AND KINSHIP FAMILIES MAY BEGIN AT ANY POINT ALONG CHSW'S CONTINUUM OF SERVICES, AS WELL AS MOVE ALONG IT AS APPROPRIATE SERVED 91 CHILDREN

4b

(Code) (Expenses \$ 2,034,748 including grants of \$ 168,831) (Revenue \$ 1,288,724)

FAMILY SUPPORT AND EDUCATION WE ALL NEED HELP RAISING CHILDREN THIS IS ESPECIALLY TRUE FOR FAMILIES ISOLATED BY WORK DEMANDS, LANGUAGE OR CULTURAL BARRIERS, POVERTY, OR LACK OF A SUPPORT NETWORK TO GIVE CHILDREN THE BEST POSSIBLE START IN LIFE, WE OFFER MANY SERVICES TO HELP THE WHOLE FAMILY SUCCEED OUR FAMILY SUPPORT PROGRAMS GIVE FAMILIES NEW SKILLS AND EDUCATION TO HELP THEM RAISE HEALTHY CHILDREN WHO ARE SUCCESSFUL IN SCHOOL AND LIFE ELEVEN PARENT INFORMATION AND RESOURCE CENTERS PROVIDED PARENTING SUPPORT AND EDUCATION, FAMILY ACTIVITIES, CONNECTIONS TO CRITICAL COMMUNITY RESOURCES AND TO THE BROADER PARENTING COMMUNITIES SERVED 3,455 INDIVIDUALS

4c

(Code) (Expenses \$ 5,929,015 including grants of \$ 125,747) (Revenue \$ 6,453,807)

EARLY CHILDHOOD EDUCATION THE FIRST FIVE YEARS OF A CHILD'S LIFE ARE THE MOST IMPORTANT FOR BRAIN DEVELOPMENT, ESPECIALLY FOR AT-RISK CHILDREN OUR EARLY LEARNING PROGRAMS PROMOTE THE HEALTHY GROWTH AND DEVELOPMENT OF YOUNG CHILDREN WE ALSO SUPPORT FAMILIES WITH INFORMATION AND RESOURCES SO THEY CAN GIVE THEIR CHILDREN THE BEST POSSIBLE START IN LIFE SERVED 4,129 FAMILIES

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 4,096,401 including grants of \$ 19,836) (Revenue \$ 3,219,508)

4e

Total program service expenses

\$ 14,653,625

Form 990 (2010)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II.		No
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? If "Yes," complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.		No
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? If "Yes," complete Schedule D, Part VIII.		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? If "Yes," complete Schedule D, Part IX.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
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? If "Yes," complete Schedule F, Parts I and IV.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Parts II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Parts III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		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> . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . .	22	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> . . .	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>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . .	35	Yes	
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> . . . ☒ Yes ☐ 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> . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V ☐					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	98		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	424		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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
7b	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		
8a	The governing body?	Yes	
8b	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?		No
10b	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?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		No
11b	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	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	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
16b	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 filedWA

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.
Own website Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. 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
SHARON OSBORNE
3300 NE 65TH STREET
SEATTLE, WA 98115
(206) 695-3209

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								648,373	0	85,227

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶5

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
	(A) Name and business address	(B) Description of services	(C) Compensation
	HEALTH POINT 955 POWELL AVE SE SUITE A RENTON, WA 98030	WELLNESS CHECKS	136,594
	SEATTLE TILTH ASSOCIATION 4649 SUNNYSIDE AVE N ROOM 100 RENTON, WA 98103	PROGRAM COORDINATOR	110,366
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶2		

