

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007
 Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008

- B Check if applicable
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

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

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

Number and street (or P O box if mail is not delivered to street address) Room/suite
 1605 EUSTIS STREET

City or town, state or country, and ZIP + 4
 ST PAUL, MN 55108

D Employer identification number
 41-0693906

E Telephone number
 (651) 646-7771

F Accounting method Cash Accrual
 Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.CHSFS.ORG

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **29,979,251**

H and I are not applicable to section 527 organizations

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

H(b) If "Yes" enter number of affiliates _____

H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue					
1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	3,135,466		
c	Indirect public support (not included on line 1a)	1c	1,848,965		
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 4,750,409 noncash \$ 234,022)	1e		4,984,431	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		19,838,189	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5		1,523,458	
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) subtract line 6b from line 6a	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	2,877,471	(B) Other	148,446
b	Less cost or other basis and sales expenses	8a		8b	
c	Gain or (loss) (attach schedule)	3,136,006	8b		
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c	-258,535	8c	148,446
8d					-110,089
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	607,256		
b	Less direct expenses other than fundraising expenses	9b	330,112		
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c		277,144	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		26,513,133	
Expenses					
13	Program services (from line 44, column (B))	13		23,097,410	
14	Management and general (from line 44, column (C))	14		2,732,188	
15	Fundraising (from line 44, column (D))	15		1,484,875	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses Add lines 16 and 44, column (A)	17		27,314,473	
Net Assets					
18	Excess or (deficit) for the year Subtract line 17 from line 12	18		-801,340	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		26,514,251	
20	Other changes in net assets or fund balances (attach explanation)	20		-2,108,322	
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		23,604,589	

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)	25a	509,992	114,623	318,085	77,284
b	Compensation of former officers, directors, key employees etc listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	11,883,061	9,862,521	1,217,570	802,970
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	1,983,620	1,635,619	264,708	83,293
29	Payroll taxes	29	896,804	725,401	105,445	65,958
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	765,610	517,111	64,573	183,926
34	Telephone	34	176,023	121,856	45,084	9,083
35	Postage and shipping	35	202,371	138,681	21,184	42,506
36	Occupancy	36	610,976	493,556	76,237	41,183
37	Equipment rental and maintenance	37				
38	Printing and publications	38	440,518	355,858	54,967	29,693
39	Travel	39	753,864	710,196	37,926	5,742
40	Conferences, conventions, and meetings	40	57,244	21,838	34,661	745
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	487,657	393,937	60,849	32,871
43	Other expenses not covered above (itemize)					
a	INTERNATIONAL ADOPTION FEES	43a	6,176,752	6,176,752		
b	PROFESSIONAL FEES	43b	1,013,833	660,240	269,527	84,066
c	SPECIFIC ASSISTANCE	43c	863,052	863,052		
d	insurance	43d	247,112	189,380	35,538	22,194
e	BAD DEBT EXPENSE	43e	33,200	13,446	19,754	
f	MISCELLANEOUS	43f	212,784	103,343	106,080	3,361
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	27,314,473	23,097,410	2,732,188	1,484,875

