

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

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

**C** Name of organization  
THE CHILDREN'S HOME INC

Doing business as  
CHILDREN'S HOME NETWORK

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
10909 MEMORIAL HIGHWAY

City or town, state or province, country, and ZIP or foreign postal code  
TAMPA, FL 336152511

**D** Employer identification number  
59-0696284

**E** Telephone number  
(813) 855-4435

**G** Gross receipts \$ 20,337,061

**F** Name and address of principal officer:  
IRENE K RICKUS  
10909 MEMORIAL HIGHWAY  
TAMPA, FL 336152511

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

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.CHILDRENHOMENETWORK.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1892

**M** State of legal domicile: FL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
TO UNLOCK THE POTENTIAL OF AT RISK CHILDREN AND FAMILIES AND CREATE OPPORTUNITIES FOR SUCCESS

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	25
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	25
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	345
<b>6</b> Total number of volunteers (estimate if necessary)	647
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	15,031,411	19,321,125
<b>9</b> Program service revenue (Part VIII, line 2g)	833,263	852,466
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,542	4,738
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-67,692	93,441
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,790,440	20,271,770
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	305,084	369,586
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,802,045	13,937,153
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶564,245		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	3,986,138	5,049,376
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	15,093,267	19,356,115
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	697,173	915,655
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	6,725,809	8,791,927
<b>21</b> Total liabilities (Part X, line 26)	1,462,362	2,608,401
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	5,263,447	6,183,526

**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: \*\*\*\*\* Date: 2021-04-06

TAMI GRONSETH CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00100222
Firm's name ▶ CBIZ MHM LLC			Firm's EIN ▶ 27-3605969	
Firm's address ▶ 13577 FEATHER SOUND DR SUITE 400 CLEARWATER, FL 337625539			Phone no. (727) 572-1400	

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

TO UNLOCK THE POTENTIAL OF AT RISK CHILDREN AND FAMILIES BY PROVIDING COMPASSIONATE AND EFFECTIVE SERVICES THAT CREATE OPPORTUNITIES FOR SUCCESS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 7,337,948 including grants of \$ 97,583 ) (Revenue \$ )  
 See Additional Data

**4b** (Code: ) (Expenses \$ 3,928,955 including grants of \$ 88,756 ) (Revenue \$ 549,720 )  
 See Additional Data

**4c** (Code: ) (Expenses \$ 3,824,441 including grants of \$ 174,600 ) (Revenue \$ 303,753 )  
 See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O.)  
 (Expenses \$ 1,092,077 including grants of \$ 8,647 ) (Revenue \$ )

**4e Total program service expenses** ▶ 16,183,421

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
<b>5</b>	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b>	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b>	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>11a</b>	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>11b</b>	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
<b>11c</b>	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
<b>11d</b>	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
<b>11e</b>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>11f</b>	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
<b>12a</b>	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
<b>12b</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
<b>17</b>	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
<b>20a</b>	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
<b>20b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related party transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 main columns: Question/Description, Yes, No. Rows include 1a (Form 1096), 1b (Forms W-2G), and 1c (gambling winnings).



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



Section A. Governing Body and Management

Table with 5 main rows (1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, 9) and 3 columns: Description, Yes, No. Includes questions about voting members, family relationships, and governance documents.

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

Table with 10 main rows (10a-10b, 11a-11b, 12a-12c, 13, 14, 15a-15b, 16a-16b) and 3 columns: Description, Yes, No. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed (FL)
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: TAMI GRONSETH CFO 10909 MEMORIAL HIGHWAY TAMPA, FL 336152511 (813) 864-1510







**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	40,933				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	75,041				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	840,748				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	6,790,794				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	11,573,609				
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>	300,911				
	<b>h Total.</b> Add lines 1a-1f . . . . .			19,321,125			
<b>Program Service Revenue</b>	<b>2a</b> CHILD & FAMILY SERVICES	Business Code					
		624110	852,466	852,466			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			852,466				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		4,502			4,502	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	236				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	0				
		<b>c</b> Gain or (loss)	236				
	<b>d</b> Net gain or (loss) . . . . .		236			236	
	<b>8a</b> Gross income from fundraising events (not including \$ 75,041 of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8a</b>	139,425				
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>	57,856			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			81,569		81,569	
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>9a</b>		18,300					
<b>b</b> Less: direct expenses . . . . .		<b>9b</b>	7,435				
<b>c</b> Net income or (loss) from gaming activities . . . . .			10,865		10,865		
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .							
	<b>10a</b>						
	<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue . . . . .			1,007	1,007			
<b>e Total.</b> Add lines 11a-11d . . . . .			1,007				
<b>12 Total revenue.</b> See instructions . . . . .			20,271,770	853,473	0	97,172	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	369,586	369,586		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	351,405		351,405	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	11,338,716	9,819,178	1,147,640	371,898
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	90,486	73,203	14,794	2,489
<b>9</b> Other employee benefits . . . . .	1,297,570	1,184,881	74,169	38,520
<b>10</b> Payroll taxes . . . . .	858,976	726,741	105,269	26,966
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	42,101	2,520	38,125	1,456
<b>c</b> Accounting . . . . .	66,320		66,320	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,815,262	1,687,467	114,865	12,930
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	1,137,606	940,661	130,016	66,929
<b>14</b> Information technology . . . . .	196,038	80,483	90,368	25,187
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	855,144	659,643	186,388	9,113
<b>17</b> Travel . . . . .	206,770	198,867	7,398	505
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	78,835	54,194	24,374	267
<b>20</b> Interest . . . . .	310		310	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	378,964	169,301	208,272	1,391
<b>23</b> Insurance . . . . .	266,951	215,956	47,674	3,321
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses	5,075	740	1,062	3,273
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	19,356,115	16,183,421	2,608,449	564,245
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	2,250	<b>1</b>	311,450
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	1,127,132
	<b>3</b> Pledges and grants receivable, net . . . . .	3,040,176	<b>3</b>	3,642,855
	<b>4</b> Accounts receivable, net . . . . .	46,419	<b>4</b>	59,846
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	11,054	<b>8</b>	11,054
	<b>9</b> Prepaid expenses and deferred charges . . . . .	240,667	<b>9</b>	241,073
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 10,520,814		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 7,210,597	3,291,561	<b>10c</b> 3,310,217
	<b>11</b> Investments—publicly traded securities . . . . .	74,137	<b>11</b>	76,029
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	19,545	<b>15</b>	12,271
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,725,809	<b>16</b>	8,791,927	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	764,922	<b>17</b>	1,083,111
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	457,018	<b>19</b>	1,143,182
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	69,360	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	308,000
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	171,062	<b>25</b>	74,108
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	1,462,362	<b>26</b>	2,608,401
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,940,032	<b>27</b>	3,186,523
	<b>28</b> Net assets with donor restrictions . . . . .	2,323,415	<b>28</b>	2,997,003
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	5,263,447	<b>32</b>	6,183,526	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	6,725,809	<b>33</b>	8,791,927	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	20,271,770
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	19,356,115
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	915,655
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	5,263,447
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-797
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	5,221
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,183,526

