

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable:	C Name of organization CHILDRENS HOME SOCIETY OF MISSOURI Doing Business As	D Employer identification number 43-0652622
<input type="checkbox"/> Address change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E Telephone number 314-968-2350
<input type="checkbox"/> Name change	9445 LITZSINGER	G Gross receipts 5,093,457.
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Terminated	ST. LOUIS, MO 63144	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Amended return	F Name and address of principal officer: LARRY DUKE SAME AS C ABOVE	If "No," attach a list. (see instructions)
<input type="checkbox"/> Application pending	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number ▶
J Website: ▶ WWW.CHSMO.ORG		L Year of formation: 1891 M State of legal domicile: MO
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: WELL-BEING OF CHILDREN		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	78
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 747,943.	Current Year 925,878.
	9 Program service revenue (Part VIII, line 2g)	1,937,922.	2,175,272.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	267,995.	249,108.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,832.	10,292.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,965,692.	3,360,550.
Expenses	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)	2,047,505.	2,146,935.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 163,365.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	672,779.	725,629.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,720,284.	2,872,564.	
19 Revenue less expenses. Subtract line 18 from line 12	245,408.	487,986.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,461,326.	End of Year 8,687,059.
	21 Total liabilities (Part X, line 26)	208,953.	215,400.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,252,373.	8,471,659.

Part II Signature Block

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

Sign Here ▶ Signature of officer **LARRY DUKE, DIRECTOR OF BUSINESS & FINANCE** Date

Type or print name and title

Paid Preparer's name **BRENT E. MCCLURE CPA** Preparer's signature *Brent E. McClure* Date **10/07/11** Check if self-employed PTIN

Preparer Use Only Firm's name ▶ **KERBER, ECK & BRAECKEL LLP** Firm's EIN ▶

Firm's address ▶ **ONE MEMORIAL DRIVE STE 950 ST. LOUIS, MO 63102** Phone no. **314-231-6232**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN IN NEED

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 [X] 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 [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,791,518. including grants of \$) (Revenue \$ 1,713,241.)

THE RESIDENTIAL SERVICES PROGRAM SERVES CHILDREN WITH COMPLEX SUPPORT NEEDS DUE TO THEIR SIGNIFICANT, MULTIPLE DEVELOPMENTAL DISABILITIES. THIS PAST YEAR THE HOME SERVED 22 CHILDREN IN OUR PROGRAM. MANY OF OUR CHILDREN REQUIRE CONSTANT HEALTH OVERSIGHT AS A RESULT OF MEDICAL NEEDS THEY HAVE. CONSEQUENTLY, WE MAINTAIN A RATIO OF 1 STAFF FOR EVERY 3 CHILDREN IN OUR CARE AND, HAVE AT LEAST ONE NURSE ON EACH SHIFT TO ATTEND TO HEALTH RELATED NEEDS. WE PROVIDE CARE FOR THESE CHILDREN IN BOTH OUR ST. LOUIS AND ST. CHARLES LOCATIONS.

WHILE OUR HIGHEST PRIORITY FOR THIS PROGRAM IS ASSURING THE HEALTH AND SAFETY OF EACH AND EVERY CHILD, WE ALSO STRIVE TO ASSIST EACH CHILD IN LEADING THE FULLEST LIFE POSSIBLE. OUR CHILDREN ATTEND SCHOOLS IN THE

4b (Code:) (Expenses \$ 174,206. including grants of \$) (Revenue \$ 206,272.)

IN THE FISCAL YEAR 2011, 37 WOMEN AND THEIR PARTNERS RECEIVED PREGNANCY COUNSELING, 21 CHILDREN JOINED FAMILIES THROUGH A VARIETY OF ADOPTION PLANS AND 92 ADULTS RECEIVED ASSESSMENTS IN PREPARATION FOR ADOPTION OR LEGAL GUARDIANSHIP. CHS OFFERS TWO EXPANDED PROGRAMS TO INCREASE PARENTING SKILLS AND DECREASE THE RISK OF CHILDREN EXPERIENCING ABUSE OR NEGLECT IN THEIR HOMES. THE NURTURING TEENS PROGRAM SUPPORTS HEALTH PREGNANCIES AND PREPARES PREGNANT AND NEWLY PARENTING TEENS FOR PARENTHOODS BY ATTENDING TO THEIR IMMEDIATE NEEDS, STABILIZING THEIR LIVING ENVIRONMENT AND PROVIDING EVIDENCE BASED CHILD ABUSE/ NEGLECT PREVENTION SERVICES. THE NURTURING KIDS PROGRAM SUPPORTS CHILDREN, BIRTH THROUGH FIVE, WHO ARE AT RISK OF CHILD ABUSE/ NEGLECT. THROUGH AN EVIDENCE BASED CURRICULUM PROVIDED TO THE FAMILY, THERE IS A

4c (Code:) (Expenses \$ 425,682. including grants of \$) (Revenue \$ 255,759.)