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ TO HELP CHILDREN THRIVE AND TO BUILD, STRENGTHEN AND SUSTAIN INDIVIDUAL FAMILY AND COMMUNITY LIFE All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
a Adoption & Post-Adoption Services. The Organization's adoption program includes the Domestic Infant program, Minnesota's Waiting Children program, and international programs in more than a dozen countries. Approximately one-fourth of the children adopted internationally are adopted through the Organization's Waiting International Children program. Through the Minnesota offices, the Organization works primarily with families in Minnesota and western Wisconsin, the Organization's ASIA affiliate serves families in Maryland, Washington DC, and Virginia. Through a network of partner agencies, the Organization serves families throughout the U.S. through cooperative adoption. The Organization's Post-Adoption Services was the first of its kind in the U.S., and provides domestic search and background services, international search and outreach services, birth-land tours, and support, counseling and educational services to all members of the adoptive circle. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	14,276,872
b Early Childhood Care & Education. The Organization operates 11 Early Learning Centers located in schools and on college and corporate campuses. The sites include a drop-in program, three high-school centers, and an after-school program for elementary-age children. The Early Learning Centers offer a child-focused program that promotes positive self-esteem and emphasizes the social and emotional activities that are the foundation of children's growth and development, in a literacy-rich environment. While parents attend school or work, their children are cared for by professional and highly skilled early-childhood educators. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	6,899,355
c Family Support Services. Parent Support Services are voluntary and confidential, provided at no cost to all families with children, with the goal of helping them build the skills necessary to succeed in daily life, build self-sufficiency, and to prevent abuse and neglect. In addition, services in this area include domestic-abuse and anger-management classes and groups, financial and home-ownership education, and the learning disabilities program. Through Individual & Family Counseling, the Organization provides quality therapeutic services to children over age three, teens, adults and families, the Organization's licensed professionals help people deal with problems such as depression, anxiety, fear, trouble with forming secure attachments, relationship difficulties, conflict-resolution struggles or post-traumatic stress. (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	1,921,183
d _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	23,097,410

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing		69,502	45	799,626
	46 Savings and temporary cash investments		5,271,781	46	1,192,465
	47a Accounts receivable	1,228,157			
	b Less allowance for doubtful accounts	75,866	1,296,083	47c	1,152,291
	48a Pledges receivable	1,096,138			
	b Less allowance for doubtful accounts	80,000	1,271,137	48c	1,016,138
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use		543	52	1,356
	53 Prepaid expenses and deferred charges		450,555	53	478,411
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		9,572,360	54a	10,637,317
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,022,494	54b	1,575,547
55a Investments—land, buildings, and equipment basis					
b Less accumulated depreciation (attach schedule)			55c		
56 Investments—other (attach schedule)			56		
57a Land, buildings, and equipment basis	14,718,875				
b Less accumulated depreciation (attach schedule)	4,416,935	10,641,104	57c	10,301,940	
58 Other assets, including program-related investments (describe _____)		5,485,731	58	5,329,125	
59 Total assets (must equal line 74) Add lines 45 through 58		35,081,290	59	32,484,216	
Liabilities	60 Accounts payable and accrued expenses		3,482,350	60	4,079,956
	61 Grants payable			61	
	62 Deferred revenue			62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)		710,000	64a	465,000
	b Mortgages and other notes payable (attach schedule)			64b	
	65 Other liabilities (describe _____)		4,374,689	65	4,334,671
66 Total liabilities Add lines 60 through 65		8,567,039	66	8,879,627	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted		6,214,342	67	4,117,743
	68 Temporarily restricted		10,398,657	68	9,799,565
	69 Permanently restricted		9,901,252	69	9,687,281
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		26,514,251	73	23,604,589
	74 Total liabilities and net assets / fund balances Add lines 66 and 73		35,081,290	74	32,484,216

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	26,591,022
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	-1,837,892
2	Donated services and use of facilities	b2	898,073
3	Recoveries of prior year grants	b3	
4	Other (specify) <input type="checkbox"/> _____	b4	-270,429
	Add lines b1 through b4	b	-1,210,248
c	Subtract line b from line a	c	27,801,270
d	Amounts included on Part I, line 12, but not on line a		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <input type="checkbox"/> _____	d2	-1,288,137
	Add lines d1 and d2	d	-1,210,248
e	Total revenue (Part I, line 12) Add lines c and d	e	26,513,133

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	28,212,546
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	898,073
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	898,073
c	Subtract line b from line a	c	27,314,473
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	27,314,473

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>31</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	No
d Does the organization have a written conflict of interest policy?	75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information *(See the instructions.)*

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	No
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	No
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes
b If "Yes," enter the name of the organization <u>ADOPTION SERVICE INFORMATION AGENCY Inc</u> _____ and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u>		
b Did the organization file Form 1120-POL for this year?	81b	No

Part VI Other Information (continued)

Yes No

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b 898,073
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0, section 4912 0, section 4955 0
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed MN
90b Number of employees employed in the pay period that includes March 12, 2007 (See instructions) 354
91a The books are in care of The Organization Telephone no (651) 646-7771
1605 EUSTIS STREET
Located at ST PAUL, MN ZIP + 4 55108
91b 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)?
If "Yes," enter the name of the foreign country VM
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country VM

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 96 Dividends and interest from securities, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	adoption services information agency (ASIA) 8555 16th St 600 Silver Springs, MD 20910	521246947	Miscellaneous transfers for FY08	181,003
Totals				181,003

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?

