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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 06-01-2017 , and ending 05-31-2018

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE CHILDRENS HOME SOCIETY OF NEW JERSEY

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
635 SOUTH CLINTON AVENUE

City or town, state or province, country, and ZIP or foreign postal code
TRENTON, NJ 08611

D Employer identification number
21-0634966

E Telephone number
(609) 695-6274

G Gross receipts $ 20,483,824

F Name and address of principal officer
ROBERT BARRY
635 SOUTH CLINTON AVENUE
TRENTON, NJ 08611

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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: ▶ CHSOFNJ ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1894

M State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDING AT-RISK CHILDREN AND THEIR FAMILIES WITH SOCIAL SERVICES THAT STRENGTHEN, SUPPORT AND EMPOWER THEM TO ACHIEVE THEIR FULLEST POTENTIAL

Activities & Governance

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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	199
6	Total number of volunteers (estimate if necessary)	**6**	575
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,293,015	17,447,153
9	Program service revenue (Part VIII, line 2g)	200,953	180,441
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	657,791	931,885
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	318,275	293,219
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,470,034	18,852,698
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
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)	14,225,660	13,736,231
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶416,390		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,867,101	4,919,040
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,092,761	18,655,271
19	Revenue less expenses Subtract line 18 from line 12	-1,622,727	197,427

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	20,029,260	21,030,526
21	Total liabilities (Part X, line 26)	6,879,396	5,760,029
22	Net assets or fund balances Subtract line 21 from line 20	13,149,864	15,270,497

Net Assets or Fund Balances

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

****** 2018-12-11
Signature of officer Date

ROBERT BARRY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KIM BRANDLEY	KIM BRANDLEY	2018-10-31		P00538270

Firm's name ▶ COHNREZNICK LLP — Firm's EIN ▶ 22-1478099

Firm's address ▶ 23 CHRISTOPHER WAY
EATONTOWN, NJ 07724 — Phone no (732) 578-0700

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 or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF THE CHILDREN'S HOME SOCIETY OF NEW JERSEY IS TO SAVE CHILDREN'S LIVES AND BUILD HEALTHY FAMILIES WE PROVIDE AT-RISK CHILDREN AND THEIR FAMILIES WITH A RANGE OF CULTURALLY SENSITIVE SOCIAL SERVICES THAT STRENGTHEN, SUPPORT AND EMPOWER THEM TO ACHIEVE THEIR FULLEST POTENTIAL AND BECOME PRODUCTIVE MEMBERS OF SOCIETY OUR GOAL IS TO GIVE CHILDREN AND PARENTS THE SKILLS AND KNOWLEDGE THEY NEED TO HELP THEMSELVES LONG AFTER OUR ACTIVE CASE INVOLVEMENT HAS ENDED WE EVALUATE EVERYTHING WE DO IF IT DOESN'T WORK AND WE CAN'T IMPROVE IT, WE STOP DOING IT

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 3,128,180 including grants of $) (Revenue $ 180,454)
See Additional Data

4b (Code) (Expenses $ 11,669,110 including grants of $) (Revenue $)
See Additional Data

4c (Code) (Expenses $ 2,870,291 including grants of $) (Revenue $)
See Additional Data

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

4e **Total program service expenses ▶** 17,667,581

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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*	11a	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*	11b		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*	11c		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*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		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 and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1		
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	199		
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions? . . .	**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**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ NJ , PA

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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ROBERT BARRY CFO 635 SOUTH CLINTON AVENUE TRENTON, NJ 08611 (609) 695-6274

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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 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, or 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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) BURT SUTKER BOARD TRUSTEE	1 00 1 00	X						0	0	0
(2) CAROL F BELT BOARD TRUSTEE	1 00 1 00	X						0	0	0
(3) CORDELIA STATON VP COMMUNITY RELATIONS	1 00 1 00	X		X				0	0	0
(4) DEBBIE MUSICK BOARD TRUSTEE	1 00	X						0	0	0
(5) EVA ALICEA-ROMAN BOARD TRUSTEE	1 00	X						0	0	0
(6) JAMES A GRAHAM PHD BOARD TRUSTEE	1 00 1 00	X						0	0	0
(7) JAMES SHEA BOARD TRUSTEE	1 00	X						0	0	0
(8) JENNIFER PIZI BOARD OF DIRECTOR	1 00	X						0	0	0
(9) JERELL BLAKELEY BOARD TRUSTEE	1 00	X						0	0	0
(10) KATI CHUPA VP FISCAL AFFAIRS	1 00 1 00	X		X				0	0	0
(11) MARILYN CARROLL BOARD TRUSTEE	1 00	X						0	0	0
(12) MEREDITH DOMZALSKI BOARD TRUSTEE	1 00	X						0	0	0
(13) MIRANDA ALFONSO-WILLIAMS BOARD TRUSTEE	1 00 1 00	X						0	0	0
(14) MUSTAFA ABDI BOARD TRUSTEE	1 00 1 00	X						0	0	0
(15) P ALAN ZULICK ESQ BOARD TRUSTEE	1 00	X						0	0	0
(16) POONAM BHUCHAR BOARD TRUSTEE	1 00	X						0	0	0
(17) ROSALIND HUNT DOCTOR PHD STRATEGIC PLANNING	1 00 1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) TIMOTHY P RYAN CHAIRMAN	1 00	X		X				0	0	0
(19) ZAIN ALI BOARD TRUSTEE	1 00	X						0	0	0
(20) CHRISTINA SWEENEY SECRETARY	35 00 1 00			X				0	0	0
(21) DONNA PRESSMA PRESIDENT & CEO	35 00 1 00			X				274,513	0	26,753
(22) ROBERT NOTTA CHIEF FINANCIAL OFFICER/TR	35 00 1 00			X				163,616	0	20,192
(23) ISSAC DORSEY EMPLOYEE	35 00					X		106,088	0	16,910
(24) JOSEPH RIZZIELLO CHIEF PROGRAM OFFICER	35 00					X		111,180	0	32,872
(25) KAREN COURTNEY VICE PRESIDENT	35 00					X		113,167	0	35,345
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								768,564	0	132,072

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of 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? *If "Yes," complete Schedule J for such individual*	**3**		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? *If "Yes," complete Schedule J for such individual*	**4**	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? *If "Yes," complete Schedule J for such person*	**5**		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 77,658			
	d Related organizations	1d			
	e Government grants (contributions)	1e 16,097,575			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,271,920			
	g Noncash contributions included in lines 1a-1f $ 4,996				
	h **Total.** Add lines 1a-1f . . . . . ▶	17,447,153			
Program Service Revenue		Business Code			
	2a CLIENT FEES	900099	180,441	180,441	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a–2f . . . . ▶	180,441			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	255,668			255,668
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
	6a Gross rents (i) Real 529,952 (ii) Personal				
	b Less rental expenses 221,600				
	c Rental income or (loss) 308,352				
	d Net rental income or (loss) . . . . . ▶	308,352			308,352
	7a Gross amount from sales of assets other than inventory (i) Securities 2,049,552 (ii) Other				
	b Less cost or other basis and sales expenses 1,370,920 2,415				
	c Gain or (loss) 678,632 -2,415				
	d Net gain or (loss) . . . . . ▶	676,217			676,217
	8a Gross income from fundraising events (not including $ 77,658 of contributions reported on line 1c) See Part IV, line 18 . . . . a 21,045				
	b Less direct expenses . . . b 36,191				
	c Net income or (loss) from fundraising events . . ▶	-15,146			-15,146
	9a Gross income from gaming activities See Part IV, line 19 . . . a				
	b Less direct expenses . . . b				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . a				
	b Less cost of goods sold . . b				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue	Business Code			
	11a MISCELLANEOUS	900099	13	13	
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶	13			
	12 Total revenue. See Instructions . . . . . ▶	18,852,698	180,454	0	1,225,091