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0696284

**Name:** THE CHILDREN'S HOME INC

Form 990 (2019)

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## Form 990, Part III, Line 4a:

PREVENTION AND INTERVENTION SERVICES:THE SUPPORTING AND EMPOWERING EDUCATIONAL AND DEVELOPMENTAL SERVICES (SEEDS) PROGRAM IS A MULTI-DISCIPLINARY INTERVENTION TEAM COMPOSED OF SCHOOLS, COMMUNITY, AND FAMILY REPRESENTATIVES. THE PRIMARY GOAL OF SEEDS IS TO ENSURE CHILDREN: 1) ARE READY FOR KINDERGARTEN; 2) ARE PROMOTED AT THE END OF THE SCHOOL YEAR; AND 3) ARE READING ON LEVEL BY THIRD GRADE. THESE GOALS ARE ACCOMPLISHED BY WORKING TOGETHER WITH THE FAMILY TO SUPPORT THE CHILD'S DEVELOPMENT, EDUCATIONAL, AND SOCIAL NEEDS SO HE OR SHE IS ABLE TO SUCCESSFULLY FUNCTION AT HOME, SCHOOL, AND IN THE COMMUNITY.(CONTINUED ON SCHEDULE O)THE SEEDS TEAM UTILIZES STRENGTH-BASED PLANNING TO SUPPORT THE CHILD AND THE FAMILY BY COMBINING THE STRENGTHS OF THE FAMILY, SCHOOL SYSTEM, COMMUNITY SERVICES, AND EXISTING FAMILY SUPPORTS. SEEDS COLLABORATES WITH THE HILLSBOROUGH COUNTY ELEMENTARY SCHOOLS ACROSS THE COUNTY TO PROVIDE CHILDREN AND FAMILIES WITH THE HELP THEY NEED TO OVERCOME SOME OF LIFE'S OBSTACLES. TOTAL SERVED THIS YEAR IS 1,448.KINSHIP IS A PROGRAM AVAILABLE TO FAMILY MEMBERS CARING FOR A RELATIVE'S CHILD(REN) IN HILLSBOROUGH, ORANGE, OSCEOLA, PASCO, PINELLAS AND SEMINOLE COUNTIES. IT HELPS FAMILIES CONNECT TO NECESSARY SERVICES, EXPAND FAMILY SUPPORT SYSTEMS, AND REDUCE STRESS TO PROMOTE FAMILY STABILITY. TOTAL SERVED THIS YEAR IS 1,171. FAMILY RESOURCE CENTERS ARE LOCATED THROUGHOUT HILLSBOROUGH COUNTY AND OFFER PROGRAMS AND SERVICES EMPHASIZING CHILD DEVELOPMENT AND HEALTH AND SAFETY AVAILABLE AT NO COST TO MEMBERS. THE CENTERS ARE DESIGNED TO HELP FAMILIES AND COMMUNITIES BECOME HAPPIER, HEALTHIER AND STRONGER IN A REFRESHING HOME-LIKE ENVIRONMENT WHERE CARING STAFF AND MEMBERS OFFER SUPPORT, OPPORTUNITIES AND NEW FRIENDSHIPS. TOTAL SERVED THIS YEAR IS 5,806. THE PINELLAS SUPPORT TEAM (PST) IS A BEHAVIORAL HEALTH PROGRAM THAT PROVIDES SERVICES TO FAMILIES IN PINELLAS COUNTY WITH CHILDREN IN PRE-KINDERGARTEN THROUGH HIGH SCHOOL, WHO ARE EXPERIENCING DIFFICULTIES AT SCHOOL DUE TO BEHAVIORAL OR EMOTIONAL ISSUES.SERVICES OFFERED: ASSESSMENT, BEHAVIOR MODIFICATION, INDIVIDUAL AND FAMILY COUNSELING, TUTORING. PST IS INTENDED TO SERVE THE UNINSURED AND UNDER-INSURED POPULATION OR THOSE EXPERIENCING BARRIERS TO ACCESSING NEEDED SERVICES THROUGHOUT PINELLAS COUNTY. TOTAL SERVED THIS YEAR IS 292.HEALTHY FAMILIES IS A NATIONALLY-ACCREDITED HOME VISITING PROGRAM FOR EXPECTANT PARENTS AND PARENTS OF NEWBORNS EXPERIENCING STRESSFUL LIFE SITUATIONS. THE PROGRAM IMPROVES CHILDHOOD OUTCOMES AND INCREASES FAMILY SELF-SUFFICIENCY BY EMPOWERING PARENTS THROUGH EDUCATION AND COMMUNITY SUPPORT. PARENTS VOLUNTARILY PARTICIPATE IN HEALTHY FAMILIES SO THEY CAN LEARN HOW TO RECOGNIZE AND RESPOND TO THEIR BABY'S CHANGING DEVELOPMENTAL NEEDS, USE POSITIVE DISCIPLINE TECHNIQUES, COPE WITH THE DAY-TO-DAY STRESS OF PARENTING IN HEALTHY WAYS, AND ACHIEVE THEIR GOALS. TOTAL SERVED THIS YEAR IS 1,064. THE PROGRAMS SERVED A TOTAL OF 9,781 INDIVIDUALS DURING THE YEAR ENDING JUNE 30, 2020.