Yes	No
	No

Please Sign Here

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

*****	2009-02-06
Signature of officer	Date
DANIEL SMITH VP - FINANCE & ADMINISTRATION	
Type or print name and title	

Paid Preparer's Use Only

Preparer's signature Karen Gries	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
Firm's name (or yours if self-employed), address, and ZIP + 4 LARSONALLEN LLP 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			EIN
			Phone no (612) 376-4500

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

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

Department of the
Treasury
Internal Revenue
Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

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

Employer identification number

41-0693906

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
DAVID PILGRIM 1605 EUSTIS ST ST PAUL, MN 55108	VP-ADOPTION SERVICES 40 00	110,583	7,394	0
randall bachman 1605 EUSTIS ST ST PAUL, MN 55108	vp-child&fmy sup ser 40 00	102,094	10,250	0
alan bachman 1605 EUSTIS ST ST PAUL, MN 55108	vp-advancemt INTERIM 40 00	100,192	1,088	0
patricia connelly 1605 EUSTIS ST ST PAUL, MN 55108	director - hr 40 00	83,999	4,839	0
barbara mcguire 1605 eustis st ST PAUL, MN 55108	dir-adoption SERVI 40 00	79,938	12,298	0
Total number of other employees paid over \$50,000	31			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CHSFS - Ethiopia NIFAS SILK LAFTO SUB CITY KEBELE 03 ADDIS ABABA ET	ADOPTION SERVICES	2,351,729
EASTERN SOCIAL WELFARE SOCIETY 493 CHANGCHON-DONG SODAEMUN-GU SEOUL 135-920 KS	ADOPTION SERVICES	1,106,015
SOCIAL WELFARE SOCIETY CENTRAL POST OFFICE 24 SEOUL 135-920 KS	ADOPTION SERVICES	500,900
HORTUS LIMITED 2 A Altufievskoe Shosse Moscow 127273 RS	ADOPTION SERVICES	293,810
TEACHING TEMPS 5353 WAYZATA BLVD SUITE 606 MINNEAPOLIS, MN 55416	ECCE	246,810
Total number of others receiving over \$50,000 for professional services	9	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services		

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>21,661</u> (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>	1	Yes	
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c		No
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a	Yes	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	Yes	
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a	Yes	
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ <u>0</u></p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ <u>0</u></p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	5,232,253	5,756,319	6,118,132	6,805,583	23,912,287
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	18,919,388	19,255,694	17,116,303	16,135,541	71,426,926
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	880,368	581,666	328,447	265,447	2,055,928
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets			93,497		93,497
23 Total of lines 15 through 22	25,032,009	25,593,679	23,656,379	23,206,571	97,488,638
24 Line 23 minus line 17	6,112,621	6,337,985	6,540,076	7,071,030	26,061,712
25 Enter 1% of line 23	250,320	255,937	236,564	232,066	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 521,234
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					26b 128,766
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c 26,061,712
d Add Amounts from column (e) for lines	18 2,055,928	19 0			
	22	26b 128,766			26d 2,278,191
e Public support (line 26c minus line 26d total)					26e 23,783,521
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.25 85 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					27h _____

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		0
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		21,661
38	Total lobbying expenditures (add lines 36 and 37)		21,661
39	Other exempt purpose expenditures		25,807,937
40	Total exempt purpose expenditures (add lines 38 and 39)		25,829,598
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000		1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)		250,000
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
46 Lobbying ceiling amount (150% of line 45(e))					6,000,000
47 Total lobbying expenditures	21,661	20,405	21,658	37,785	101,509
48 Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
49 Grassroots ceiling amount (150% of line 48(e))					1,500,000
50 Grassroots lobbying expenditures	0	0	0	0	0