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	499,028	473,039	15,382	10,607
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	9,985,600	9,462,106	311,770	211,724
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	895,853	856,216	19,507	20,130
9 Other employee benefits	1,338,155	1,278,954	29,136	30,065
10 Payroll taxes	1,017,595	972,571	22,158	22,866
11 Fees for services (non-employees)				
a Management				
b Legal	101,623	88,556	12,383	684
c Accounting	113,723	99,251	13,715	757
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	16,026	13,998	1,922	106
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	249,043	215,260	32,015	1,768
12 Advertising and promotion				
13 Office expenses	637,053	583,655	13,903	39,495
14 Information technology				
15 Royalties				
16 Occupancy	1,170,027	1,112,437	26,719	30,871
17 Travel	222,923	216,411	5,289	1,223
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	134,892	129,115	5,032	745
20 Interest	3,188	2,692	496	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	231,111	170,232	53,335	7,544
23 Insurance	322,807	319,300	769	2,738
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CHILD CARE FOOD PROGRAM	601,419	601,419		
b CHILDREN AND CLIENT SUP	360,760	356,467	4,086	207
c BUILDING AND EQUIPMENT	345,991	337,361	3,422	5,208
d PROVIDER VOUCHER PAYMEN	315,847	315,847		
e All other expenses	92,607	62,694	261	29,652
25 **Total functional expenses.** Add lines 1 through 24e	18,655,271	17,667,581	571,300	416,390
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☑ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	485,504	1	470,559
	2	Savings and temporary cash investments	322,879	2	482,457
	3	Pledges and grants receivable, net	474,060	3	675,306
	4	Accounts receivable, net	116,894	4	79,626
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other 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) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	316,479	9	335,331
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 7,662,515			
	b	Less accumulated depreciation — 10b: 5,544,470	1,922,688	10c	2,118,045
	11	Investments—publicly traded securities	12,285,271	11	13,685,023
	12	Investments—other securities See Part IV, line 11	909,326	12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,196,159	15	3,184,179
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	20,029,260	16	21,030,526
Liabilities	17	Accounts payable and accrued expenses	838,633	17	890,612
	18	Grants payable		18	
	19	Deferred revenue	763,294	19	786,004
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other 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	78,658	23	70,958
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	5,198,811	25	4,012,455
	26	**Total liabilities.** Add lines 17 through 25	6,879,396	26	5,760,029
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	10,011,008	27	12,106,543
	28	Temporarily restricted net assets	189,040	28	204,596
	29	Permanently restricted net assets	2,949,816	29	2,959,358
		Organizations that do not follow SFAS 117 (ASC 958), 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	13,149,864	33	15,270,497
	34	Total liabilities and net assets/fund balances	20,029,260	34	21,030,526

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,852,698
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,655,271
3	Revenue less expenses Subtract line 2 from line 1	3	197,427
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,149,864
5	Net unrealized gains (losses) on investments	5	424,503
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-54,979
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,553,682
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,270,497

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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?	3a	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	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 21-0634966

Name: THE CHILDRENS HOME SOCIETY OF NEW JERSEY

Form 990 (2017)

Form 990, Part III, Line 4a:

MATERNAL CHILD HEALTH, FAMILY AND COMMUNITY SUPPORT SERVICESDURING 2016 -2017, THE CHILDREN'S HOME SOCIETY OF NEW JERSEY SERVED 13,426 INFANTS, TODDLERS, CHILDREN AND ADULTS WITH MATERNAL CHILD HEALTH, FAMILY AND COMMUNITY SUPPORT SERVICES PRENATAL HEALTH EDUCATIONCHSOFNJ OFFERS SEVERAL CULTURALLY-SENSITIVE AND SCIENTIFICALLY ACCURATE COURSES FOR EXPECTING FAMILIES IN MERCER, OCEAN AND MONMOUTH COUNTIES FOR WOMEN AND THEIR FAMILIES WHO ARE EARLY IN THEIR PREGNANCY, TRAINED WOMEN'S HEALTH ADVOCATES OFFER CUNA, BODY AND SOUL AND COMENZANDO BIEN/BECOMING A MOM THAT COVER A WIDE RANGE OF MATERNAL CHILD HEALTH TOPICS IN 2016 2017, 169 WOMEN PARTICIPATED IN THESE COURSES, FREQUENTLY WITH THEIR PARTNERS FOR WOMEN IN THE LATER MONTHS OF THEIR PREGNANCY, ADVOCATES TEACH A SERIES OF 3-SESSION COURSES ON TARGETED TOPICS ON NUTRITION, PREPARING FOR YOUR BABY, NURTURING MOM, AND CARING FOR YOUR BABY THE AGENCY FACILITATES TOURS OF LOCAL HOSPITALS AND ARRANGES FOR COMMUNITY BASED CHILD BIRTH CLASSES, PROVIDES BREASTFEEDING EDUCATION AND SUPPORT, AND OFFERS ONGOING WORKSHOPS CUNA IS A 12-SESSION PRENATAL HEALTH EDUCATION AND SUPPORT GROUP PROGRAM FOR SPANISH SPEAKING AND IMMIGRANT FAMILIES BASED ON THE COMENZANDO BIEN/BECOMING A MOM CURRICULUM FROM MARCH OF DIMES, CUNA ADDRESSES THE UNIQUE CULTURAL AND LINGUISTIC NEEDS OF LATINA WOMEN AND EMPHASIZES HEALTHY EARLY CHILDHOOD DEVELOPMENT FOCUS IS ON PROVIDING SERVICES TO FIRST TIME MOMS AND WOMEN DELIVERING IN THE UNITED STATES FOR THE FIRST TIME AND WHO MAY BE UNFAMILIAR WITH THE HEALTH CARE SYSTEM BODY AND SOUL IS A HOLISTIC PRENATAL HEALTH EDUCATION AND SUPPORT GROUP PROGRAM THAT UTILIZES THE MARCH OF DIMES CURRICULUM FOR PREGNANT WOMEN AND WOMEN IN THEIR CHILDBEARING YEARS, WITH A SPECIAL EMPHASIS OF STRESS MANAGEMENT AND STRESS REDUCTION AMONG AFRICA AMERICAN WOMEN LIVING IN THE CITY OF TRENTON AND SURROUNDING MERCER COUNTY AREA ACCESS TO HEALTHCHSOFNJ PRIORITIZES HELPING WOMEN TO ACCESS HEALTH CARE, HEALTH INSURANCE AND COMMUNITY RESOURCES TO IMPROVE THEIR HEALTH AND THE WELL-BEING OF THEIR FAMILIES TRENTON WOMEN'S HEALTH LITERACY PROJECT IS SUPPORTED BY HORIZON FOUNDATION TO REACH, EDUCATE, LINK AND PROVIDE RESOURCES TO WOMEN OF CHILD BEARING AGE AND THEIR FAMILIES TO IMPROVE AND SUSTAIN ACCESS TO HEALTHCARE CHSOFNJ PROVIDES BILINGUAL WALK-IN SERVICES FOR WOMEN IN CITY OF TRENTON INCLUDING PREGNANCY TESTING, SCREENING, ASSISTANCE MAKING MEDICAL APPOINTMENTS, HEALTH INSURANCE ENROLLMENT HELP, AND CASE MANAGEMENT SERVICES IN 2016 207, 759 WOMEN PARTICIPATED IN TRENTON WOMEN'S HEALTH LITERACY PROJECT OCEAN COUNTY IMPROVING PREGNANCY OUTCOMES PROGRAM ENGAGES COMMUNITY HEALTH OUTREACH WORKERS TO REACH WOMEN ACROSS OCEAN COUNTY TO ENSURE THEY HAVE PRIMARY CARE/MEDICAL HOME, REPRODUCTIVE HEALTH CARE AND ACCESS TO RESOURCES AND EDUCATION THE PROGRAM EDUCATES AND INCREASES AWARENESS ABOUT PRECONCEPTION, PRENATAL AND INTER-CONCEPTION CARE AMONG AFRICAN AMERICAN, LATINA AND ADOLESCENT WOMEN AND GIRLS AND THEIR FAMILIES TO IMPROVE THE LIKELIHOOD OF HEALTHY BIRTH OUTCOMES COMMUNITY HEALTH WORKERS ALSO PROVIDE GROUP EDUCATION AND INDIVIDUAL CASE MANAGEMENT THIS PROGRAM IS SUPPORTED BY THE NEW JERSEY DEPARTMENT OF HEALTH IN 2016 2017, 802 WOMEN WERE ENGAGED BY THIS PROJECT FAMILY SUCCESS CENTERSCHSOFNJ OFFERS SERVICES FROM THREE COMMUNITY BASED, FAMILY CENTERED COMMUNITY GATHERING PLACES TRENTON HERITAGE NORTH AND HERITAGE SOUTH FAMILY SUCCESS CENTERS AND OCEAN COUNTY FAMILY SUCCESS CENTER IN TOMS RIVER CHSOFNJ WELCOMES ALL COMMUNITY RESIDENTS FOR SUPPORT, INFORMATION, AND LINKAGES TO RESOURCES ALL SERVICES ARE FREE AND CONFIDENTIAL A FAMILY SUCCESS CENTER (FSC) PROMOTES FAMILY WELL-BEING, EMPOWERS FAMILIES, PROVIDES CULTURALLY SENSITIVE PROGRAMS, AND HELPS FAMILIES IDENTIFY AND BUILD ON THEIR OWN STRENGTHS IN 2016 - 2017, 2,744 INDIVIDUALS RECEIVED SERVICES THROUGH THE CHSOFNJ FAMILY SUCCESS CENTERS (921 AT TRENTON HERITAGE NORTH FSC, 27 AT TRENTON HERITAGE SOUTH FSC, AND 1,096 AT OCEAN FSC) TRENTON MAKES WORDS! IS A PARTNERSHIP WITH THE NJ STATE MUSEUM AND THE TRENTON COMMUNITY MUSIC SCHOOL TO HELP FAMILIES DEVELOP STRONG EARLY VOCABULARY BUILDING SUPPORT TO FAMILIES WITH CHILDREN BETWEEN THE AGES OF 0 AND FIVE LIVING IN THE CITY OF TRENTON A 12-SESSION CURRICULUM IS DELIVERED FOUR TIMES PER WEEK IN DIFFERENT TRENTON LOCATIONS FAMILIES RECEIVE PARENTING TIPS, PARENT CHILD ACTIVITIES A TOTAL OF 360 PARENTS AND CHILDREN PARTICIPATED IN TRENTON MAKES WORDS! IN 2016 - 2017 SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC) OF MERCER COUNTYWIC PROVIDES CHECKS FOR SUPPLEMENTAL NUTRITIOUS FOODS AS WELL AS NUTRITION AND BREASTFEEDING EDUCATION AND SUPPORT, AND REFERRALS TO HEALTH AND OTHER SOCIAL SERVICES TO PARTICIPANTS AT NO CHARGE WIC SERVES LOW-INCOME PREGNANT, POSTPARTUM AND BREASTFEEDING WOMEN, AND INFANTS AND CHILDREN UP TO AGE 5 WHO ARE AT NUTRITION RISK TO QUALIFY, PARTICIPANTS MUST RESIDE WITHIN THE STATE OF NJ AND MEET THE FEDERAL INCOME GUIDELINES (185% OF THE POVERTY LEVEL) DURING THE FISCAL YEAR, MERCER COUNTY WIC SERVED 8,013 WOMEN AND CHILDREN