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**Form 990, Part III, Line 4b:**

RESIDENTIAL SERVICES:CHILDREN'S HOME NETWORK (CHN) OPERATES A THERAPEUTIC RESIDENTIAL PROGRAM, KID'S VILLAGE, SERVING UP TO 46 CHILDREN AGES 6-17 AND A MATERNITY PROGRAM, ADOLESCENTS IN MOTHERHOOD (AIM), SERVING UP TO 10 TEEN MOTHERS AND 10 INFANTS, ALL OF WHOM HAVE BEEN REMOVED FROM THEIR FAMILIES DUE TO ABUSE AND/OR NEGLECT. AS A RESULT OF THEIR LIFE EXPERIENCES, OUR CHILDREN AND YOUTH HAVE ALL BEEN TRAUMATIZED AND DEMONSTRATE EMOTIONAL AND BEHAVIORAL CHALLENGES THAT PRECLUDE THEM FROM A SUCCESSFUL PLACEMENT IN A LICENSED FOSTER HOME.(CONTINUED ON SCHEDULE O)CHN PROVIDES EVERY CHILD WITH SAFETY, STABILITY AND QUALITY CARE BY TRAINED CHILD CARE STAFF, MENTAL HEALTH SERVICES AND AN EVIDENCED BASED MODEL FOR BEHAVIORAL SUPPORT, ON-SITE NURSE AND PSYCHIATRIC SERVICES AS WELL AS LINKAGE TO MEDICAL, DENTAL AND VISION CARE, NUTRITIOUS AND WELL BALANCED MEALS, STRUCTURED AND DIVERSE ACTIVITIES ON AND OFF CAMPUS, A YOUTH EMPLOYMENT PROGRAM FOR OUR TEENS AND INTENSIVE EDUCATIONAL SUPPORT TO INCLUDE ON-SITE TUTORING AND A STATE OF THE ART LEARNING CENTER. OUR TEEN MOTHERS ARE PROVIDED PARENTING EDUCATION TO INCLUDE CHILD DEVELOPMENT, SAFETY, WELL-BABY CARE AND ATTACHMENT. EDUCATION IS PRIORITIZED AND ALL OF OUR YOUTH ATTEND SCHOOL OR ARE ENROLLED IN A GED OR JOB TRAINING PROGRAM. THROUGH THE PROGRAM'S STRUCTURE, SUPPORT, CONSISTENT EXPECTATIONS AND MOST IMPORTANTLY, QUALITY NURTURING CARE, OUR CHILDREN AND YOUTH REALIZE THAT THEY ARE LOVABLE, CAPABLE AND WORTHWHILE. IT IS THROUGH THIS RELATIONSHIP THAT THEY BEGIN TO TRUST AND TO HEAL, LEARNING PRO-SOCIAL SKILLS TO HELP THEM SUCCEED IN LIFE AND BREAK THE CYCLE OF ABUSE AND NEGLECT. KIDS VILLAGE AND AIM SERVICES ARE IN HIGH DEMAND, SERVING HILLSBOROUGH, PINELLAS, PASCO, MARION, ALACHUA, COLLIER, SARASOTA, PALM BEACH AND MONROE COUNTIES. AS A RESULT, OUR PROGRAMS ARE CONSISTENTLY AT CAPACITY AND SERVING AN AVERAGE OF 60 YOUTH DAILY. TOTAL SERVED DURING THE YEAR ENDING JUNE 30, 2020 IS 167.

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**Form 990, Part III, Line 4c:**

FOSTER CARE SUPPORT SERVICES:CHILDREN'S HOME NETWORK (CHN) RECRUITS AND LICENSES QUALITY FOSTER HOMES IN HILLSBOROUGH AND OSCEOLA COUNTIES TO SERVE CHILDREN THAT HAVE BEEN REMOVED FROM THEIR FAMILIES DUE TO ABUSE OR NEGLECT. CHN'S CAPACITY CONTINUES TO GROW AND WE CURRENTLY SUPPORT OVER 240 FOSTER HOMES AND SERVE AN AVERAGE OF 160 FOSTER CHILDREN, AGES 0-17, ON ANY GIVEN DAY. WE BELIEVE THAT CHILDREN IN FOSTER CARE ARE BEST SERVED IN A STABLE, FAMILY LIKE SETTING AND WITH THEIR SIBLINGS WHENEVER POSSIBLE. CHN FOSTER FAMILIES PROVIDE SAFETY AND EXCELLENT CARE WHERE CHILDREN HEAL FROM THEIR TRAUMA.(CONTINUED ON SCHEDULE O)OUR FOSTER FAMILIES ARE SKILLED PARENTS AND STRONG ADVOCATES FOR THEIR FOSTER CHILDREN, FUNCTIONING AS A MEMBER OF THE CHILD'S CASE MANAGEMENT TEAM. FOSTER FAMILIES CO-PARENT WITH THE CHILD'S BIRTH FAMILY TO MAINTAIN AND STRENGTHEN THE PARENT/CHILD BOND AND TO ASSIST WITH A TIMELY AND SAFE REUNIFICATION FOR THE FAMILY. THE CHN FOSTERING FAMILY'S TEAM OFFERS INTENSE SUPPORT FOR OUR FOSTER FAMILIES INCLUDING BUT NOT LIMITED TO PROFESSIONAL CHILD WELFARE AND LICENSING STAFF, AND WHEN NECESSARY, IN HOME CLINICAL SERVICES WITH A LICENSED MENTAL HEALTH CLINICIAN OR A MASTER'S LEVEL CLINICIAN. OUR CLINICAL TEAM INCLUDES A CHILD AND ADOLESCENT PSYCHIATRIST AND INTENSE IN-HOME THERAPY TO INCLUDE THE CHILD, FOSTER FAMILY AND WHEN APPROPRIATE THE BIRTH FAMILY. FOSTERING FAMILIES IS THE ONLY FOSTER CARE PROGRAM IN HILLSBOROUGH COUNTY THAT OFFERS FOUR LEVELS OF CARE TO SERVE THE UNIQUE NEEDS OF CHILDREN IN CARE: TRADITIONAL, MEDICAL, SUPPORTED AND SPECIALIZED THERAPEUTIC FOSTER CARE. CHN IS WELL REGARDED LOCALLY AND STATEWIDE FOR OUR COMMITMENT TO EXCELLENT CARE FOR EVERY CHILD IN OUR PROGRAM AND OUR ADVOCACY AND SERVICES ENSURE PLACEMENT STABILITY FOR OUR CHILDREN AND A HIGH LEVEL OF FOSTER PARENT RETENTION AND SATISFACTION. FOSTER CARE SUPPORT SERVICES WERE PROVIDED TO 797 INDIVIDUALS DURING THE YEAR ENDING JUNE 30, 2020.

