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Form 990

## Return of Organization Exempt From Income Tax

2008

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

## A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable	C Name of organization THE CHILDREN'S HOME SOCIETY OF FLORIDA		D Employer identification number 59-0192430
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (321) 397-3000
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 1485 Semoran Blvd No 1448		F Gross receipts \$ 107,354,975
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Termination	City or town, state or country, and ZIP + 4 Winter Park, FL 32792		
<input type="checkbox"/> Amended return	F Name and address of Principal Officer ROBERT J WYDRA 1485 Semoran Blvd No 1448 Winter Park, FL 32792		G
<input type="checkbox"/> Application pending			(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )
J Web site: ► www.chsfl.org			(c) Group Exemption Number ►
K Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►		L Year of Formation 1964	M State of legal domicile FL

## Part I Summary

1 Briefly describe the organization's mission or most significant activities CHS HELPS TURN LIVES AROUND BY PROVIDING SHELTER, GROUP AND (SEE SCHEDULE O FOR CONTINUATION) (CONTINUED FROM PART I, LINE 1) FOSTER HOMES, TRANSITIONAL AND INDEPENDENT LIVING SERVICES, COUNSELING, ADOPTION, CASE MANAGEMENT AND PREVENTION PROGRAMS FOR CHILDREN AT RISK OF ABUSE AND NEGLECT AND FAMILIES IN NEED OF SUPPORT		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	24
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	24
5 Total number of employees (Part V, line 2a) . . . . .	5	2,718
6 Total number of volunteers (estimate if necessary) . . . . .	6	6,500
7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	105,353,515	96,046,036
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	7,715,187	7,797,109
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	279,513	-389,255
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,727,076	1,138,119
	115,075,291	104,592,009

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	6,033,484	5,563,230
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)	77,297,557	75,193,226
b (Total fundraising expenses, Part IX, column (D), line 25 4,425,628)		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	28,717,409	24,633,663
18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	112,048,450	105,390,119
19 Revenue less expenses Subtract line 18 from line 12	3,026,841	-798,110

20 Total assets (Part X, line 16)	Beginning of Year	End of Year
21 Total liabilities (Part X, line 26)	74,664,979	82,918,430
22 Net assets or fund balances Subtract line 21 from line 20	40,622,368	41,837,781
	34,042,611	41,080,649

## Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	***** Signature of officer BOB WYDRA CFO Type or print name and title	2010-03-29 Date	

Paid Preparer's Use Only	Preparer's signature ► THERESA A BURDINE	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst )
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► RSM McGladrey Inc 7351 Office Park Pl Melbourne, FL 32940			EIN ►
				Phone no ► (321) 751-6200

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

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission

Children's Home Society of Florida protects children and strengthens youth and families throughout the state of Florida in an effort to break the tragic generational cycle of abuse and neglect

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and (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

**4a** (Code ) (Expenses \$ 32,073,271 including grants of \$ 1,179,437 ) (Revenue \$ 1,902,259 )

Dependency Case Management Children who are victims of abuse or neglect receive case management services with a focus on the best possible plan for the child's future. Case managers work closely with children who, for their own protection, have been removed from their homes to identify permanent placement for each child, either with an adoptive or foster family, or within a group home setting for those who will "age out" of the foster care system and need to learn self sufficiency. Case managers also work with children who are at risk of abuse or neglect to identify and secure services that will ensure their safety and well-being and the opportunity to thrive within their own families. CHILDREN AND PARENTS SERVED 18,403 LICENSED HOMES 596 DAYS OF CARE 247,918

**4b** (Code ) (Expenses \$ 11,954,095 including grants of \$ 427,293 ) (Revenue \$ 1,931,857 )

Targeted Case Management Provides an array of services to children who have an identified mental health issue as defined by Medicaid. Targeted Case Managers work closely with children and their families to ensure access to programs and treatment that will improve or manage the child's mental health condition while stabilizing the family. The majority of these clients reside with their families in their own homes, though some are involved with the state dependency system. CHILDREN AND FAMILY MEMBERS SERVED = 11,095