EDUCATION AND COUNSELING SERVICES AT CHS OFFERS THE FIRST COMPREHENSIVE PROGRAM IN THE ST. LOUIS METROPOLITAN AREA SPECIFICALLY DESIGNED TO MEET THE MENTAL HEALTH NEEDS OF FOSTER AND ADOPTIVE FAMILIES, WITH A SPECIAL FOCUS ON WORKING WITH CHILDREN WHO HAVE HISTORIES OF ABUSE, NEGLECT, ABANDONMENT, AND OTHER TRAUMA. A FULL CONTINUUM OF SERVICES IS AVAILABLE TO MEET THE NEEDS OF CHILDREN AND THEIR FAMILIES INCLUDING ADOPTION PREPARATION, INDIVIDUAL AND FAMILY COUNSELING SERVICES, THERAPEUTIC GROUP SERVICES, PSYCHOLOGICAL TESTING AND EVALUATION, AND SPECIALIZED ADOPTION-RELATED EDUCATION.

IN FY2011, 443 INDIVIDUALS WERE SERVED DIRECTLY BY THE PROGRAM THROUGH EDUCATIONAL OPPORTUNITIES, INDIVIDUAL AND FAMILY THERAPY, SUPPORT AND

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,391,406.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Contains 20 main questions and sub-questions (a-f) regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
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		X
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 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
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		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for backup withholding, employee reporting, foreign accounts, and deductible contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (12); 1b Enter the number of voting members included in line 1a, above, who are independent (12); 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? (X); 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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: LARRY DUKE - 314-968-2350 9445 LITZSINGER, ST. LOUIS, MO 63144