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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 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.**

(Code: _____)	(Expenses \$ _____)	including grants of \$ _____	(Revenue \$ _____)
<p>LEVEL 1 LICENSING SERVICES: CHN REPRESENTS AS A FIRST RESPONDER TO THE FAMILY FOR THE PURPOSE OF LICENSING RELATIVES AND NON-RELATIVES THAT ARE PARENTING CHILDREN PLACED IN THEIR CARE BY CHILD PROTECTIVE SERVICES. LEVEL 1 LICENSURE IS INTENSE AND TIME SENSITIVE AND REQUIRES CHN STAFF TO ENGAGE QUICKLY, IDENTIFYING THE FAMILY'S URGENT AND ANTICIPATED HEALTH AND SAFETY NEEDS SO THEY CAN OBTAIN LICENSURE AND THE ONGOING SUPPORT IT PROVIDES WHILE THE CHILD IS IN THE HOME THROUGH PERMANENCY, TO INCLUDE GUARDIANSHIP ASSISTANCE. CHN'S LEVEL 1 TEAMS OPERATE IN HILLSBOROUGH, ORANGE, SEMINOLE AND OSCEOLA COUNTIES AND THEIR GOAL IS TO COMPLETE AN ASSESSMENT OF THE HOME SO THAT AN INITIAL LEVEL 1 LICENSE WILL BE ISSUED WITHIN 60 DAYS OF INITIAL REFERRAL. CHN'S LEVEL 1 TEAMS ASSIST FAMILIES BY PROVIDING LINKAGE TO PRE-SERVICE TRAINING, GOODS AND SERVICES SUCH AS FIRE EXTINGUISHERS, SMOKE DETECTORS, BEDS, AND MINOR HOME REPAIRS SO THAT THE CHILDREN ARE SAFE AND WELL CARED FOR AND THE HOME MEETS LICENSING STANDARDS. ONCE THE HOME IS LICENSED FOR LEVEL 1, CHN CONTINUES TO PROVIDE IN-HOME SUPPORT TO ENSURE THE CHILD AND FAMILY REMAINS STABLE AND NEEDS ARE MET IN A SAFE ENVIRONMENT. THE LEVEL 1 TEAM COMPLETES ANNUAL RELICENSING ACTIVITIES WITH THE FAMILY AND PARTICIPATES IN PERMANENCY PLANNING TO INCLUDE REUNIFICATION SUPPORT, ADOPTION BY THE CAREGIVER OR PERMANENT GUARDIANSHIP AND LINKAGE TO THE GUARDIANSHIP ASSISTANCE PROGRAM (GAP). CHN'S GAP SPECIALIST WORKS COLLABORATIVELY WITH THE LEGAL GUARDIAN TO ENSURE ACCESS TO THE GUARDIANSHIP ASSISTANCE PROGRAMS IN ORDER TO SUPPORT PERMANENCY.</p>			

(Code: _____)	(Expenses \$ _____)	1,092,077	including grants of \$ _____	8,647	(Revenue \$ _____)
<p>CAREGIVER SUPPORT SERVICES: CHN PROVIDES CAREGIVER SUPPORT SERVICES IN ORANGE, OSCEOLA AND SEMINOLE COUNTIES. CAREGIVER SUPPORT SERVICES TARGET FOSTER, RELATIVE AND NON-RELATIVE CAREGIVERS WHO ARE PARENTING CHILDREN PLACED IN THEIR HOMES THROUGH CHILD PROTECTIVE SERVICES AND PROVIDE MUCH NEEDED WRAP AROUND SUPPORT THAT THEN ENABLES CAREGIVERS TO FOCUS ON THE IMMEDIATE AND ONGOING NEEDS OF THEIR CHILDREN. CAREGIVER SUPPORT STAFF ARE RESPONSIBLE FOR CHILD WELL-BEING OUTCOMES IN ADDITION TO ADDRESSING NEEDS IMPACTING PLACEMENT STABILITY. CHN BELIEVES IN MEETING CAREGIVERS WHERE THEY ARE AT IN ORDER TO IDENTIFY THEIR NEEDS AND DEVELOP A PLAN TO MEET THOSE NEEDS. CAREGIVER SUPPORT STAFF COMPLETE IN-HOME VISITS WITH THE CAREGIVER AND CHILD NO LESS THAN MONTHLY AND PARTICIPATE IN DEPENDENCY CASE PLANNING AND COURT PROCEEDINGS ON AN ONGOING BASIS. CHN STAFF SUPPORT CAREGIVERS AND YOUTH BY LINKING WITH SERVICE PROVIDERS TO MEET NEEDS AND TO COMMUNITY RESOURCES THAT OFFER ADDITIONAL SUPPORT FOR THE FAMILY SUCH AS SUPPORT GROUPS AND PROVIDE GUIDANCE THAT SUPPORTS CO-PARENTING WITH BIRTH PARENTS. THE GOAL OF CAREGIVER SUPPORT IS TO ENSURE A CHILD IS WELL CARED FOR, NURTURED AND LOVED WHILE REMOVED FROM THEIR FAMILIES UNTIL SUCH A TIME THAT THEY CARE BE REUNIFIED. ADDITIONALLY, CAREGIVER SUPPORT PROVIDES WRAP AROUND ENGAGEMENT AND SUPPORT OF CAREGIVERS TO ASSIST THEM IN PARENTING A TRAUMATIZED CHILD WHILE WORKING IN PARTNERSHIP WITH THE LARGER CHILD WELFARE SYSTEM. SERVICES WERE PROVIDED TO 778 CAREGIVERS DURING THE YEAR ENDING JUNE 30, 2020.</p>					



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
IRENE K RICKUS ..... PRESIDENT & CEO	40.00 ..... 4.50			X				165,338	0	38,636
MARY LU KILEY ..... CFO (7/1/19-3/31/20)	40.00 ..... 4.50			X				123,397	0	27,835
LIBEN AMEDIE ..... CHAIRMAN	2.50 ..... 1.00	X						0	0	0
MARK BARRETT ..... 1ST VICE CHAIR	2.00 ..... 1.00	X						0	0	0
KARL M SCHMITZ III ..... 2ND VICE CHAIR	2.00 ..... 4.00	X						0	0	0
MERIDETH NEWMAN ..... SECRETARY	2.00 ..... 3.00	X						0	0	0
CHRIS RINKER ..... TREASURER	2.00 ..... 3.00	X						0	0	0
KEVIN WALSH ..... ASSISTANT TREASURER	2.00 ..... 1.00	X						0	0	0
CHERYL ADAMS ..... MEMBER	2.00 ..... 1.00	X						0	0	0
GREG ALBERS ..... MEMBER	2.00 ..... 3.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KALEI MCELROY BLAIR ..... MEMBER	2.00 ..... 1.00	X						0	0	0
PATTY BOHANNAN ..... MEMBER	2.00 ..... 1.00	X						0	0	0
KAROL K BULLARD ..... MEMBER	2.00 ..... 1.00	X						0	0	0
SHARON DOCHERTY DANCO ..... MEMBER	2.00 ..... 4.00	X						0	0	0
HOPE DOGALI ..... MEMBER	2.00 ..... 1.00	X						0	0	0
DAVID S EISCHEID ..... MEMBER	2.00 ..... 4.00	X						0	0	0
DAVID A KENNEDY ..... MEMBER	2.00 ..... 6.00	X						0	0	0
SANDRA L MURMAN ..... MEMBER	2.00 ..... 1.00	X						0	0	0
ALISON NEWMAN ..... MEMBER	2.00 ..... 1.00	X						0	0	0
STEVE NICHOLS ..... MEMBER	2.00 ..... 1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHERI M O'NEIL ..... MEMBER	2.00 ..... 3.00	X						0	0	0
DJ RONDEAU ..... MEMBER	2.00 ..... 1.00	X						0	0	0
SEAN STRICKLER ..... MEMBER	2.00 ..... 1.00	X						0	0	0
DONNA M TURNER ..... MEMBER	2.00 ..... 1.00	X						0	0	0
SAMANTHA L WARD ..... MEMBER	2.00 ..... 1.00	X						0	0	0
CASEY WELDON ..... MEMBER	2.00 ..... 1.00	X						0	0	0
STEPHANIE WELDON ..... MEMBER	2.00 ..... 1.00	X						0	0	0