**4c** (Code ) (Expenses \$ 9,080,441 including grants of \$ 693,713 ) (Revenue \$ 1,626,908 )

GROUP HOME CARE Children unable to live with their parents, caretakers or in a traditional foster home find safety and acceptance in our group homes. These havens welcome children into a large, lively "family" nurtured by devoted staff members who listen to their hopes and encourage their dreams. Children served = 600 Days of care = 64,293

(Code ) (Expenses \$ 36,145,830 including grants of \$ 3,262,787 ) (Revenue \$ 2,336,085 )

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

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

**4e** Total program service expenses \$ 89,253,637 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A
- 2 Is the organization required to complete Schedule B, Schedule of Contributors?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III
- 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V
- 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable
- 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII
- 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the U.S.?
- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III
- 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I
- 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H
- 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II
- 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III
- 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J
- 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25
- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
- b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I
- 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>		No
<b>3</b>		No
<b>4</b>	Yes	
<b>5</b>		
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11</b>	Yes	
<b>12</b>	Yes	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>	Yes	
<b>19</b>	Yes	
<b>20</b>		No
<b>21</b>		No
<b>22</b>	Yes	
<b>23</b>	Yes	
<b>24a</b>	Yes	
<b>24b</b>		No
<b>24c</b>		No
<b>24d</b>		No
<b>25a</b>		No
<b>25b</b>		No
<b>26</b>		No
<b>27</b>		No

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

- 28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee
- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
  - b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
  - c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV
- 29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I
- 34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
- 36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
- 37** Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>	Yes	
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>	Yes	
<b>34</b>		No
<b>35</b>		No
<b>36</b>		No
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 513	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 1	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 2,718	
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No	
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	<b>6a</b> No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>	<b>7a</b> Yes	
<b>7b</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	<b>7b</b> Yes	
<b>7c</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b> No	
<b>7d</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b> No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b> No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b> No	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b> No	
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	<b>9a</b>	
<b>9b</b>	Did the organization make any taxable distributions under section 4966?	<b>9b</b>	
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>11a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>11b</b>	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	24
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	24
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b> each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	<b>11</b>	No

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	Yes
Describe the process in Schedule O		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	No
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	

**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 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 own website  another's website  upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
**JENNIFER PARKER**  
**1485 S Semoran Blvd ste 1448**  
**Winter park, FL 32792**  
**(321) 397-3000**

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

\* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

\* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any officer, director, trustee or key employee.

## Part VII Continued

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►8

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

## **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	Name and business address	(B)	Description of services	(C)
TOMORROW 34 LAKEVIEW LP				534,254
1265 S SEMORAN BLVD SUITE 1230		RENT		
WINTER PARK, FL 32792				
INTERSTATE BUSINESS PARK VI				
PO BOX 82555		rent		392,894
GOLETTAM, CA 931182555				
FAMILY RESOURCE CENTER			PROFESSIONAL FEES	383,789
155 SOUTH MIAMI AVE STE 500				
MIAMI, FL 33130				
CBC OF SEMINOLE				
117 EAST LAKE MARY BLVD				356,150
SANFORD, FL 32773		RENT		
MOULTON PROPERTIES INC				
PO BOX 12524		RENT		282,233
PENSACOLA, FL 325912524				
<b>2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation</b>				23