Form 990, Part III, Line 4b:

EARLY CHILDHOOD AND PARENTING EDUCATIONTHE CHILDREN'S HOME SOCIETY OF NEW JERSEY IS THE CHILD CARE RESOURCE AND REFERRAL AGENCY FOR OCEAN COUNTY CHSOFNJ ASSISTS FAMILIES TO ACCESS CHILD CARE AND CHILD CARE SUBSIDIES FOR THEIR CHILDREN AND HELPS PROVIDERS TO BECOME AND STAY CERTIFIED STAFF PROVIDE TRAINING AND TECHNICAL ASSISTANCE FOR CHILD CARE PROVIDERS AND PARENTS AROUND CHILD CARE, CHILD DEVELOPMENT AND SAFETY ISSUES CHILD CARE RESOURCE AND REFERRAL AGENCY FOR OCEAN COUNTY SPONSORS CHILD CARE SUBSIDY PROGRAMS FOR LOW INCOME AND AT RISK FAMILIES THROUGHOUT OCEAN COUNTY THESE PROGRAMS ENSURE THAT CHILDREN RECEIVE QUALITY CARE AT RATES AFFORDABLE FOR THEIR FAMILIES CHSOFNJ PROVIDES THE COMMUNITY WITH REFERRALS TO CHILD CARE CENTERS, SUMMER CAMP PROGRAMS, SCHOOL-AGE CHILD CARE PROGRAMS AND FAMILY CHILD CARE PROVIDERS WE PROVIDE TECHNICAL ASSISTANCE AND PARENT/CONSUMER EDUCATION TO FAMILIES THROUGHOUT OCEAN COUNTY ABOUT CHILD CARE, CHILD DEVELOPMENT AND OTHER AGE APPROPRIATE INFORMATION, PROVIDING THEM WITH VARIOUS MATERIALS (BROCHURES, CHECKLISTS, FACT SHEETS) IN ORDER TO HELP THEM SELECT CHILD CARE OR MAKE DECISIONS THAT BEST MEET THE NEEDS OF THEIR FAMILY AND CHILDREN APPROXIMATELY 5,204 CHILDREN BENEFIT FROM THE RECEIPT OF CHILD CARE SUBSIDY DURING THE CONTRACT YEAR 2016-2017 CHSOFNJ IS THE SPONSORING AGENCY FOR FAMILY CHILD CARE AND RECRUITS AND TRAINS AND REGISTERS INDIVIDUALS TO BECOME CHILD CARE PROVIDERS IN THEIR HOME BOTH CPR AND FIRST AID ARE OFFERED AT NO COST TO CHILD CARE PROVIDERS WHO DELIVER CHILD CARE SERVICES IN THEIR OWN HOMES CHSOFNJ SPONSORS THE CHILD AND ADULT CARE FOOD PROGRAM SO THAT CHILDREN WILL RECEIVE NUTRITIOUS MEALS EACH DAY WHILE IN CARE BY WITH FAMILY CHILD CARE PROVIDERS PROFESSIONAL DEVELOPMENT IS PROVIDED TO CHILD CARE CENTER DIRECTORS, THEIR STAFF AND FAMILY CHILD CARE PROVIDERS STAFF COVER HEALTH AND SAFETY TOPICS, CHILD DEVELOPMENT, EMERGENCY PREPAREDNESS THE STRENGTHENING FAMILIES INITIATIVE OFFERS TRAINING TO FAMILIES AND CHILD CARE PROVIDERS AROUND FIVE PROTECTIVE FACTORS, HELPING PARENTS BUILD SOCIAL NETWORKS AND BECOME A PART OF THEIR CHILD'S EDUCATION OUR QUALITY IMPROVEMENT SPECIALIST PROVIDES COACHING AND MENTORING TO ALL CENTERS THAT ARE ENROLLED IN THE PROGRAM GROWNJKIDS, A QUALITY RATING IMPROVEMENT INITIATIVE THAT STARTED IN NJ IN 2014 NEW CENTERS ENROLL IN THIS PROGRAM EACH YEAR CHSOFNJ HEAD START AND EARLY HEAD STARTTHE CHILDREN'S HOME SOCIETY OF NEW JERSEY HEAD START/EARLY HEAD START (CHSOFNJ) IS A FEDERALLY FUNDED PROGRAM THAT PROVIDES COMPREHENSIVE SERVICES FOR LOW-INCOME EXPECTANT MOTHERS AND CHILDREN FROM BIRTH THROUGH FIVE YEARS OF AGE IN THE CITY OF TRENTON CHSOFNJ HEAD START/EARLY HEAD START SERVICES ARE OFFERED AS BOTH HOME BASED AND CENTER BASED PROGRAM OPTIONS CHSOFNJ EARLY HEAD START HOME BASED PROGRAMTHE HOME BASED PROGRAM SERVES 72 CHILDREN AGES BIRTH THROUGH THREE AND EXPECTANT MOTHERS THE PROGRAM PROVIDES WEEKLY HOME VISITS FOR FAMILIES AND MONTHLY SOCIALIZATION EVENTS TO HELP PARENTS DEVELOP SKILLS AND KNOWLEDGE IN A SUPPORTIVE SETTING CHSOFNJ HEAD START/EARLY HEAD START CENTER BASED PROGRAMCENTER BASED CARE IS PROVIDED FOR 270 PRESCHOOL CHILDREN AGES THREE TO FIVE, 16 INFANTS AND TODDLERS AGES 6 WEEKS TO THREE YEARS, AND 14 EXPECTANT MOTHERS SERVICES ARE DELIVERED FROM FOUR CENTERS LOCATED THROUGHOUT THE CITY OF TRENTON CENTERS ARE OPEN ON A FULL-DAY SCHEDULE FROM MONDAY THROUGH FRIDAY, EXCEPT FOR PLANNED HOLIDAYS HEAD START SERVICES FOR 3- AND 4-YEAR OLD CHILDREN OPERATE ON A SCHOOL YEAR CALENDAR, EARLY HEAD START SERVICES FOR INFANTS AND TODDLERS ARE OFFERED YEAR-ROUND BREAKFAST AND LUNCH ARE SERVED DAILY WITH FAMILY-STYLE DINING HEAD START/EARLY HEAD START SERVICES INCLUDE EARLY CHILDHOOD EDUCATION, HEALTH SERVICES, FAMILY SUPPORT, MENTAL HEALTH SUPPORT, NUTRITION, AND SUPPORT FOR CHILDREN WITH DISABILITIES HEAD START PERFORMANCE STANDARDS REQUIRE THAT TEN PERCENT OF ENROLLED CHILDREN HAVE DISABILITIES HEAD START/EARLY HEAD START PROVIDES PRE-LITERACY AND LITERACY EXPERIENCES IN A MULTI-CULTURAL ENVIRONMENT AN INTERDISCIPLINARY TEAM OF FAMILY MEMBERS, TEACHERS, SPECIALIST AND ADVOCATES WORK TOGETHER TO ENSURE CHILDREN RECEIVE THE CARE AND EDUCATION NEEDED FOR FUTURE SUCCESS CHSOFNJ USES THE EVIDENCE-BASED CREATIVE CURRICULUM, WHICH ALIGNS WITH THE CURRICULA USED BY TRENTON PUBLIC SCHOOLS, IN SUPPORTING OUR EFFORTS TO PROMOTE COGNITIVE, PHYSICAL, SOCIAL AND EMOTIONAL THE DEVELOPMENT OF CHILDREN PLACING THEM ON A THE PATH TOWARD SCHOOL READINESS HEALTHY PRENATAL OUTCOMES FOR PREGNANT WOMEN PARENTS' ROLE AS THE CHILD'S FIRST TEACHER PARENTS' ACCESS TO EDUCATION, TRAINING AND EMPLOYMENT SERVICES SO THEY CAN ACHIEVE THEIR OWN SELF SUFFICIENCY GOALS FAMILY ENGAGEMENT, INCLUDING FATHERS AND FATHER-FIGURESCHILD OUTCOMES ARE TRACKED IN THE FOLLOWING AREAS LANGUAGE DEVELOPMENT, LITERACY SKILLS, MATHEMATICS KNOWLEDGE & AWARENESS, SCIENCE KNOWLEDGE & AWARENESS, CREATIVE ARTS EXPRESSION, SOCIAL AND EMOTIONAL DEVELOPMENT, POSITIVE APPROACHES TO LEARNING, AND PHYSICAL HEALTH AND DEVELOPMENT PARENTS PLAY AN IMPORTANT ROLE IN THE PROGRAMS BOTH AS PRIMARY EDUCATORS AND AS PARTICIPANTS IN ADMINISTERING THE PROGRAM LOCALLY CHSOFNJ HEAD START/EARLY HEAD START IS GUIDED BY A POLICY COUNCIL, COMPRISED OF PARENTS AND OTHER COMMUNITY STAKEHOLDERS, AND PARENT COMMITTEES AT EACH CENTER THE CHSOFNJ BOARD OF TRUSTEES PROVIDES LEGAL AND FIDUCIARY OVERSIGHT CHSOFNJ IS COMMITTED TO FOSTERING THE SELF-ESTEEM OF CHILDREN AND FAMILIES SO THEY MAY EXPERIENCE PERSONAL AND SOCIAL SUCCESS THE PROGRAM ASSISTS CHILDREN AND FAMILIES IN USING ALL AVAILABLE COMMUNITY RESOURCES TO MEET THEIR INDIVIDUAL NEEDS IN THIS CHANGING AND DIVERSE SOCIETY

Form 990, Part III, Line 4c:

CHILD WELFARE AND PERMANENCY PLANNINGTHE CHILDREN'S HOME SOCIETY OF NEW JERSEY SERVED 1699 CHILDREN AND FAMILIES BENEFITTED FROM OUR SERVICES IN 2016-2017 ADOPTION RELATED PROGRAMSTHE PURPOSE OF THE DOMESTIC ADOPTION PROGRAM IS TO MATCH CHILDREN WHOSE BIRTH PARENTS' LEGAL PARENTAL RIGHTS HAVE BEEN TERMINATED, EITHER VOLUNTARILY OR INVOLUNTARILY, WITH THOROUGHLY SCREENED AND APPROVED WAITING ADOPTIVE FAMILIES TO PROVIDE A PERMANENT PLACEMENT FOR THE CHILD WHO BECOMES A PART OF A LOVING, SECURE, AND STABLE PERMANENT FAMILY OUR GOAL IS TO PLACE EACH CHILD IN THE MOST SUITABLE HOME POSSIBLE AND TO PROVIDE COMPREHENSIVE SERVICES TO ADOPTIVE FAMILIES THROUGHOUT THE LIFE CYCLE, INCLUDING, BUT NOT LIMITED TO, SUPPORT SERVICES, REFERRALS TO COUNSELING AS NEEDED, AND TRAINING REGARDING ADOPTION RELATED ISSUES ADOPTION WORKERS ARE CHARGED WITH RECRUITING, COMPLETING HOME STUDIES, AND DETERMINING THE APPROPRIATENESS OF HOMES OF POTENTIAL ADOPTIVE FAMILIES THEY ALSO PROVIDE POST PLACEMENT SUPERVISION AND ONGOING TRAINING AND SUPPORT TO THE FAMILIES IN THE PROGRAM IN ADDITION TO TRADITIONAL ADOPTION SERVICES, WE ALSO WORK WITH THE COUNTY SURROGATES OFFICES TO ASSIST THEM IN COMPLETING ADOPTION COMPLAINT INVESTIGATIONS IN 2016 2017, CHSOFNJ PLACED 14 CHILDREN IN ADOPTIVE HOMES IN ADDITION, WE PROVIDE ADOPTION SERVICES TO A TOTAL OF 62 FAMILIES, INCLUDING COMPLETING HOME STUDIES, WORKING WITH FAMILIES WHO ARE AWAITING AN ADOPTIVE CHILD, HELPING FAMILIES REFERRED FROM THE COUNTY SURROGATES OFFICE TO COMPLETING BACKGROUND CHECKS, AND COMPLETING ADOPTION COMPLAINT INVESTIGATIONS ALSO, WE RECEIVE AND FOLLOW UP ON INQUIRIES FROM FAMILIES INTERESTED IN BECOMING ADOPTIVE FAMILIES THROUGH THE CHILDREN'S HOME SOCIETY OF NEW JERSEY AND IN 2016-2017 WE RESPONDED TO 334 INQUIRIES (NOT COUNTED IN TOTAL ABOVE) THE BIRTH PARENT COUNSELING PROGRAM PROVIDES SERVICES TO BIRTH PARENTS (MOTHERS AND FATHERS) AND THEIR FAMILIES TO HELP THEM RESOLVE ISSUES RELATED TO THEIR PREGNANCY AND/OR PLANNING FOR A CHILD, MAKE DECISIONS AND FUTURE PLANS FOR THEIR CHILD, AND IMPLEMENT THESE DECISIONS AND PLANS THESE SERVICES ARE OFFERED TO BIRTH FAMILIES BOTH PRE AND POST BIRTH ALL SERVICES ARE OFFERED FREE OF CHARGE TO THE BIRTH PARENTS SERVICES IN THE CHILDREN'S HOME SOCIETY OF NEW JERSEY'S BIRTH PARENT COUNSELING PROGRAM ARE NOT TIME LIMITED AND WILL CONTINUE UNTIL THE BIRTH FAMILY IS ABLE TO MAKE EITHER A PARENTING OR ADOPTION PLAN CHSOFNJ BIRTH PARENT COUNSELING PROGRAM PROVIDES ACCESS AND SERVICES TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK, AND THREE HUNDRED SIXTY FOUR DAYS A YEAR ALSO, WE PROVIDE A RAPID SAME DAY RESPONSE IF THERE IS A NEED TO IMMEDIATELY ASSIST A BIRTH FAMILY WITH OPTIONS COUNSELING THERE IS A SECOND FUNCTION OF THE BIRTH PARENT COUNSELING PROGRAM IN WHICH THE CHILDREN'S HOME SOCIETY OF NEW JERSEY HAS CONTRACTED WITH THE DIVISION OF CHILD PROTECTION AND PERMANENCY (DCP&P) TO PROVIDE PRE-SURRENDER COUNSELING SESSIONS FOR BIRTH PARENTS BEFORE THE SURRENDER OR TERMINATION OF THEIR PARENTAL RIGHTS UPON RECEIVING A SERVICE REQUEST FROM THE LOCAL DCP&P OFFICE, OUR BIRTH PARENT COUNSELOR WILL MEET WITH THE BIRTH MOTHER AND OR THE BIRTH FATHER FOR UP TO THREE COUNSELING SESSIONS THESE SERVICES ARE BILLED ON A FEE FOR SERVICE BASIS TO THE DIVISION OF CHILD PROTECTION AND PERMANENCY IN 2016-2017, THE CHILDREN'S HOME SOCIETY OF NEW JERSEY PROVIDED SERVICES TO 22 BIRTH PARENTS IN ADDITION, THE BIRTH PARENT COUNSELING PROGRAM CAN PROVIDE BIRTH PARENTS WITH UPDATES ON THE GROWTH AND DEVELOPMENT THE CHILDREN THEY PLACED FOR ADOPTION THROUGH THE CHILDREN'S HOME SOCIETY OF NEW JERSEY, WHEN AGREED UPON BY BOTH THE BIRTH PARENT AND ADOPTIVE FAMILY AT THE TIME OF THE PLACEMENT IN 2016-2017, THE CHILDREN'S HOME SOCIETY PROVIDED 17 BIRTH PARENTS WITH THESE PROGRESS REPORTS THE POST ADOPTION BACKGROUND AND SEARCH PROGRAM PROVIDES ADULT MEMBERS OF THE ADOPTION TRIAD (BIRTH PARENTS, ADOPTEE, ADOPTIVE PARENTS) WITH REQUESTED BACKGROUND INFORMATION, SEARCH, AND POSSIBLE REUNION ACTIVITIES THIS SERVICE IS AVAILABLE TO ANY ADULT WHO WAS PART OF AN ADOPTION THROUGH THE CHILDREN'S HOME SOCIETY OF NEW JERSEY SERVICES CAN RANGE FROM AN ADULT ADOPTEE RECEIVING BASIC MEDICAL INFORMATION ABOUT THEIR BIRTH FAMILY TO, AFTER SCREENING AND COUNSELING, A REUNION BETWEEN THE BIRTH PARENT AND BIRTH CHILD IN 2016-2017, THE CHILDREN'S HOME SOCIETY OF NEW JERSEY PROVIDED