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i)** Cash
- (ii)** Other assets
- b** Other transactions
 - (i)** Sales or exchanges of assets with a noncharitable exempt organization
 - (ii)** Purchases of assets from a noncharitable exempt organization
 - (iii)** Rental of facilities, equipment, or other assets
 - (iv)** Reimbursement arrangements
 - (v)** Loans or loan guarantees
 - (vi)** Performance of services or membership or fundraising solicitations

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Additional Data**Software ID:****Software Version:****EIN:** 41-0693906**Name:** CHILDREN'S HOME SOCIETY & FAMILY SERVICES**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
MADONNA KING 1605 EUSTIS STREET ST PAUL, MN 55108	PRESIDENT CEO - see stmt 23 40 00	237,912	19,704	0
daniel smith 1605 EUSTIS STREET ST PAUL, MN 55108	vp finance & admin TREASURER 40 00	124,519	12,102	0
laura arvold 1605 EUSTIS STREET ST PAUL, MN 55108	general counsel SECRETARY 40 00	102,717	13,038	0
Ken Middlebrooks 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD CHAIR 1 00	0	0	0
Paul Verret 1605 EUSTIS STREET ST PAUL, MN 55108	board vice chair 1 00	0	0	0
Nancy Breyfogle 1605 EUSTIS STREET ST PAUL, MN 55108	board MEMBER 1 00	0	0	0
Jeff Baker 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Liz Carlson 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Rick Evans 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Jimmy Fogel 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Bill Foussard 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Hyun Sook Han 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Beth Jacob 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Linda Jones 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Jocelyn Knoll 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Mary Komornicka 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Steve Kowalke 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Shela Lenss 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Li Margaret 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
jennifer martin 1605 EUSTIS STREET sT PAUL, MN 55108	board memBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Patti Meier 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Alkis Michaelides 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Bill Priesmeyer 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Joe Reis 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Jim Steilen 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Grace Strangis 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Elizabeth Streeper 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Joan Suwalsky 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Sandy Tokach 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0
Susan White 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Steve Zenz 1605 EUSTIS STREET ST PAUL, MN 55108	BOARD MEMBER 1 00	0	0	0

TY 2007 Depreciation and Depletion Schedule**Name:** CHILDREN'S HOME SOCIETY & FAMILY SERVICES**EIN:** 41-0693906

Asset	Amount
program depreciation expenses	393,937
management depreciation expenses	60,849
fundraising depreciation expenses	32,871

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Gain/Loss from Sale of Other Assets Schedule

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
fixed assets	2007-12	PURCHASED	2007-12		148,446	148,446		0	148,446	148,446

TY 2007 Gain/Loss from Sale of Public Securities Schedule**Name:** CHILDREN'S HOME SOCIETY & FAMILY SERVICES**EIN:** 41-0693906**Gross Sales Price:** 2,877,471**Basis:** 3,136,006**Sales Expenses:** 0**Total (net):** -258,535

TY 2007 General Explanation Attachment

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Identifier	Return Reference	Explanation
EXPLANATION OF DEPRECIATION method	FORM 990 PART II LINE 42	DEPRECIATION IS COMPUTED ON THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS AS FOLLOWS BUILDINGS AND LEASEHOLD IMPROVEMENTS 10 TO 50 YEARS FURNITURE AND EQUIPMENT 5 TO 10 YEARS/S EQUIPMENT AND SOFTWARE 5 YEARS

Identifier	Return Reference	Explanation
explanATIOn of deferred compensation distribution	form 990 PART v-a	During Fiscal 2008, the organization's President/CEO received a distribution of \$44,843 from a 457(f) deferred compensation plan, which was approved by the Board of Directors in 2005. The liability for the deferred compensation has been accrued on an annual basis. The plan requires the first distribution to the President/CEO upon reaching the age of 62. No other distributions are required until retirement.