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	856,876			
	b	Membership dues 1b				
	c	Fundraising events 1c	162,707			
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,638,483			
	g	Noncash contributions included in lines 1a-1f \$	105,624			
	h	Total. Add lines 1a-1f ▶	3,658,066			
	Program Service Revenue	2a	Business Code			
		GOVERNMENT CONTRACTS	900099	12,999,757	12,999,757	
b		EARLY CHILDHOOD EDUC	611710	258,305	258,305	
c		CHILD & FAMILY COUNSEL	541511	54,076	54,076	
d		ADOPTION SERVICES	900099	53,270	53,270	
e		TRAINING SERVICES	900099	18,052	18,052	
f		All other program service revenue		29,941	29,941	
g		Total. Add lines 2a–2f ▶	13,413,401			
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) ▶		351,176	
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties ▶		49,508		49,508
	6a	Gross Rents	(i) Real			
			23,023			
			(ii) Personal			
			23,023			
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) ▶	23,023			23,023
	7a	Gross amount from sales of assets other than inventory	(i) Securities			
			1,958,921			
			(ii) Other			
			1,909,239			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)	49,682			
	d	Net gain or (loss) ▶	49,682			49,682
	8a	Gross income from fundraising events (not including \$ 162,707 of contributions reported on line 1c) See Part IV, line 18 a				
			39,274			
			57,367			
b	Less direct expenses b					
c	Net income or (loss) from fundraising events . . ▶	-18,093			-18,093	
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					
		67,899				
		20,805				
b	Less cost of goods sold b					
c	Net income or (loss) from sales of inventory . . ▶	47,094	47,094			
Miscellaneous Revenue		Business Code				
11a	REIMBURSEMENTS	900099	6,578		6,578	
		900099	575		575	
		900099	495		495	
			3,629		3,629	
			11,277			
12	Total revenue. See Instructions ▶	17,585,134	13,460,495	0	466,573	

Part IX

Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,253,973	1,253,973		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	385,862	35,363	303,348	47,151
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,364,351	8,315,405	1,718,626	330,320
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	456,121	352,705	87,618	15,798
9	Other employee benefits	1,491,505	1,166,376	275,567	49,562
10	Payroll taxes	797,043	622,505	147,017	27,521
a	Fees for services (non-employees) Management				
b	Legal	500		500	
c	Accounting	67,116		67,116	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	34,113		34,113	
g	Other	1,379,073	1,187,042	187,188	4,843
12	Advertising and promotion	87,173	61,204	16,704	9,265
13	Office expenses				
14	Information technology	268,690	111,424	153,537	3,729
15	Royalties				
16	Occupancy	787,852	621,395	166,288	169
17	Travel	351,664	252,012	85,391	14,261
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	79,132	4,809	70,351	3,972
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	204,046	169,073	32,675	2,298
23	Insurance	151,590	112,143	39,447	
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	EQUIP MAINTENANCE	159,155	70,266	84,604	4,285
b	MEMBERSHIP & DUES	51,669	15,304	32,520	3,845
c	BANK FEES AND CHARGES	15,191	11,785	3,406	
d	TAXES	8,078	180	7,898	
e					
f	All other expenses	439,931	290,661	125,490	23,780
25	Total functional expenses. Add lines 1 through 24f	18,833,828	14,653,625	3,639,404	540,799
26	Joint costs. Check here ☒ 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			417,598	1	61,027
	2	Savings and temporary cash investments			563,973	2	348,590
	3	Pledges and grants receivable, net			302,674	3	395,675
	4	Accounts receivable, net			1,386,049	4	1,510,162
	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			-24,107	7	-85,296
	8	Inventories for sale or use			74,506	8	61,091
	9	Prepaid expenses and deferred charges			79,578	9	110,202
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	3,123,205			
	b	Less: accumulated depreciation	10b	2,859,005	397,730	10c	264,200
	11	Investments—publicly traded securities			3,285,006	11	3,857,703
	12	Investments—other securities. See Part IV, line 11				12	
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			4,061,652	15	4,718,295
16	Total assets. Add lines 1 through 15 (must equal line 34)			10,544,659	16	11,241,649	
Liabilities	17	Accounts payable and accrued expenses			1,836,776	17	2,004,622
	18	Grants payable				18	
	19	Deferred revenue			34,213	19	22,540
	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			2,245,334	25	2,950,235
	26	Total liabilities. Add lines 17 through 25			4,116,323	26	4,977,397
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			973,568	27	-264,062
	28	Temporarily restricted net assets			705,425	28	1,096,828
	29	Permanently restricted net assets			4,749,343	29	5,431,486
	Organizations that do not follow SFAS 117, check here ☐ 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			6,428,336	33	6,264,252
34	Total liabilities and net assets/fund balances			10,544,659	34	11,241,649	