POST ADOPTIVE BACKGROUND AND SEARCH INFORMATION TO 110 INDIVIDUALS CHILD SUMMARY WRITERS AND ADOPTION EXPEDITERS ARE THE CHILDREN'S HOME SOCIETY OF NEW JERSEY STAFF WHO WORK IN THE DIVISION OF CHILD PROTECTION AND PERMANENCY OFFICES AND ASSIST THE STATE WITH FACILITATING THE ADOPTION PROCESS FOR CHILDREN IN THEIR CARE THE SERVICES THAT THE CHILD SUMMARY WRITERS AND ADOPTION EXPEDITERS PROVIDE RANGE FROM COMPLETING NECESSARY DOCUMENTATION TO HELPING EXPEDITE THE ADOPTIVE PROCESS IN 2016-2017, THE CHILD SUMMARY WRITERS AND ADOPTION EXPEDITERS ASSISTED THE DIVISION OF CHILD PROTECTION AND PERMANENCY WITH THE ADOPTIVE PROCESS FOR 1324 CHILDREN FOSTER CARETHE INFANT FOSTER CARE PROGRAM IS A SHORT TERM, VOLUNTARY PROGRAM OFFERED TO BIRTH PARENTS WHILE THEY WORK WITH THE AGENCY'S BIRTH PARENT COUNSELOR TO MAKE A PERMANENT PLAN FOR THEIR CHILD THERE IS NO CHARGE TO THE BIRTH PARENT(S) FOR THE USE OF THE INFANT FOSTER CARE PROGRAM, ALL COSTS ARE COVERED BY THE AGENCY WHILE IN CARE, THE CHILD(REN) ARE PROVIDED WITH A CARING, NURTURING FAMILY ENVIRONMENT BY THEIR FOSTER PARENT MEDICAL SERVICES, INCLUDING ANY NECESSARY SPECIALISTS, ARE PROVIDED IN THE COMMUNITY WHERE THE FOSTER FAMILIES LIVE CASE MANAGEMENT SERVICES AND VISITATION WITH THEIR BIRTH PARENTS ARE COORDINATED THROUGH THE FOSTER CARE WORKER THE CHILDREN'S HOME SOCIETY OF NEW JERSEY'S FOSTER PARENTS ARE EXPERIENCED, LOVING, AND TRAINED TO HANDLE SPECIAL NEEDS WHILE MAINTAINING A SUPPORTIVE FAMILY SETTING WHEN NECESSARY, OUR FOSTER PARENTS WORK WITH BIRTH OR ADOPTIVE PARENTS TO TRANSITION THE CHILDREN OUT OF FOSTER CARE IN A MORE MEANINGFUL AND SUPPORTIVE MANNER ALL CHILDREN ARE SEEN ON A MONTHLY BASIS IN THEIR HOME AND REGULAR CONTACT IS MAINTAINED WITH EACH FOSTER PARENT TO ENSURE THAT NEEDS ARE BEING ADDRESSED IN A TIMELY MANNER IN ADDITION, THE INFANT FOSTER CARE PROGRAM RECRUITS, CONDUCTS HOME STUDIES, AND DETERMINES THE APPROPRIATENESS OF FOSTER FAMILIES IN 2016-2017 THE INFANT FOSTER CARE PROGRAM PROVIDED FOSTER CARE SERVICES TO 3 CHILDREN REUNIFICATION PROGRAMSTHE REUNIFICATION PROGRAMS RUN BY THE CHILDREN'S HOME SOCIETY OF NEW JERSEY WORK WITH FAMILIES WHO HAVE HAD THEIR CHILDREN REMOVED BY THE NEW JERSEY DIVISION OF CHILD PROTECTION AND PERMANENCY BECAUSE OF SUBSTANTIATED ABUSE/OR NEGLECT AND PROVIDES THEM SERVICES TO HELP IMPROVE THEIR ABILITY TO APPROPRIATELY CARE FOR THEIR CHILDREN THESE SERVICES CAN INCLUDE INDIVIDUAL COUNSELING, FAMILY COUNSELING, PARENT EDUCATION AND SUPPORT GROUPS, AND THERAPEUTIC VISITATION BY IMPROVING THE CAPACITY OF THE PARENTS TO CARE FOR THEIR CHILDREN IT MAKES IT MORE LIKELY THAT THE FAMILY CAN BE REUNIFIED AND THEREFORE THE REUNIFICATION PROGRAMS HELP THE DIVISION OF CHILD PROTECTION AND PERMANENCY TO MAKE THE EARLIEST MOST APPROPRIATE PERMANENCY PLANS FOR THE CHILDREN WHO HAVE BEEN REMOVED AND PLACED IN THE NEW JERSEY STATE FOSTER CARE, REDUCING THE HARMFUL EFFECTS OF UNPLANNED LONG TERM FOSTER CARE THE CHILDREN'S HOME SOCIETY OF NEW JERSEY HAS THREE REUNIFICATION PROGRAMS, THE INTENSIVE SERVICES PROGRAM, OCEAN REUNIFICATION PROGRAM, AND OCEAN THERAPEUTIC VISITATION DURING 2016-2017, THE INTENSIVE SERVICES PROGRAM SERVED 45 FAMILIES THE DIVISION OF CHILD PROTECTION AND PERMANENCY WAS ABLE TO MAKE A FINAL PERMANENCY PLAN WITHIN ONE YEAR OF ADMISSION TO THE INTENSIVE SERVICES PROGRAM FOR 82% OF FAMILIES ALSO, FOR FAMILIES THAT WERE REUNIFIED, THERE WERE NO NEW SUBSTANTIATED INCIDENTS OF ABUSE AND/OR NEGLECT REPORTED WITHIN ONE YEAR OF THE COMPLETION OF THE INTENSIVE SERVICES PROGRAM DURING 2016-2017, THE OCEAN REUNIFICATION PROGRAM SERVED 40 FAMILIES ALSO, THE DIVISION OF CHILD PROTECTION AND PERMANENCY WAS ABLE TO MAKE A FINAL PERMANENCY PLAN WITHIN ONE YEAR OF ADMISSION TO THE OCEAN REUNIFICATION PROGRAM FOR 78% OF FAMILIES FINALLY, FOR FAMILIES THAT WERE REUNIFIED, ONE FAMILY HAD THEIR CHILD TEMPORARILY REMOVED BUT WAS AGAIN REUNIFIED, AND THERE WERE NO NEW SUBSTANTIATED INCIDENTS OF ABUSE AND/OR NEGLECT REPORTED WITHIN ONE YEAR OF THE COMPLETION OF THE OCEAN REUNIFICATION PROGRAM DURING 2016-2017, THE OCEAN THERAPEUTIC VISITATION PROGRAM SERVED 49 FAMILIES AND 85 7% OF FAMILIES DISCHARGED SHOWED SOME IMPROVEMENT IN THEIR ABILITY TO PARENT FOR FAMILIES THAT WERE REUNIFIED, THERE WERE NO NEW SUBSTANTIATED INCIDENTS OF ABUSE AND/OR NEGLECT REPORTED WITHIN ONE YEAR OF THE COMPLETION OF THE OCEAN THERAPEUTIC VISITATION PROGRAM