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
THE CHILDREN'S HOME INC

**Employer identification number**  
59-0696284

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
- g Provide the following information about the supported organization(s).

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

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	12,538,887	12,450,087	13,429,512	15,031,411	19,321,125	72,771,022
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4 Total.</b> Add lines 1 through 3	12,538,887	12,450,087	13,429,512	15,031,411	19,321,125	72,771,022
<b>5</b> 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) . . .						1,241,869
<b>6 Public support.</b> Subtract line 5 from line 4.						71,529,153

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . .	12,538,887	12,450,087	13,429,512	15,031,411	19,321,125	72,771,022
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	4,204	2,281	2,808	3,176	4,502	16,971
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .					92,434	92,434
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .	25,867	11,136				37,003
<b>11 Total support.</b> Add lines 7 through 10						72,917,430
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	4,249,735
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.100 %
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.130 %
<b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i)</b> <b>Excess Distributions</b>	<b>(ii)</b> <b>Underdistributions</b> <b>Pre-2019</b>	<b>(iii)</b> <b>Distributable</b> <b>Amount for 2019</b>
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0696284

**Name:** THE CHILDREN'S HOME INC

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

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
THE CHILDREN'S HOME INC  
**Employer identification number**  
59-0696284

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	74,035	67,306	150,679	2,268,368	3,574,432
<b>b</b> Contributions . . . . .		2,103			847,150
<b>c</b> Net investment earnings, gains, and losses	5,870	4,626	6,891		14,880
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	3,876		90,264	2,117,689	2,168,094
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	76,029	74,035	67,306	150,679	2,268,368

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

- a** Board designated or quasi-endowment ▶ 60.050 %
- b** Permanent endowment ▶ 0 %
- c** Temporarily restricted endowment ▶ 39.950 %

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

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

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

	Yes	No
<b>3a(i)</b>		No
<b>3a(ii)</b>	Yes	
<b>3b</b>	Yes	

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .		7,696,652	5,073,424	2,623,228
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		2,436,750	1,912,112	524,638
<b>e</b> Other . . . . .		387,412	225,061	162,351
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				3,310,217

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ESTIMATED THIRD-PARTY PAYOR LIABILITIES	27,000
(3) ANNUITIES PAYABLE	46,736
(4) DUE TO AFFILIATE	372
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	74,108

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-0696284

**Name:** THE CHILDREN'S HOME INC

## Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INCOME GENERATED FROM THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO DELIVER PROGRAMS FOR ABUSED AND NEGLECTED CHILDREN. PROGRAMS INCLUDE RESIDENTIAL TREATMENT, THERAPY AND COUNSELING, FOSTER CARE, AND ADOPTION.

## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	EACH OF THE ENTITIES INCLUDED IN THE COMBINED FINANCIAL STATEMENTS HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A TAX-EXEMPT ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986. INCOME EARNED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. THE ORGANIZATION IS TREATED AS A PUBLICLY SUPPORTED ORGANIZATION, AND NOT AS A PRIVATE FOUNDATION. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC TOPIC 740, INCOME TAXES, AND DOES NOT BELIEVE IT HAS ANY MATERIAL INCOME TAX EXPOSURE RELATING TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S INCOME TAX FILINGS FOR PERIODS AFTER THE FISCAL YEAR ENDED JUNE 30, 2016 REMAIN SUBJECT TO EXAMINATION.



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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	<u>GOLF TOURNAMENT</u> (event type)	<u>SPORTING CLAYS</u> (event type)	(total number)	(add col. (a) through col. (c))
<b>1</b> Gross receipts . . . . .	142,325	72,091		214,416
<b>2</b> Less: Contributions . . . . .	66,575	8,416		74,991
<b>3</b> Gross income (line 1 minus line 2) . . . . .	75,750	63,675		139,425
<b>4</b> Cash prizes . . . . .				
<b>5</b> Noncash prizes . . . . .	3,055	4,167		7,222
<b>6</b> Rent/facility costs . . . . .				
<b>7</b> Food and beverages . . . . .	15,688	18,238		33,926
<b>8</b> Entertainment . . . . .	5,046			5,046
<b>9</b> Other direct expenses . . . . .	10,632	1,030		11,662
<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				57,856
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				81,569

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	<b>1</b> Gross revenue . . . . .			18,300
<b>2</b> Cash prizes . . . . .			750	750
<b>3</b> Noncash prizes . . . . .			6,685	6,685
<b>4</b> Rent/facility costs . . . . .				
<b>5</b> Other direct expenses . . . . .				
<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				7,435
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				10,865

**9** Enter the state(s) in which the organization conducts gaming activities: FL

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

**b** If "No," explain: \_\_\_\_\_  
 RAFFLES, LOTTERIES, AND OTHER DRAWINGS BY CHANCE ARE CONSIDERED A FORM OF GAMBLING AND ARE PROHIBITED BY LAW IN FLORIDA; HOWEVER, AN EXCEPTION TO THIS RULE APPLIES TO CERTAIN NONPROFITS THAT HAVE OBTAINED OBTAINED FEDERAL 501(C) (3) STATUS FROM THE IRS. LICENSURE IS NOT REQUIRED; HOWEVER NONPROFIT ORGANIZATIONS MUST COMPLY WITH ALL STATE AND FEDERAL LAWS GOVERNING THE SOLICITATION OF FUNDS AND MUST BE IN COMPLIANCE WITH FLORIDA STATUE, SECTION 849.0935 GOVERNING GAMBLING ACTIVITIES OF CHARITABLE NONPROFIT ORGANIZATIONS.