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

Check if Schedule O contains a response to any question 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
REESE, SCOTT M. CHAIRMAN	1.50	X		X				0.	0.	0.
HARTING, RANDY G. SECRETARY/TREASURER	1.50	X		X				0.	0.	0.
BEACH, DOUGLAS R. VICE CHAIRMAN	1.50	X		X				0.	0.	0.
CURRAN, DAN TRUSTEE	1.50	X						0.	0.	0.
ERLINGER, JAMES H. TRUSTEE	1.50	X						0.	0.	0.
HARRIS, ANNA M. TRUSTEE	1.50	X						0.	0.	0.
BITTLE, MEGAN TRUSTEE	1.50	X						0.	0.	0.
HERMANN, JOHN TRUSTEE	1.50	X						0.	0.	0.
JUDD, CHRISTIE TRUSTEE	1.50	X						0.	0.	0.
LEPPER, GREGG J. TRUSTEE	1.50	X						0.	0.	0.
STUDE, WILLIAM C. TRUSTEE	1.50	X						0.	0.	0.
TEMPORITI, KATIE TRUSTEE	1.50	X						0.	0.	0.
MORTLAND, RYAN TRUSTEE	1.50	X						0.	0.	0.
SACKS, MARGIE TRUSTEE	1.50	X						0.	0.	0.
NOLTE, KAREN EXECUTIVE DIRECTOR	40.00			X				87,718.	0.	13,224.
DUKE, LARRY DIRECTOR OF BUSINESS & FIN	40.00			X				86,118.	0.	12,751.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	160,116.			
	b	Membership dues	1b				
	c	Fundraising events	1c	87,571.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	678,191.			
	g	Noncash contributions included in lines 1a-1f: \$		224,318.			
	h	Total. Add lines 1a-1f		925,878.			
	Program Service Revenue	2 a	<u>PURCHASE OF SERVICES/G</u> Business Code 900099		1713241.	1713241.	
b		<u>EDUCATION AND COUNSEL</u> Business Code 900099		255,759.	255,759.		
c		<u>ADOPTION</u> Business Code 900099		206,272.	206,272.		
d						
e						
f		All other program service revenue					
g		Total. Add lines 2a-2f		2175272.			
3		Investment income (including dividends, interest, and other similar amounts)		166,398.			166,398.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross Rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	1,789,250.			
	b	Less: cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)		1,706,540.			
	d	Net gain or (loss)		82,710.			82,710.
	8 a	Gross income from fundraising events (not including \$ <u>87,571.</u> of contributions reported on line 1c). See Part IV, line 18	a	26,367.			
	b	Less: direct expenses	b	26,367.			
	c	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	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			
11 a	<u>MISCELLANEOUS</u> Business Code 900099		10,292.			10,292.	
b						
c						
d	All other revenue						
e	Total. Add lines 11a-11d		10,292.				
12	Total revenue. See instructions.		3360550.	2175272.	0.	259,400.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	211,045.	84,418.	126,627.	
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	1,543,984.	1,388,124.	90,568.	65,292.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	260,039.	236,384.	11,704.	11,951.
10 Payroll taxes	131,867.	114,874.	12,598.	4,395.
11 Fees for services (non-employees):				
a Management				
b Legal	1,762.	1,747.	15.	
c Accounting	19,718.		19,718.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	54,308.	12,922.	22,720.	18,666.
12 Advertising and promotion	175.	175.		
13 Office expenses	103,779.	85,336.	4,794.	13,649.
14 Information technology				
15 Royalties				
16 Occupancy	66,721.	55,762.	7,041.	3,918.
17 Travel	14,809.	12,936.	1,076.	797.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,273.	5,510.	609.	154.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	111,127.	100,364.	8,541.	2,222.
23 Insurance	108,171.	103,449.	2,270.	2,452.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MAINTENANCE	72,508.	66,765.	4,224.	1,519.
b OUTSIDE SERVICES	59,533.	59,533.		
c FOOD	47,455.	47,455.		
d FUNDRAISING	34,010.			34,010.
e MISCELLANEOUS	25,280.	15,652.	5,288.	4,340.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,872,564.	2,391,406.	317,793.	163,365.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	387,947.	1	495,383.
	2	Savings and temporary cash investments	524,220.	2	284,050.
	3	Pledges and grants receivable, net	78,122.	3	183,122.
	4	Accounts receivable, net	157,687.	4	302,020.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	32,439.	9	26,287.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,408,350.		
	b	Less: accumulated depreciation	10b 1,685,635.	10c	722,715.
	11	Investments - publicly traded securities	4,064,706.	11	5,004,891.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,454,372.	15	1,668,591.
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,461,326.	16	8,687,059.	
Liabilities	17	Accounts payable and accrued expenses	183,953.	17	209,305.
	18	Grants payable		18	
	19	Deferred revenue		19	1,095.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	25,000.	23	5,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	208,953.	26	215,400.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	5,633,538.	27	6,534,490.
	28	Temporarily restricted net assets	291,463.	28	401,092.
	29	Permanently restricted net assets	1,327,372.	29	1,536,077.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	7,252,373.	33	8,471,659.	
34	Total liabilities and net assets/fund balances	7,461,326.	34	8,687,059.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,360,550.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,872,564.
3	Revenue less expenses. Subtract line 2 from line 1	3	487,986.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,252,373.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	731,300.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	8,471,659.

Part XII Financial Statements and Reporting

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

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

Form 990 (2010)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	503,107.	893,009.	733,422.	747,943.	925,878.	3,803,359.
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	503,107.	893,009.	733,422.	747,943.	925,878.	3,803,359.
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.						3,803,359.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	503,107.	893,009.	733,422.	747,943.	925,878.	3,803,359.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	199,521.	150,245.	127,984.	135,231.	166,398.	779,379.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	26,043.	11,252.	10,379.	11,832.	10,292.	69,798.
11 Total support. Add lines 7 through 10						4,652,536.
12 Gross receipts from related activities, etc. (see instructions)					12	10,506,565.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	81.75 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	81.69 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

CHILDRENS HOME SOCIETY OF MISSOURI

Employer identification number

43-0652622

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor informed consent.

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

Form with multiple sections: Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, transferred, released, extinguished, or terminated, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 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)?, In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with questions about reporting works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, and amounts relating to these items.