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	17,585,134
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,833,828
3	Revenue less expenses Subtract line 2 from line 1	3	-1,248,694
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,428,336
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,084,610
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	6,264,252

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 ☐ Cash ☒ Accrual ☐ 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 ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization CHILDRENS HOME SOCIETY OF WASHINGTON	Employer identification number 91-0575955
--	--

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.")						
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 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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
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	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14					15	
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 IIIPart 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.")	16,224,480	16,051,864	17,240,657	17,063,441	3,658,066	70,238,508
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	426,155	454,015	434,645	361,571	13,481,300	15,157,686
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	16,650,635	16,505,879	17,675,302	17,425,012	17,139,366	85,396,194
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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					8,544,294	8,544,294
c Add lines 7a and 7b					8,544,294	8,544,294
8 Public Support (Subtract line 7c from line 6)						76,851,900

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	16,650,635	16,505,879	17,675,302	17,425,012	17,139,366	85,396,194
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	314,722	239,323	305,824	460,677	423,707	1,744,253
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	314,722	239,323	305,824	460,677	423,707	1,744,253
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			1,273			1,273
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,612	1,982	2,297	7,054	6,578	21,523
13 Total support (Add lines 9, 10c, 11 and 12)	16,968,969	16,747,184	17,984,696	17,892,743	17,569,651	87,163,243
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(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	88 170 %	
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	2 000 %
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).

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization
CHILDRENS HOME SOCIETY OF WASHINGTON

Employer identification number
91-0575955

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III

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

1a

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

1b

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

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

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	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	3,544,200	3,750,715	5,813,796	
b	Contributions	25,500	300	300	
c	Investment earnings or losses	614,802	569,509	-1,169,691	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	162,730	711,489	846,322	
f	Administrative expenses	32,457	64,835	47,368	
g	End of year balance	3,989,315	3,544,200	3,750,715	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 75 910 %

b

Permanent endowment ▶ 24 090 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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		6,600		6,600
b Buildings		328,125	315,911	12,214
c Leasehold improvements		209,587	149,753	59,834
d Equipment		1,168,289	1,068,947	99,342
e Other		1,410,604	1,324,394	86,210
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				264,200

Schedule D (Form 990) 2010

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)	117,585,134
2	Total expenses (Form 990, Part IX, column (A), line 25)	218,833,828
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-1,248,694
4	Net unrealized gains (losses) on investments	4427,967
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8656,643
9	Total adjustments (net) Add lines 4 - 8	91,084,610
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-164,084

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	118,921,856
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a427,967	
b	Donated services and use of facilities2b118,346	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d712,237	
e	Add lines 2a through 2d	2e1,258,550
3	Subtract line 2e from line 1	317,663,306
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b-78,172	
c	Add lines 4a and 4b	4c-78,172
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	517,585,134

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	119,331,947
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a118,346	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d413,886	
e	Add lines 2a through 2d	2e532,232
3	Subtract line 2e from line 1	318,799,715
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 7b4a34,113	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c34,113
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	518,833,828

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS WITH BOARD AUTHORIZATION ARE USED FOR THE CONDITIONS INDICATED BY FUNDERS, OTHERWISE THEY ARE USED FOR OPERATING AND CAPITAL PURPOSES FOR USE BY CHSW
PART XI, LINE 8 - OTHER ADJUSTMENTS		UNREALIZED GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 656,643
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHILDRENS HOME SOCIETY OF WASHINGTON ASSET MGMT REVENUE 89,707 INVESTMENT EXPENSES -34,113 UNREALIZED GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 656,643
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES -57,367 COST OF GOODS SOLD -20,805
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 57,367 CHILDRENS HOME SOCIETY OF WASHINGTON ASSET MGMT EXPENSES 335,714 COST OF GOODS SOLD 20,805

Employer identification number
91-0575955

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

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

(i) Name 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
		Yes	No			
Total ➡						

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

[illegible]

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		WALLA WALLA SWEETHEARTS (event type)	GOLF OUTING (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	60,425	60,530	81,026
	2	Less Charitable contributions	45,945	47,330	69,432
	3	Gross income (line 1 minus line 2)	14,480	13,200	11,594
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Food and beverages	8,836	12,691	11,158
	8	Entertainment			
	9	Other direct expenses	2,439	9,757	12,486
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor ☐ Yes _____% ☐ No	☐ Yes _____% ☐ No	☐ Yes _____% ☐ 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)

Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDRENS HOME SOCIETY OF WASHINGTON

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number
91-0575955

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?