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

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |           |
|--------------------------------------|------------|-----------|
| <b>a</b> The organization's facility | <b>13a</b> | 0 %       |
| <b>b</b> An outside facility         | <b>13b</b> | 100.000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ FRANK MASSARO LISA CAMPBELL

Address ▶ 10909 MEMORIAL DRIVE TAMPA, FL 33615

- 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 ▶ FRANK MASSARO

Gaming manager compensation ▶ \$ 98,196

Description of services provided ▶ FRANK MASSARO IS THE CHIEF OF DEVELOPMENT. HE IS RESPONSIBLE FOR THE STRATEGIC DIRECTION AND OVERALL DEVELOPMENT OF THE ORGANIZATION INCLUDING THE CULTIVATION OF REVENUE STREAMS AND AVENUES FOR FUNDRAISING TO ENSURE STABILITY OVER THE LONG-TERM. THE COMPENSATION REPORTED IN LINE 16 INCLUDES SALARY AND BENEFITS FOR SERVICES PROVIDED AS CHIEF OF DEVELOPMENT FOR THE FISCAL YEAR ENDING JUNE 30, 2020. COMPENSATION ALLOCABLE TO GAMING ACTIVITIES IS NEGLIGIBLE.

Director/officer

Employee

Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

Return Reference

Explanation

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization THE CHILDREN'S HOME INC

Employer identification number

59-0696284

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) FOSTER CARE SUPPORT	83	123,600	51,000	ACTUAL COST	FOSTER CARE PARENT MILEAGE REIMBURSEMENT, DAYCARE, AND RESPITE
(2) CAREGIVER SUPPORT SERVICES	49	0	8,647	ACTUAL COST	FOSTER CARE SUPPORT - RENT ASSISTANCE, CARSEATS, FOOD, CLOTHING, UTILITIES
(3) KINSHIP	430	0	67,729	ACTUAL COST	FAMILY SUPPORT - RENT ASSISTANCE, CARSEATS, FOOD, CLOTHING, UTILITIES
(4) SEEDS- TUTORING SERVICES	52	0	29,854	ACTUAL COST	TUTORING
(5) RESIDENTIAL - CLIENT ASSISTANCE (BASIC NEEDS, MEDICAL, RECREATION)	167	10,476	78,280	ACTUAL COST	CLIENT FOOD, CLOTHING, INCIDENTALS, MEDICAL SUPPLIES, ACTIVITIES
(5)					
(6)					
(7)					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	FOSTER CARE SUPPORT: FAMILY SELECTIONS/DECISIONS ARE IN ACCORDANCE WITH CHI POLICIES AND PROCEDURES. MILEAGE IS REIMBURSED WHEN SPECIFICALLY APPROVED FOR PROGRAM RELATED ACTIVITIES/MEETINGS. DAYCARE IS PARTIALLY REIMBURSED BASED ON DEMONSTRATED NEED AND ADDITIONAL COMPLIANCE WITH ECKERD COMMUNITY ALTERNATIVES POLICIES AND PROCEDURES. RECEIPTS AND APPROPRIATE DOCUMENTATION ARE MANDATORY. HEALTH INSPECTIONS ARE PAID DIRECTLY TO THE DEPARTMENT OF HEALTH AS REQUIRED FOR LICENSING THE HOMES. KINSHIP AND CAREGIVER SUPPORT SERVICES PROVIDE ASSISTANCE AS FOLLOWS: CLIENT ASSISTANCE: IN ACCORDANCE WITH CHI AND FUNDER POLICIES AND PROCEDURES A FAMILY SUPPORT PLAN IS REQUIRED FOR ALL FAMILIES THAT IDENTIFIES SERVICES AND BASIC NEEDS. THE STAFF EXPLORES CURRENT FAMILY RESOURCES AS WELL AS THOSE AVAILABLE IN THE COMMUNITY. IF THERE ARE AREAS WHERE ADDITIONAL FUNDING IS STILL NEEDED, THE FAMILY REQUESTS ASSISTANCE AND CHI PROVIDES FLEXIBLE FUNDING THAT MAY BE USED BUT ONLY AS A LAST RESORT. A BUDGET IS DEVELOPED AND ALL RECEIPTS AND SUPPORTING DOCUMENTATION ARE MAINTAINED IN THE FILE. SEEDS PROVIDES ASSISTANCE BY PROVIDING TUTORING SERVICES AND IS FUNDED BY THE HILLSBOROUGH COUNTY PUBLIC SCHOOL BOARD. CLIENT ASSISTANCE IS ALSO USED FOR THE RESIDENTIAL PROGRAM AND IS FOR ALLOWANCES, ACTIVITIES AND OTHER RESIDENTIAL CLIENT NEEDS. ALLOWANCES ARE DISTRIBUTED MONTHLY BASED ON ECKERD COMMUNITY ALTERNATIVES POLICY AND PROCEDURES AND THE CLIENTS' AGE. THE CLIENTS SIGN THE DISTRIBUTION LIST INDICATING RECEIPT OF FUNDS. ACTIVITY MONIES ARE DISTRIBUTED TO SUPERVISORS WEEKLY TO TAKE THE CLIENTS TO ACTIVITIES OVER THE WEEKEND. RECEIPTS ARE PROVIDED AND THE FUNDS ARE BUDGETED.

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
THE CHILDREN'S HOME INC

Employer identification number  
59-0696284

**Part I Questions Regarding Compensation**

		Yes	No
<b>1a</b>	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/>	First-class or charter travel		
<input type="checkbox"/>	Travel for companions		
<input type="checkbox"/>	Tax idemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<input type="checkbox"/>	Personal services (e.g., maid, chauffeur, chef)		
<b>b</b>	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
<b>2</b>	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		
<b>3</b>	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input type="checkbox"/>	Compensation committee		
<input checked="" type="checkbox"/>	Independent compensation consultant		
<input checked="" type="checkbox"/>	Form 990 of other organizations		
<input type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
<b>4</b>	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b>	Receive a severance payment or change-of-control payment?	Yes	
<b>b</b>	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
<b>c</b>	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
	If "Yes," on line 5a or 5b, describe in Part III.		
<b>6</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b>	The organization?		No
<b>b</b>	Any related organization?		No
	If "Yes," on line 6a or 6b, describe in Part III.		
<b>7</b>	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No
<b>8</b>	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No
<b>9</b>	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		





**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4A	MARY LU KILEY, CFO, SEPARATED FROM EMPLOYMENT MARCH 31, 2020. SHE RECEIVED A SEVERANCE OF \$27,834 FOR THE PERIOD APRIL 1, 2020 THROUGH JUNE 30, 2020. SINCE PAID AFTER CALENDAR YEAR 2019, THE SEVERANCE IS NOT INCLUDED IN THE COMPENSATION FIGURES REPORTED IN SCHEDULE J, PART II.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization  
THE CHILDREN'S HOME INC