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 XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,329,777.	1,252,502.	1,519,567.		
b Contributions					
c Net investment earnings, gains, and losses	208,705.	104,405.	-267,065.		
d Grants or scholarships					
e Other expenditures for facilities and programs		27,130.			
f Administrative expenses					
g End of year balance	1,538,482.	1,329,777.	1,252,502.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment 99.84 %
 - c Term endowment .16 %
- 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 | | X |
| (ii) related organizations | | X |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | |
| 3b | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		93,043.		93,043.
b Buildings		1,713,214.	1,236,914.	476,300.
c Leasehold improvements				
d Equipment		479,951.	326,579.	153,372.
e Other		122,142.	122,142.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				722,715.

Part VII Investments - Other Securities. 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)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ACCRUED INTEREST	84.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	1,515,705.
(3) BENEFICIAL INTEREST IN CHARITABLE REMAINDER TRUST	152,802.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,668,591.

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,360,550.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,872,564.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	487,986.
4	Net unrealized gains (losses) on investments	4	512,830.
5	Donated services and use of facilities	5	4,280.
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	214,190.
9	Total adjustments (net). Add lines 4 through 8	9	731,300.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,219,286.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,091,850.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	512,830.
b	Donated services and use of facilities	2b	4,280.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	214,190.
e	Add lines 2a through 2d	2e	731,300.
3	Subtract line 2e from line 1	3	3,360,550.
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,360,550.

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

1	Total expenses and losses per audited financial statements	1	2,872,564.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,872,564.
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 XIV.)	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	2,872,564.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ORGANIZATION'S INVESTMENT AND SPENDING POLICIES

FOR ENDOWMENTS ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENTS. THE ORGANIZATION HAS AN INFORMAL POLICY WHICH ALLOWS FOR PAYMENT OF ANNUAL INCOME TO THE ORGANIZATION AS CONSIDERED APPROPRIATE BY THE BOARD OF TRUSTEES FOR CAPITAL EXPENDITURES AND PROGRAM EXPENSES OTHER THAN PAYROLL RELATED EXPENSES, AS DIRECTED BY THE DONOR-RESTRICTED ENDOWMENT FUNDS.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTEREST IN TRUSTS 214,190.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN BENEFICIAL INTERST IN TRUSTS 214,190.

PART X, LINE 2: THE ORGANIZATION QUALIFIES AS A CHARITABLE ORGANIZATION AS DEFINED BY INTERNAL REVENUE CODE SECTION 501(C)(3), AND ACCORDINGLY IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(A) AND SIMILAR PROVISIONS OF STATE LAW. THE ORGANIZATION FILES FEDERAL INFORMATION RETURNS. THE STATUTES OF LIMITATIONS FOR INFORMATION RETURNS FILED FOR THE TAX YEARS ENDED JUNE 30, 2008 THROUGH 2011 HAVE NOT EXPIRED AND THEREFORE ARE SUBJECT TO EXAMINATION.

THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED ACCOUNTING STANDARDS CODIFICATION (ASC) SECTION 740-10 (FORMERLY KNOWN AS FASB INTERPRETATION NO. 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES — AN INTERPRETATION OF FASB NO. 109. THIS INTERPRETATION CLARIFIES THE ACCOUNTING FOR INCOME TAXES BY PRESCRIBING THE MINIMUM STANDARD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION HAS NOT TAKEN ANY UNCERTAIN TAX POSITIONS THAT SHOULD BE ACCOUNTED FOR UNDER ASC SECTION 740-10.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DINNER & AUCTION (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	113,938.		113,938.
	2	Less: Charitable contributions	87,571.		87,571.
	3	Gross income (line 1 minus line 2)	26,367.		26,367.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	26,367.		26,367.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(26,367)
	11	Net income summary. Combine line 3, column (d), and line 10			0.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Complete this part to 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 complete this part to provide any additional information (see instructions).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CHILDRENS HOME SOCIETY OF MISSOURI