☒ Yes ☐ No
- 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. ▶ ☐

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

2

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

3

Enter total number of other organizations ▶

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) FOSTER CARE PAYMENTS, HOUSING & UTILITY ASSISTANCE, FOOD, DIAPERS, TRANSPORTATION, ETC	1514	1,164,708	89,265	FMV	HOUSING & UTILITY ASSISTANCE

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 GRANT FUNDS ARE MANAGED IN ACCORDANCE WITH GRANT REQUIREMENTS INDICATED IN THE GRANT CONTRACTS AND ARE MONITORED AND REPORTED ON A REGULAR BASIS

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.

Name of the organization
CHILDRENS HOME SOCIETY OF WASHINGTON

Employer identification number
91-0575955

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
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. ☒ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b	No
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b	No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) SHARON OSBORNE	(i) (ii)	201,620 0	0 0	0 0	10,500 0	12,829 0	224,949 0	0 0
(2) ROMMEL BUENAFE	(i) (ii)	122,937 0	0 0	0 0	6,898 0	20,322 0	150,157 0	0 0
(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
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOME SOCIETY OF WASHINGTON

Employer identification number
91-0575955

Part I Types of Property

	(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
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles .				
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► (<u>SUPPLIES</u>)	X	470	105,624	COST/SELLING PRICE
26 Other ►(<u> </u>)				
27 Other ►(<u> </u>)				
28 Other ►(<u> </u>)				
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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

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
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER OF CONTRIBUTORS REPORTED IN COLUMN B IS BASED ON THE NUMBER OF ITEMS RECEIVED

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
CHILDRENS HOME SOCIETY OF WASHINGTON

Employer identification number
91-0575955

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6	VOLUNTEERS PROVIDE SUPPORT IN SEVERAL AREAS OF THE ORGANIZATION. SUPPORT FOR PROGRAMS INCLUDE MENTORS, HOME VISITORS, TUTORS, GROUP FACILITATORS AND CHILDCARE ASSISTANCE. IN ADDITION TO PROGRAM VOLUNTEERS, SEVERAL VOLUNTEERS PROVIDE SUPPORT IN ADMINISTRATIVE SERVICES AND SPECIAL EVENTS FACILITATION TO HELP FURTHER THE EFFORTS OF THE ORGANIZATION.

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	CHSW CONTINUES TO MAKE PROACTIVE CHOICES TO ENSURE THE LONG-TERM STRENGTH OF OUR PROGRAMS AND SERVICES. AFTER MUCH DELIBERATION, CHSW TRANSITIONED THE CHILDREN SERVED BY COBB CENTER FOR YOUTH AND FOSTERING TO PERMANENCY (FTP) TO OTHER AGENCIES DURING THIS TAX PERIOD. MAINTAINING A QUALITY RESIDENTIAL TREATMENT FACILITY HAD BECOME INCREASINGLY DIFFICULT IN A STRUGGLING ECONOMY, ESPECIALLY AS STATE REIMBURSEMENT RATES HAVE DECREASED, REFERRALS HAVE DWINDLED, AND PRIVATE PHILANTHROPIC DOLLARS HAVE BEEN STRETCHED TO THE MAXIMUM.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE TAX RETURN IS REVIEWED BY MANAGEMENT AND THE EXTERNAL PREPARER AND PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND ACCEPTANCE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY TO ACKNOWLEDGE THEY HAVE READ AND UNDERSTAND ITS RESTRICTIONS AND TO DISCLOSE POTENTIAL CONFLICTS IF A CONFLICT ARISES BOARD MEMBERS DO NOT PARTICIPATE IN ANY VOTE TAKEN WITH RESPECT TO SUCH TRANSACTIONS OR SERVICES BOARD MEMBERS ATTEND AN ANNUAL TRAINING WHERE THEY ARE REMINDED OF THE POLICY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	YEARLY SALARY REVIEWS ARE UNDERTAKEN AND RECOMMENDATIONS ARE MADE BY THE HR DEPARTMENT TO THE CEO WHO IN TURN APPROVES OR DENIES THE RECOMMENDATIONS CEO COMPENSATION IS REVIEWED AND APPROVED ON A REGULAR BASIS BY THE COMPENSATION COMMITTEE AND IS PART OF THE OVERSIGHT BY THE BOARD ON THE CEO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FINANCIAL STATEMENTS ARE FILED WITH THE FEDERAL CLEARING HOUSE. CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE UPON REQUEST AFTER REVIEW BY APPROPRIATE PERSONNEL. GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 427,967 UNREALIZED GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 656,643 TOTAL TO FORM 990, PART XI, LINE 5 1,084,610