**Employer identification number**  
59-0696284

**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		18,141	FAIR MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	2	15,391	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 . . . . .	X	48	9,243	FAIR MARKET VALUE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( GENERAL SUPPLIES ) . . . . .	X	260	248,409	FAIR MARKET VALUE
26 Other ▶ ( EVENT SUPPLIES ) . . . . .	X	19	9,727	FAIR MARKET VALUE
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 0

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

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization  
THE CHILDREN'S HOME INC

Employer identification number

59-0696284

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	LEVEL 1 LICENSING AND CAREGIVER SUPPORT ARE NEW PROGRAMS. SEE FORM 990, PART III, LINE 4D FOR DESCRIPTIONS OF THESE PROGRAMS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS CASEY WELDON AND STEPHANIE WELDON ARE HUSBAND AND WIFE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 4	<p>CHN EXPANDED THE FOLLOWING SECTIONS OF ITS BYLAWS TO INCLUDE: SECTION 6.5 AUDIT COMMITTEE - EACH MEMBER OF THE AUDIT COMMITTEE SHALL BE INDEPENDENT OF MANAGEMENT (I.E., NOT AN OFFICER OR EMPLOYEE OF THE CORPORATION, NOT A PERSON WHO HAS SERVED AS AN OFFICER OR EMPLOYEE OF THE CORPORATION IN THE THREE YEARS BEFORE HIS OR HER APPOINTMENT TO THE AUDIT COMMITTEE , NOT A PERSON WHO HAS RECEIVED SIZABLE COMPENSATION FROM THE CORPORATION IN ANY CAPACITY IN THE THREE YEARS PRECEDING THE COMMITTEE APPOINTMENT, NOT A PERSON WHO HAS OR HAD DURING THE THREE YEARS PRECEDING THE APPOINTMENT A DIRECT BUSINESS RELATIONSHIP WITH THE CORPORATION, AND NOT A PERSON WHO IS AN IMMEDIATE FAMILY MEMBER OF ANY OF THE FOREGOING). THE BOARD WILL STRIVE TO APPOINT TO THE AUDIT COMMITTEE AT ALL TIMES ONE MEMBER WITH SUFFICIENT FINANCIAL EXPERTISE TO FULFILL THE RESPONSIBILITIES AND PERFORM THE REVIEW OF FINANCIAL RECORDS AND REPORTS. ARTICLE XII INDEMNIFICATION THE CORPORATION PROMPTLY SHALL PAY AND REIMBURSE IN ADVANCE OF A FINAL DISPOSITION OR ADJUDICATION OF THE PROCEEDING A DIRECTOR OR OFFICER FOR ALL COSTS AND EXPENSES (INCLUDING REASONABLE FEES OF AN ATTORNEY) THAT ARE INCURRED OR TO BE INCURRED BY THE DIRECTOR OR OFFICER IN DEFENDING ANY PROCEEDING (OTHER THAN AN ACTION BY, OR IN THE RIGHT OF, THE CORPORATION, AS TO WHICH THE CORPORATION MAY PROVIDE PAYMENT AND REIMBURSEMENT WITH THE APPROVAL OF 65% OF ALL THE DIRECTORS OF THE CORPORATION) TO WHICH THE OFFICER OR DIRECTOR IS A PARTY BY REASON OF THE FACT THAT THE PERSON IS OR WAS AN OFFICER OR DIRECTOR OF THE CORPORATION, OR IS OR WAS, WHILE AN OFFICER OR DIRECTOR OF THE CORPORATION, SERVING AT THE CORPORATION'S REQUEST AS AN AGENT, OFFICER, EMPLOYEE, DIRECTOR, MANAGER, PARTNER, OR TRUSTEE OF ANOTHER ENTERPRISE.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF THE CHILDREN'S HOME, INC. IS THE CHILDREN'S HOME COMMUNITY, INC, A FLORIDA NOT-FOR-PROFIT CORPORATION WITH EIN #20-0037972.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	THE ADVANCED APPROVAL OF THE SOLE MEMBER SHALL BE REQUIRED FOR EACH OF THE FOLLOWING ACTIONS BY THE ORGANIZATION: A. AMENDMENT OF THE CORPORATION'S ARTICLES OF INCORPORATION AND BY LAWS; B. CHANGES TO THE MISSION STATEMENT OF THE CORPORATION; C. CHANGES TO THE FISCAL YEAR OF THE CORPORATION; D. THE CORPORATION'S ANNUAL CAPITAL AND OPERATING BUDGETS; E. THE STRATEGIC PLAN AND FUND RAISING CAMPAIGNS OF THE CORPORATION; F. THE MERGER, CONSOLIDATION, DISSOLUTION OR JOINT VENTURE OF THE CORPORATION; G. THE SALE OR OTHER TRANSFER OF SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION OR ANY OTHER CHANGE CAUSING A FUNDAMENTAL REORGANIZATION OF THE CORPORATION; H. THE PURCHASE OF AN ASSET WITH A PRICE OF MORE THAN FIFTY THOUSAND DOLLARS (\$50,000) IF SUCH PURCHASE IS NOT INCLUDED IN THE ANNUAL CAPITAL OR OPERATING BUDGET; I. THE SALE OR DISPOSITION OF ANY ASSET WITH A VALUE OF MORE THAN FIFTY THOUSAND DOLLARS (\$50,000); J. ENTERING INTO A CONTRACT WHICH WILL REQUIRE THE EXPENDITURE BY THE CORPORATION OF MORE THAN FIFTY THOUSAND DOLLARS (\$50,000) IN ANY TWELVE (12) MONTH PERIOD IF SUCH EXPENSES ARE NOT INCLUDED IN THE ANNUAL CAPITAL OR OPERATING BUDGET; K. POLICIES APPLICABLE TO ALL EMPLOYEES; L. DOCUMENTS REFLECTING THE PHILOSOPHY, PURPOSES, PROGRAMS AND SERVICES OF THE CORPORATION; M. ESTABLISHMENT OF AFFILIATES OR SUBSIDIARIES OF THE CORPORATION; AND N. INCURRENCE OF INDEBTNESS OF MORE THAN FIFTY THOUSAND DOLLARS (\$50,000) IF SUCH DEBT IS NOT INCLUDED IN THE ANNUAL CAPITAL OR OPERATING BUDGET.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS REVIEWED AND APPROVED BY THE CEO AND CFO OF THE ORGANIZATION. THE FORM IS THEN PRESENTED TO THE BOARD AND A COMPLETE COPY PROVIDED TO ALL MEMBERS PRIOR TO FILING.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>EACH DIRECTOR, OFFICER, INTERN, CONSULTANT, VOLUNTEER, EMPLOYEE, AND AGENT OF THE CHILDREN'S HOME NETWORK SHALL DISCLOSE IN WRITING ALL CONFLICTS OF INTEREST WITH THE CHILDREN'S HOME NETWORK AND ANY OF ITS AFFILIATES AND RELATED COMPANIES. WITHOUT LIMITING THE GENERALITY OF WHAT MAY BE A CONFLICT OF INTEREST, ALL TRANSACTIONS BETWEEN THE CHILDREN'S HOME NETWORK OR ANY DIRECTOR, OFFICER, INTERN, CONSULTANT, VOLUNTEER, EMPLOYEE AND AGENT OR ANY PERSON OR ENTITY IN WHICH ANY DIRECTOR, OFFICER, INTERN, CONSULTANT, VOLUNTEER, EMPLOYEE AND AGENT HAS A PERSONAL OR FINANCIAL INTEREST OR A POSSIBLE OR POTENTIAL PERSONAL OR FINANCIAL INTEREST SHALL BE CONSIDERED CONFLICTS OF INTEREST FOR PURPOSES OF THIS POLICY. ALL PERSONS HAVING CONFLICTS OF INTEREST REQUIRED TO BE DISCLOSED SHALL MAKE THE REQUIRED DISCLOSURE WHEN THE CONFLICT OF INTEREST ARISES, BEFORE THE TRANSACTION IN QUESTION IS CONSUMMATED, AND ONCE EACH CALENDAR YEAR, SO LONG AS THE CONFLICT EXISTS. ALL DISCLOSURES SHALL INCLUDE A DESCRIPTION OF THE RELATIONSHIP OR INTEREST CAUSING THE CONFLICT, THE ROLE IN THE TRANSACTION PLAYED BY THE PERSON HAVING THE CONFLICT OF INTEREST, AND THE BENEFITS AND DETRIMENTS ACCRUING TO THE ORGANIZATION AND TO THE PERSON HAVING THE CONFLICT OF INTEREST FROM THE TRANSACTION. NO PERSON WHO HAS A CONFLICT OF INTEREST ARISING OUT OF A TRANSACTION MAY PARTICIPATE IN THE AUTHORIZATION BY THE CHILDREN'S HOME NETWORK OF THE CONSUMMATION OR PERFORMANCE OF THE TRANSACTION, EXCEPT TO MAKE THE DISCLOSURES REQUIRED BY POLICY. ANY TRANSACTION INVOLVING A CONFLICT OF INTEREST THAT IS OTHERWISE REQUIRED TO BE APPROVED BY THE BOARD OF DIRECTORS SHALL BE SPECIFICALLY APPROVED AT A MEETING, BY THE AFFIRMATIVE VOTE OF A MAJORITY OF THE DISINTERESTED DIRECTORS. ANY INTERESTED DIRECTORS MAY BE COUNTED IN DETERMINING A QUORUM.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	THE CHIEF OF HUMAN RESOURCES CONDUCTS A SALARY SURVEY OF CHIEF EXECUTIVE OFFICERS/EXECUTIVE DIRECTORS OF NON-PROFIT ORGANIZATIONS IN THE CENTRAL FLORIDA AREA. DATA IS COMPILED FROM DIRECT CALLS TO HR CONTACTS AND RESEARCH VIA GUIDESTAR.COM. A SPREADSHEET IS PREPARED AND SUBMITTED TO THE OPERATIONS COMMITTEE OF THE BOARD OF DIRECTORS, ALONG WITH A LIST OF THE TOP TEN HIGHEST PAID MANAGERS IN THE ORGANIZATION. THE BOARD OF DIRECTORS SETS THE SALARY FOR THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL. THE CHIEF OF HUMAN RESOURCES OBTAINS DATA FOR JOBS MATCHED FROM A NUMBER OF SOURCES INCLUDING: FLORIDA OCCUPATIONAL EMPLOYMENT AND WAGES, NATIONAL COMPENSATION SURVEY TAMPA/ST. PETERSBURG/CLEARWATER SOURCE: U. S. DEPARTMENT OF LABOR, AND SALARY.COM, EVALUATES AND RECOMMENDS SALARY OFFER.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 6,986. UNCOLLECTIBLE PLEDGES -1,765.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XII, LINE 2C:	SELECTION OF THE INDEPENDENT CPA IS MADE BY THE AUDIT COMMITTEE IN CONSULTATION WITH THE PERFORMANCE MONITORING COMMITTEE AND APPROVED BY THE BOARD. AFTER PREPARATION, THE AUDIT REPORT IS PRESENTED TO THE AUDIT COMMITTEE BY THE INDEPENDENT CPA FIRM. THE AUDIT COMMITTEE THEN PRESENTS THE REPORT TO THE PERFORMANCE MONITORING COMMITTEE FOR REVIEW AND DISCUSSION . FINALLY, A SUMMARY PRESENTATION IS MADE TO THE FULL BOARD OF DIRECTORS BY THE INDEPENDENT CPA FIRM.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
THE CHILDREN'S HOME INC