Employer identification number

43-0652622

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		214,263.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	10,055.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (.....				
26	Other ▶ (.....				
27	Other ▶ (.....				
28	Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: CHILDREN'S HOME SOCIETY USES MERCHANDISE PICK-UP SERVICES, INC. TO SOLICIT, PROCESS, AND SELL CLOTHES AND HOUSEHOLD GOODS FOR THE BENEFIT OF CHILDREN'S HOME SOCIETY. THE AMOUNT REPORTED ON SCHEDULE M IS ACTUALLY THE AMOUNT OF CASH RECEIVED BY CHILDREN'S HOME SOCIETY FROM MERCHANDISE PICK-UP SERVICES, INC. FOR CHILDREN'S HOME SOCIETY'S SHARE OF DONATED CLOTHES AND HOUSEHOLD GOODS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDRENS HOME SOCIETY OF MISSOURI

Employer identification number

43-0652622

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COMMUNITY AND PARTICIPATE IN A WIDE VARIETY OF LEISURE ACTIVITIES IN THE COMMUNITY, AS WELL. PLAYING ON A BASEBALL TEAM, SKATING AT THE LOCAL COMMUNITY CENTER, ATTENDING CAMPS AND ZOO TRIPS ARE AMONG THE MANY EXCITING ACTIVITIES OUR CHILDREN PARTICIPATED IN THIS YEAR.

THE SHORT TERM MEDICAL RESIDENTIAL (OR RESPITE CARE) SERVICES OF THE CHILDREN'S HOME SOCIETY IS A VITAL PROGRAM THAT PROVIDES SHORT TERM CARE FOR CHILDREN WITH SIGNIFICANT, MULTIPLE DEVELOPMENTAL DISABILITIES WHO LIVE AT HOME WITH THEIR FAMILIES. THE GOAL OF THESE SERVICES IS TO ENABLE THESE FAMILIES TO RECEIVE PERIODIC RELIEF FROM THE CARE OF THEIR CHILD FOR PERIODS FROM A FEW HOURS TO SEVERAL DAYS. WE PROVIDED 10,088 HOURS OF SERVICE TO NEARLY 34 FAMILIES IN THE ST. LOUIS AND ST. CHARLES AREAS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

DECREASE IN THE RISK OF ABUSE/ NEGLECT AND IN THE SERIOUS MENTAL, BEHAVIORAL AND EMOTIONAL DIFFICULTIES THAT OFTEN RESULT FROM SUCH MALTREATMENT AND TRAUMA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THERAPY GROUPS AND PSYCHOLOGICAL EVALUATION AND ASSESSMENT. STAFF MEMBERS ARE ROUTINELY CALLED UPON FOR PROFESSIONAL TRAINING AND CONSULTATION IN THE AREAS OF CHILDHOOD TRAUMA AND THE EFFECTS OF ABUSE AND NEGLECT ON CHILD DEVELOPMENT AND CHS HAS PARTNERED WITH OTHER AGENCIES IN THE ST. LOUIS COMMUNITY TO BRING TO THE AREA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

CHILDRENS HOME SOCIETY OF MISSOURI

Employer identification number

43-0652622

NATIONALLY-KNOWN EXPERTS IN THE SUBJECTS OF CHILD TRAUMA, FOSTER CARE,
AND ADOPTION.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE REVIEWED BY
THE EXECUTIVE DIRECTOR AND DIRECTOR OF BUSINESS AND FINANCE, THEN IT WILL
BE SENT TO THE BOARD CHAIR AND TREASURER FOR THEIR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: WE REQUIRE ALL BOARD MEMBERS AND
MANAGEMENT STAFF TO ANNUALLY COMPLETE A NEW CONFLICT OF INTEREST FORM FOR
REVIEW.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE BOARD APPROVES THE
COMPENSATION FOR THE EXECUTIVE DIRECTOR. A COMPENSATION SURVEY IS USED TO
DETERMINE THE SALARY AND THE DELIBERATION AND DECISION IS DOCUMENTED IN THE
EXECUTIVE BOARD MINUTES. THE FINANCE COMMITTEE OF THE BOARD APPROVES THE
COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES. A COMPENSATION
SURVEY IS USED TO DETERMINE THE INCREASE IN SALARY AND THE DELIBERATION AND
DECISION IS DOCUMENTED IN THE FINANCE COMMITTEE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: CHILDRENS HOME SOCIETY OF MISSOURI
MAKES ITS GOVERNING DOCUMENT, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENT AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 512,830.

DONATED SERVICES AND USE OF FACILITIES: 4,280.

CHANGE IN BENEFICIAL INTEREST IN TRUSTS 214,190.

TOTAL TO FORM 990, PART XI, LINE 5 731,300.