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE CHILDRENS HOME SOCIETY OF NEW JERSEY

Employer identification number
21-0634966

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 ☑ 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)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2017.** 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—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2016.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	13,573,350	28,467,846	16,941,735	16,293,015	17,447,153	92,723,099
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	188,356	125,423	142,393	200,953	180,441	837,566
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	13,761,706	28,593,269	17,084,128	16,493,968	17,627,594	93,560,665
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						0
c Add lines 7a and 7b						0
8 **Public support.** (Subtract line 7c from line 6)						93,560,665

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	13,761,706	28,593,269	17,084,128	16,493,968	17,627,594	93,560,665
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	779,376	839,208	806,554	593,790	785,620	3,804,548
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	779,376	839,208	806,554	593,790	785,620	3,804,548
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	30,971	25,001	33,562	37,621	21,058	148,213
13 **Total support.** (Add lines 9, 10c, 11, and 12)	14,572,053	29,457,478	17,924,244	17,125,379	18,434,272	97,513,426

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	95 950 %
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	95 700 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	3 900 %
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	4 110 %

19a **33 1/3% support tests—2017.** 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—2016.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2017**	**(iii) Distributable Amount for 2017**
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2018.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2013 AMOUNT $ 85 2014 AMOUNT $ 65 2015 AMOUNT $ 1,258 2016 AMOUNT $ 92 2017 AMOUNT $ 13 FUNDRAISING - 2013 AMOUNT $ 30,886 2014 AMOUNT $ 24,936 2015 A MOUNT $ 32,304 2016 AMOUNT $ 37,529 2017 AMOUNT $ 21,045

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE CHILDRENS HOME SOCIETY OF NEW JERSEY

Employer identification number
21-0634966

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 can 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" on 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, 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 XIII

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" on 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 XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		6,178,255	4,646,215	1,532,040
d Equipment		712,775	669,919	42,856
e Other		771,485	228,336	543,149
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,118,045

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	58,482
(2) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	204,596
(3) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	2,921,101
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	3,184,179

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DEFERRED LEASE LIABILITY	178,846
ACCRUED PENSION LIABILITY	3,833,609
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	4,012,455

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	21,622,806
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	424,503		
b	Donated services and use of facilities	2b	605,501		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	1,701,511		
e	Add lines **2a** through **2d**			2e	2,731,515
3	Subtract line **2e** from line **1**			3	18,891,291
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	-38,593		
c	Add lines **4a** and **4b**			4c	-38,593
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	18,852,698

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	19,454,824
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	605,501		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	194,052		
e	Add lines **2a** through **2d**			2e	799,553
3	Subtract line **2e** from line **1**			3	18,655,271
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	18,655,271

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 21-0634966
Name: THE CHILDRENS HOME SOCIETY OF NEW JERSEY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE SOCIETY HAS NO UNRECOGNIZED TAX BENEFITS AT MAY 31, 2018 AND 2017 THE SOCIETY'S FEDER AL AND STATE INCOME TAX RETURNS PRIOR TO CALENDAR YEAR 2014 AND 2013, RESPECTIVELY, ARE CL OSED AND MANAGEMENT CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOS ED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS THE SOCIETY'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTI ES IN OPERATING EXPENSES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	UNCONSOLIDATION OF TEDI 147,829 CHANGE IN PENSION 28,326 CHANGE IN VALUE OF SPLIT INTEREST 1,525,356