**Employer identification number**

59-0696284

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> THE CHILDREN'S HOME COMMUNITY INC 10909 MEMORIAL HWY  TAMPA, FL 336152511 20-0037972	HOLDING COMPANY	FL	501(C)(3)	LINE 12B, II			No
<b>(2)</b> THE CHILDREN'S HOME COMMUNITY BASED CARE INC 10909 MEMORIAL HWY  TAMPA, FL 336152511 20-0037919	INACTIVE	FL	501(C)(3)	LINE 12B, II	CHILDREN'S HOME COMMUNITY		No
<b>(3)</b> THE CHILDREN'S HOME PROPERTIES INC 10909 MEMORIAL HWY  TAMPA, FL 336152511 20-0037992	MANAGES AND MAINTAINS ONE OF THE ORGANIZATION'S REAL PROPERTY PARCELS	FL	501(C)(3)	LINE 12B, II	CHILDREN'S HOME COMMUNITY		No
<b>(4)</b> THE CHILDREN'S HOME FOUNDATION INC 10909 MEMORIAL HWY  TAMPA, FL 336152511 20-0038024	HOLDS AND INVESTS THE ORGANIZATION'S ENDOWMENT AND OTHER FUNDS	FL	501(C)(3)	LINE 12B, II	CHILDREN'S HOME COMMUNITY		No



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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> PERPETUAL TRUST TRUST OPERATIONS-PO BOX 830269 DALLAS, TX 75283	CHARITABLE TRUST	FL	N/A	T					No

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .		No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	Yes	
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>