TY 2007 Investments - Securities Schedule

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Description	Book Value	Cost/FMV
certificates of deposit	788,746	F
REAL ESTATE INVESTMENT TRUST	786,801	F

TY 2007 Land etc. Schedule

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
LAND	658,000		658,000
BUILDINGS & LEASEHOLD IMPROVEMENTS	10,835,414	2,339,735	8,495,679
FURNITURE & EQUIPMENT	1,586,549	1,120,742	465,807
INFORMATION SYSTEM EQUIPMENT & SOFTWARE	1,258,741	956,458	302,283
DONATED ARTWORK	380,171		380,171

TY 2007 Other Assets Schedule**Name:** CHILDREN'S HOME SOCIETY & FAMILY SERVICES**EIN:** 41-0693906

Description	Beginning of Year Amount	End of Year Amount
investments held for trust and annuity agreements	0	209,883
CONTRIBS REC REMAINDER TRUST	84,678	78,126
INTEREST IN PERPETUAL TRUST	1,858,502	1,677,879
RESTRICTED CASH	223,354	57,408
DEFERRED FINANCING COSTS	24,801	16,244
HOLDINGS AT COMMUNITY FOUNDATION	2,318,094	2,132,280
DUE FROM Adoption Service Information Agency Inc	976,302	1,157,305

TY 2007 Other Changes in Net Assets Schedule

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Description	Amount
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-195,996
CHANGE IN VALUE OF BENEFICIAL INTEREST COMMUNITY FOUNDATION HOLDING	-74,433
UNREALIZED Loss ON INVESTMENTS	-1,837,893

TY 2007 Other Liabilities Schedule

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Description	Beginning of Year Amount	End of Year Amount
REFUNDABLE FEES DEPOSITS	196,972	276,402
LIABILITY UNDER TRUST	157,761	146,740
POST-RETIREMENT BENEFITS	185,716	193,836
DEFINED BENEFIT PENSION LIABILITY	3,834,240	3,717,693

TY 2007 Other Revenues Included Schedule**Name:** CHILDREN'S HOME SOCIETY & FAMILY SERVICES**EIN:** 41-0693906

Description	Amount
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	-195,996
CHANGE IN VALUE OF BENEFICIAL INTEREST COMMUNITY FOUNDATION HOLDING	-74,433

**TY 2007 Other Revenues
Not Included Schedule****Name:** CHILDREN'S HOME SOCIETY & FAMILY SERVICES**EIN:** 41-0693906

Description	Amount
INVESTMENT Loss	-1,436,583
gain on sale of assets	148,446

TY 2007 Special Events Schedule

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
POLO PICNIC	101,847	0	101,847	73,142	28,705
LITTLE RED STOCKINGball	304,601	0	304,601	119,655	184,946
WINE MAKER'S DINNER	121,685	0	121,685	58,192	63,493
BENEFIT FOR KOREAN CHILDREN	49,661	0	49,661	49,661	0
CHINA REUNION	29,462	0	29,462	29,462	0

TY 2007 Tax-Exempt Bond Liabilities Schedule

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Item No.	1
Name of Issue	
Purpose	TAX EXEMPTMN VARIABLE RATE DEMAND REVENUE BOND SERIES 2000
Amount Outstanding	465000
Unexpeded Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2012-06
Repayment Terms	REDEMPTION PAYMENTS REQUIRED THROUGH JUNE 2, 2012
Interest Rate	110.00 %
Security	ORGANIZATION'S PROPERTY

TY 2007 Other Income Schedule

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Description	2006	2005	2004	2003	Total
OTHER REVENUE			93,497		93,497

TY 2007 Scholarship Award Statement

Name: CHILDREN'S HOME SOCIETY & FAMILY SERVICES

EIN: 41-0693906

Statement: Guidelines for adoption scholarships: 1. Household income less than \$70,000 with \$5,000 deducted for each child currently at home. 2. Must be adopting a waiting international child. 3. Child must be a difficult to place child (one which we would have difficulty placing without financial assistance). Guidelines for child care scholarships: 1. family size and income must fall with income guidelines. 2. All household adults must be employed and/or in a training program. 3. Funding for students is restricted to use at the St. Paul & Hubbs Cen 4. Working families may apply at all sites. 5. Families receiving child care from the county are not eligible to apply.