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	FUNDRAISING EXPENSES -36,191 RELCASSIFICATION OF LOSS ON DISPOSAL -2,415 RELCASSIFICATION OF MISC INCOME 13

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	UNCONSOLIDATION OF TEDI 155,459 RELCASSIFICATION OF MISC INCOME -13 RELCASSIFICATION OF LOSS ON DISPOSAL 2,415 FUNDRAISING EXPENSES 36,191

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE CHILDRENS HOME SOCIETY OF NEW JERSEY

Employer identification number
21-0634966

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

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

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

2a Did the organization have a written or oral agreement with any individual (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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	98,703			98,703
	2 Less Contributions	77,658			77,658
	3 Gross income (line 1 minus line 2)	21,045			21,045
Direct Expenses	4 Cash prizes	1,538			1,538
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	19,099			19,099
	8 Entertainment	2,000			2,000
	9 Other direct expenses	13,554			13,554
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				36,191
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-15,146

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash 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 Subtract line 7 from line 1, column (d) ▶				

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

a Is the organization licensed to conduct 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 conduct 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 conducted in

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

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

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE CHILDRENS HOME SOCIETY OF NEW JERSEY

Employer identification number
21-0634966

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on 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 of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on 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 on 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DONNA PRESSMA PRESIDENT & CEO	(i)	255,710	16,303	2,500	14,632	12,121	301,266	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT NOTTA CHIEF FINANCIAL OFFICER/TR	(i)	159,968	0	3,648	9,170	11,022	183,808	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 7	INCLUDED ON SCHEDULE J PART II COLUMN B(II) ARE AMOUNTS REPRESENTING BONUSES THESE AMOUNTS WERE APPROVED BY THE BOARD AND INCLUDED IN THE INDIVIDUALS 2016 W-2

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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE CHILDRENS HOME SOCIETY OF NEW JERSEY