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CHILDRENS HOME SOCIETY OF WASHINGTON

Employer identification number
91-0575955

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
(1) CHILDREN'S HOME SOCIETY OF WASHINGTON ASSET MANAGEMENT 3300 NE 65TH ST SEATTLE, WA 98115 43-2032452	ASSET MANAGEMENT	WA	501(C)(3)	11A - TYPE 1	CHILDREN'S HOME SOCIETY OF WASHINGTON	Yes	

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) Disproporionate 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

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

No

No

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) CHILDREN'S HOME SOCIETY OF WASHINGTON ASSET MANAGEMENT	J	360,092	ACTUAL COST
(2) CHILDREN'S HOME SOCIETY OF WASHINGTON ASSET MANAGEMENT	K	50,000	ACTUAL COST
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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

[illegible]

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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Additional Data

Software ID:

Software Version:

EIN: 91-0575955

Name: CHILDRENS HOME SOCIETY OF WASHINGTON

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			
SHARON OSBORNE PRESIDENT/CEO	50 00	X		X				201,620	0	23,329
DAN MERLINO CHAIR	4 00	X		X				0	0	0
CLIFF TINGLEY VICE CHAIR	4 00	X		X				0	0	0
ERIC GREENWOOD TREASURER	4 00	X		X				0	0	0
VIRGINIA ROOT SECRETARY	4 00	X		X				0	0	0
ROD KASEGUMA TRUSTEE	2 00	X						0	0	0
BRETT ALLEN TRUSTEE	2 00	X						0	0	0
LINDA ASHLOCK TRUSTEE	2 00	X						0	0	0
JACQUELINE CABE TRUSTEE	2 00	X						0	0	0
SHERILEE COFFEY TRUSTEE	2 00	X						0	0	0
JOE DONOGHUE TRUSTEE	2 00	X						0	0	0
GRAHAM GAISER TRUSTEE	2 00	X						0	0	0
BARBARA JIRSA TRUSTEE	2 00	X						0	0	0
PAM KAISER TRUSTEE	2 00	X						0	0	0
OTTO KLEIN III TRUSTEE	2 00	X						0	0	0
ANDY MACDONALD TRUSTEE	2 00	X						0	0	0
IHSSANE MOUNIR TRUSTEE	2 00	X						0	0	0
GAYLE MURDOCK TRUSTEE	2 00	X						0	0	0
YVETTE NUNEZ TRUSTEE	2 00	X						0	0	0
TOM OLDFIELD TRUSTEE	2 00	X						0	0	0
GARY PONTI TRUSTEE	2 00	X						0	0	0
BEV PRESS TRUSTEE	2 00	X						0	0	0
JACK ROBINS TRUSTEE	2 00	X						0	0	0
MARY LYNNE SCHROEDER TRUSTEE	2 00	X						0	0	0
JOSEPH WILDS TRUSTEE	2 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			
JOHN WILLIAMS TRUSTEE	2 00	X						0	0	0
ROMMEL BUENAFE CFO	50 00			X				122,937	0	27,220
DANNY HOWE VP OF MARKETING	50 00					X		110,019	0	12,002
JIM LAUGEN VP OF DEVELOPMENT	50 00					X		101,694	0	10,041
RANDY PERIN VP OF OPERATIONS	50 00					X		112,103	0	12,635

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code)	(Expenses \$ 252,287	including grants of \$ 375)	(Revenue \$ 53,270)	
ADOPTION SERVICES OUR ADOPTION EXPERTS HAVE BEEN PROVIDING HOMES FOR WASHINGTON'S CHILDREN SINCE 1896 ADOPTION IS A SECOND CHANCE FOR A SAFE, NURTURING, AND PERMANENT HOME FOR CHILDREN WHO CANNOT REMAIN WITH THEIR BIRTH PARENTS WE OFFER A WIDE RANGE OF SERVICES INCLUDING HOME STUDIES, POST-ADOPTION SUPPORT, REFERRALS, SUPPORT GROUPS, CLASSES AND INFORMATION FOR FAMILIES EXPLORING DOMESTIC, SECOND PARENT, STEP PARENT, OR INTERNATIONAL ADOPTION WE ALSO PARTNER WITH LOCAL AND NATIONAL ORGANIZATIONS IN OUR MISSION TO FIND A STABLE, LOVING HOME FOR EVERY CHILD IN WASHINGTON WHILE FINDING A PERMANENT HOME FOR A CHILD OFTEN MEANS ADOPTION, IT CAN ALSO INCLUDE LEGAL GUARDIANSHIP, LIVING WITH RELATIVES, OR REUNIFICATION WITH A BIOLOGICAL FAMILY				
(Code)	(Expenses \$ 2,441,104	including grants of \$ 14,499)	(Revenue \$ 2,925,831)	
CHILD AND FAMILY COUNSELING THE GOAL OF COUNSELING IS TO DEVELOP AND MAINTAIN HEALTHY FAMILY RELATIONSHIPS PROFESSIONAL COUNSELORS HELP CHILDREN AND PARENTS COMMUNICATE EFFECTIVELY, MANAGE STRESS, IDENTIFY AND ADDRESS PROBLEMS, AND FIND SOLUTIONS THAT STRENGTHEN THE WHOLE FAMILY				
(Code)	(Expenses \$ 163,646	including grants of \$)	(Revenue \$)	
ADVOCACY CHILDREN'S HOME SOCIETY OF WASHINGTON HAS BEEN A LONG-STANDING VOICE FOR CHILDREN AND FAMILIES SINCE ITS FOUNDING IN 1896 WE INFORM LOCAL AND NATIONAL POLICY MAKERS OF SPECIFIC ISSUES AND THE URGENT NEED TO IMPROVE THE WELFARE OF OUR STATE'S MOST VULNERABLE CITIZENS OUR ADVOCACY EFFORTS HAVE RESULTED IN NEW FUNDING AND POLICIES THAT SUPPORT THE HEALTHY DEVELOPMENT OF CHILDREN AND THEIR FAMILIES AS CHAMPIONS FOR CHILDREN, WE'RE WORKING TO ENSURE THAT EVERY CHILD THRIVES AND EVERY FAMILY SUCCEEDS IN WASHINGTON				
(Code)	(Expenses \$ 1,239,364	including grants of \$ 4,962)	(Revenue \$ 240,407)	
COMMUNITY INITIATIVES THAT INCLUDE IMPROVING THE CHILD WELFARE SYSTEM AND POVERTY REDUCTION IN WASHINGTON STATE BY RESEARCHING AND TESTING INNOVATIVE MODELS INFORMED BY THE COMMUNITY THAT TRANSFORM SYSTEMS TO HELP PEOPLE ACHIEVE FINANCIAL INDEPENDENCE				
(Code)	(Expenses \$	including grants of \$)	(Revenue \$)	
CHILDREN'S HOME SOCIETY OF WASHINGTON PROVIDES SERVICES FOR CHILDREN'S HOME SOCIETY OF WASHINGTON ASSET MANAGEMENT VALUED AT \$50,000				