Employer identification number
21-0634966

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	EARLY CHILDHOOD APPROXIMATELY 4,251 CHILDREN BENEFIT FROM THE RECEIPT OF CHILD CARE SUBSIDY DURING THE CONTRACT YEAR 2015-2016 THE FOLLOWING PROGRAMS COMPRISE OUR EARLY CHILDHOOD SERVICES THE CERTIFIED CHILD CARE RESOURCE AND REFERRAL AGENCY FOR OCEAN COUNTY SPONSORS TWO CHILD CARE SUBSIDY PROGRAMS FOR WELFARE RECIPIENTS AND LOW-INCOME FAMILIES THROUGHOUT OCEAN COUNTY THESE PROGRAMS ASSIST INCOME ELIGIBLE FAMILIES AND COMPLIANT WELFARE RECIPIENTS WITH THE COST OF CHILD CARE WE DEVELOP CHILD CARE RESOURCES THROUGH OUR FAMILY CHILD CARE REGISTRATION PROGRAM CHS OF NJ IS THE SPONSORING AGENCY FOR FAMILY CHILD CARE AND RECRUITS AND TRAINS INDIVIDUALS TO BECOME CHILD CARE PROVIDERS IN THEIR HOME BOTH CPR AND FIRST AID ARE OFFERED AT NO COST TO CHILD CARE PROVIDERS WHO DELIVER CHILD CARE SERVICES IN THEIR OWN HOMES THE EARLY CHILDHOOD STAFF PROVIDES PROFESSIONAL DEVELOPMENT FOR CENTER DIRECTORS, THEIR STAFF, AND FAMILY CHILD CARE PROVIDERS REQUIRED HEALTH AND SAFETY TOPICS ARE OFFERED TO THE OCEAN COUNTY COMMUNITY CHILD CARE PROVIDERS AND ALSO INCLUDES CHILD DEVELOPMENT TOPICS IN A WIDE ARRAY OF AREAS EMERGENCY PREPAREDNESS IS OFFERED TO ALL CHILD CARE PROVIDERS SEVERAL TIMES A MONTH THROUGHOUT THE YEAR OUR RESOURCE AND REFERRAL SPECIALIST PROVIDES THE COMMUNITY WITH REFERRALS TO CHILD CARE CENTERS, SUMMER CAMP PROGRAMS, SCHOOL-AGE CHILD CARE PROGRAMS AND FAMILY CHILD CARE PROVIDERS WE PROVIDE TECHNICAL ASSISTANCE AND PARENT/CONSUMER EDUCATION TO FAMILIES THROUGHOUT OCEAN COUNTY ABOUT CHILD CARE, CHILD DEVELOPMENT AND OTHER AGE APPROPRIATE INFORMATION, PROVIDING THEM WITH VARIOUS MATERIALS (BROCHURES, CHECKLISTS, FACT SHEETS) IN ORDER TO HELP THEM SELECT CHILD CARE OR MAKE DECISIONS THAT BEST MEET THE NEEDS OF THEIR FAMILY AND CHILDREN WE ALSO REFER OCEAN'S FAMILIES TO RESOURCES THAT BEST SUIT THEIR NEEDS DEPENDENT UPON THE CIRCUMSTANCES THEY PRESENT WE ALSO SPONSOR THE CHILD AND ADULT CARE FOOD PROGRAM SO THAT CHILDREN WILL RECEIVE NUTRITIOUS MEALS EACH DAY WHILE IN CARE BY THE FAMILY DAY CARE PROVIDERS THE STRENGTHENING FAMILIES INITIATIVE OFFERS TRAINING TO FAMILIES AND CHILD CARE PROVIDERS AROUND FIVE PROTECTIVE FACTORS, HELPING PARENTS BUILD SOCIAL NETWORKS AND BECOME A PART OF THEIR CHILD'S EDUCATION OUR QUALITY IMPROVEMENT SPECIALIST PROVIDES COACHING AND MENTORING TO ALL CENTERS THAT ARE ENROLLED IN THE PROGRAM GROWNJKIDS, A QUALITY RATING IMPROVEMENT INITIATIVE THAT STARTED IN NJ IN 2014 NEW CENTERS ENROLL IN THIS PROGRAM EACH YEAR GRANT INCOME OF $2,475,384 IS ASSOCIATED WITH THIS PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	DURING FY2015-2016 THE OCEAN REUNIFICATION PROGRAM SERVED 39 FAMILIES AND 89% OF FAMILIES DISCHARGED SHOWED SOME IMPROVEMENT IN THEIR ABILITY TO PARENT ALSO, THE DIVISION OF CHILD PROTECTION AND PERMANENCY WAS ABLE TO MAKE A FINAL PERMANENCY PLAN WITHIN ONE YEAR OF ADM ISSION TO THE OCEAN REUNIFICATION PROGRAM FOR 92% OF FAMILIES FINALLY, FOR FAMILIES THAT WERE REUNIFIED, ONE FAMILY HAD THEIR CHILD TEMPORARILY REMOVED BUT WAS AGAIN REUNIFIED, AN D THERE WERE NO NEW SUBSTANTIATED INCIDENTS OF ABUSE AND/OR NEGLECT REPORTED WITHIN ONE YE AR OF THE COMPLETION OF THE OCEAN REUNIFICATION PROGRAM DURING FY2015-2016 THE OCEAN THER APEUTIC SERVED 25 FAMILIES AND 93% OF FAMILIES DISCHARGED SHOWED SOME IMPROVEMENT IN THEIR ABILITY TO PARENT FOR FAMILIES THAT WERE REUNIFIED, ONE FAMILY HAD THEIR CHILD TEMPORARI LY REMOVED BUT WAS AGAIN REUNIFIED, AND THERE WERE NO NEW SUBSTANTIATED INCIDENTS OF ABUSE AND/OR NEGLECT REPORTED WITHIN ONE YEAR OF THE COMPLETION OF THE OCEAN THERAPEUTIC VISITA TION OTHER CHILD WELFARE/PERMANENCY PLANNING SERVICES THE CHILDHOOD SEPARATION AND LOSS P ROGRAM PROVIDES SHORT-TERM, GRIEF AND LOSS-FOCUSED TREATMENT TO CHILDREN AND FAMILIES WHO HAVE SUFFERED A TRAUMATIC EVENT SUCH AS THE SERIOUS INJURY, ILLNESS, OR DEATH OF A FAMILY MEMBER, MULTIPLE FOSTER FAMILY OR RELATIVE CARE PLACEMENTS, A FAMILY MEMBER BEING THE VICT IM OF A VIOLENCE, OR A FAMILY MEMBER WITNESSING VIOLENT ACTS WHILE THE FOCUS OF THE TREAT MENT IS TO HELP THE CHILD BETTER MANAGE THE EFFECTS OF THE TRAUMA, THE ENTIRE FAMILY IS IN VOLVED IN THE TREATMENT PROCESS THE THERAPIST'S ROLE IS TO HELP THE FAMILY CREATE A SAFE AND SUPPORTIVE ENVIRONMENT FOR THE CHILD AND TO PROVIDE BOTH INDIVIDUAL AND FAMILY COUNSEL ING TO HELP THE CHILD AND FAMILY TO BETTER MANAGE THE EFFECTS OF THE TRAUMATIC EXPERIENCE IN FY2015-2016 THE CHILDHOOD SEPARATION AND LOSS PROGRAM PROVIDED SERVICES TO 23 FAMILIES AND OF THE FAMILIES DISCHARGED 73% SHOWED IMPROVEMENT ON THEIR TREATMENT PLAN GOALS FOST ER CARE SUPPORT SERVICES PROVIDES SERVICES TO CHILDREN WHO HAVE BEEN PLACED IN A DIVISION OF CHILD PROTECTION AND PERMANENCY FOSTER HOME AND THE RESOURCE FAMILIES WITH WHOM THEY AR E PLACED THIS PROGRAM WORKS WITH BOTH THE CHILD AND THE FOSTER FAMILY TO HELP THEM BETTER ADJUST TO LIVING TOGETHER AND HELP INSURE THAT THE PLACEMENT WILL BE SUCCESSFUL SERVICES ARE PROVIDED TO BOTH NEW FOSTER FAMILIES AND THOSE FOR WHOM THERE IS A POSSIBILITY THAT T HE FOSTER PLACEMENT MAY DISRUPT, TO HELP THEM UNDERSTAND THEIR ROLE AS FOSTER PARENTS, TO INCREASE THEIR UNDERSTANDING OF THE EXPECTED BEHAVIORAL PROBLEMS OF CHILDREN WHO HAVE BEEN REMOVED FROM THEIR BIOLOGICAL FAMILIES, AND TO LEARN METHODS OF BETTER MANAGING THESE BEH AVIORS SERVICES ARE ALSO PROVIDED TO THE FOSTER CHILD TO HELP THEM BETTER MANAGE BOTH THE EFFECTS OF THE TRAUMA RELATED TO THE REASONS THAT THEY WERE REMOVED FROM THEIR BIOLOGICAL FAMILIES AND THE ADJUSTMENT TO LIVING WITH A NEW AND TEMPORARY FAMILY THE OVERALL OBJECT IVE OF THE PROGRAM IS TO HELP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	THE CHILD AND THE RESOURCE FAMILY DEVELOP A TRUSTING AND SUPPORTIVE RELATIONSHIP WITH EACH OTHER AND TO PREVENT THE FOSTER PLACEMENT FROM DISRUPTING IN FY2015-2016 FOSTER CARE SUP PORT SERVICES SERVED 18 FOSTER FAMILIES AND THERE WERE NO DISRUPTIONS OF THE FOSTER PLACEM ENTS ALSO, 100% OF THE FOSTER CHILDREN SHOWED IMPROVEMENT ON THEIR TREATMENT PLAN GOALS GRANT INCOME OF $2,392,959 IS ASSOCIATED WITH THIS PROGRAM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE PEOPLE WHO BELONG TO THIS ORGANIZATION ARE CONSIDERED MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MEMBERS MAY ELECT THOSE MEMBERS WHO QUALIFY TO BE ON THE GOVERNING BODY OF THIS ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	ALL DECISIONS BY THE GOVERNING BODY ARE SUBJECT TO APPROVAL BY THE MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE GOVERNING BODY OF THE ORGANIZATION WAS PROVIDED A COPY OF FORM 990 TO REVIEW PRIOR TO ITS FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	A CONFLICT OF INTEREST QUESTIONNAIRE IS SENT TO THE BOARD OF DIRECTORS ANNUALLY AND A REPORT OF THE FINDINGS IS SHARED WITH THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION'S MEMBERS ARE ALL INVOLVED IN THE ORGANIZATION'S PROCESS TO DETERMINE IF ANY COMPENSATION IS TO BE PAID TO CEO, EXECUTIVE DIRECTOR AND OTHER KEY EMPLOYEES CEO EVALUATION PROCESS EVERY YEAR THE BOARD CHAIR SELECTS MEMBERS FROM THE GOVERNANCE COMMITTEE TO CONDUCT FORMAL EVALUATION OF THE CEO THE CEO FIRST SUBMITS A WRITTEN SELF-EVALUATION SUMMARY OF OUTCOMES AGAINST AGREED ON WRITTEN GOALS FOR THE PRIOR YEAR THE COMMITTEE CHAIR ALSO SOLICITS THE FULL BOARD FOR INPUT ON CEO?S PERFORMANCE THE COMMITTEE ASKS ONE OF ITS MEMBERS TO GATHER FURTHER INPUT FROM SOME COMMUNITY LEADERS AND OTHER MANAGERS SUPERVISED BY CEO FOR THEIR PERSPECTIVES OF THE CEO'S WORK THE COMMITTEE REVIEWS AND DISCUSSES ALL MATERIALS AND THEN INVITES THE CEO TO MEET WITH THEM FOR ANY QUESTIONS OR ADDITIONAL DISCUSSION THE COMMITTEE MEETS WITHOUT THE CEO AND FURTHER DISCUSSES THE MATERIALS PRESENTED IN THE SELF-EVALUATION, THE FEEDBACK FROM OTHERS QUERIED, AND THEIR OWN PERCEPTIONS OF THE CEO'S PERFORMANCE TO FORM AN EVALUATION OPINION THE COMMITTEE COMPARES CEO'S COMPENSATION TO AGENCIES IN OUR GEOGRAPHY OF LIKE SIZE AND TYPE THE COMMITTEE THEN DETERMINES THE SPECIFIC FEEDBACK TO BE GIVEN TO THE CEO ON HER WORK AND THE COMPENSATION DECISIONS THEY DEEM FAIR COMMITTEE PRESENTS THEIR FINDINGS TO THE FULL BOARD IN CLOSED SESSION THE CHAIR OF THE COMMITTEE MEETS WITH CEO TO INFORM HER OF FEEDBACK AND COMPENSATION ORALLY AND IN WRITING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	UPON REQUEST TO THE CEO AND PRESIDENT, THE ORGANIZATION WILL MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL AUDIT STATEMENTS AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST 28,326 CHANGE IN PENSION 1,525,356

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT, AS WELL AS THE SELECTION OF THE INDEPENDENT ACCOUNTANT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
THE CHILDRENS HOME SOCIETY OF NEW JERSEY

Employer identification number
21-0634966

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

(a) Name, address, and EIN (if applicable) 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 entity? Yes	(g) No
(1)TRENTON EDEUCATION DANCE INSTITUTE PO BOX 7245 TRENTON, NJ 08628 52-1775236	EDUCATION	NJ	501(C)(3)	LINE 7	THE CHILDRENS HOME SOCIETY OF NEW JERSEY	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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

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

		Yes	No
1 During the tax year, did the orgranization 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, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)