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . <b>1a</b> 2,324,978					
	<b>b</b> Membership dues . . . . <b>1b</b>					
	<b>c</b> Fundraising events . . . . <b>1c</b> 418,259					
	<b>d</b> Related organizations . . . <b>1d</b>					
	<b>e</b> Government grants (contributions) <b>1e</b> 87,028,402					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	6,274,397				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ <b>2,275,579</b>					
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>►</b>	96,046,036				
Program Service Revenue	<b>2a</b> Medicare/Medicaid Paym <b>Business Code</b> 624,100	6,183,683	6,183,683			
	<b>b</b> Adoptive & Other Svc F 624,100	1,613,426	1,613,426			
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . . <b>► \$ 7,797,109</b>					
	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>►</b>	244,376				244,376
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>►</b>						
<b>5</b> Royalties . . . . .						
	(i) Real	(ii) Personal				
<b>6a</b> Gross Rents <b>b</b> Less rental expenses <b>c</b> Rental income or (loss) <b>d</b> Net rental income or (loss) . . . . . <b>►</b>	255,269					
<b>7a</b> Gross amount from sales of assets other than inventory <b>b</b> Less cost or other basis and sales expenses <b>c</b> Gain or (loss) <b>d</b> Net gain or (loss) . . . . . <b>►</b>	911,776	27,065				
	(i) Securities	(ii) Other				
<b>7a</b> Gross amount from sales of assets other than inventory <b>b</b> Less cost or other basis and sales expenses <b>c</b> Gain or (loss) <b>d</b> Net gain or (loss) . . . . . <b>►</b>	937,485	634,987				
<b>8a</b> Gross income from fundraising events (not including \$ 1,511,044 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b> 418,259 <b>b</b> Less direct expenses . . . <b>b</b> 871,063 <b>c</b> Net income or (loss) from fundraising events . . . . . <b>►</b>			639,981		639,981	
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 <b>a</b> 107,069 <b>b</b> Less direct expenses . . . <b>b</b> 64,162 <b>c</b> Net income or (loss) from gaming activities . . . . . <b>►</b>			42,907		42,907	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . <b>a</b>						
<b>b</b> Less cost of goods sold . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>►</b>						
Miscellaneous Revenue	<b>Business Code</b>					
<b>11a</b> miscellaneous <b>b</b> <b>c</b> <b>d</b> All other revenue . . . . . <b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . \$ 455,231	900,099	455,231	455,231			
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>►</b>	104,592,009	8,252,340	0		293,633	

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	5,563,230	5,563,230		
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S 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 . . . . .	475,563		475,563	
<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	59,940,851	52,174,153		1,684,308
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	4,121,857	3,421,141	577,060	123,656
<b>9</b> Other employee benefits . . . . .	4,799,993	4,023,288	676,113	100,592
<b>10</b> Payroll taxes . . . . .	5,854,962	5,088,519	606,041	160,402
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	59,006	45,005	7,783	6,218
<b>c</b> Accounting . . . . .	143,421	109,390	18,917	15,114
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising See Part IV, line 17 . . .				
<b>f</b> Investment management fees . . . . .	49,289	29,161	1,784	18,344
<b>g</b> Other . . . . .	2,384,843	1,818,956	314,562	251,325
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	3,274,207	2,538,333	427,526	308,348
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	6,614,964	6,407,910		207,054
<b>17</b> Travel . . . . .	4,567,202	4,108,321	368,552	90,329
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b> Conferences, conventions and meetings . . . . .	194,999	116,231	47,288	31,480
<b>20</b> Interest . . . . .	697,425	87,301	610,124	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,392,418	1,030,022	1,317,387	45,009
<b>23</b> Insurance . . . . .	800,878	747,449	41,283	12,146
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> MIScellaneous	2,475,857	1,071,586	70,437	1,333,834
<b>b</b> equipment rental	864,445	833,018	0	31,427
<b>c</b> Membership dues	114,709	40,623	68,044	6,042
<b>f</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	105,390,119	89,253,637	11,710,854	4,425,628
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest-bearing	193,824	1	197,242
2	Savings and temporary cash investments	15,816,595	2	14,261,872
3	Pledges and grants receivable, net	12,030,402	3	11,119,189
4	Accounts receivable, net	922,892	4	696,775
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,877,275	9	1,828,386
10a	Land, buildings, and equipment cost basis	59,040,219		
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	21,841,855	10b	37,330,701
10c			10c	37,198,364
11	Investments—publicly traded securities		11	
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	5,594,477	12	5,025,083
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	898,813	15	12,591,519
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	74,664,979	16	82,918,430
17	Accounts payable and accrued expenses	19,664,040	17	21,396,734
18	Grants payable		18	
19	Deferred revenue	999,944	19	1,083,113
20	Tax-exempt bond liabilities		20	
21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
23	Secured mortgages and notes payable to unrelated third parties	18,669,549	23	18,396,759
24	Unsecured notes and loans payable		24	
25	Other liabilities <i>Complete Part X of Schedule D</i>	1,288,835	25	961,175
26	<b>Total liabilities.</b> Add lines 17 through 25	40,622,368	26	41,837,781
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
27	Unrestricted net assets	33,437,002	27	28,784,239
28	Temporarily restricted net assets	605,609	28	4,699,418
29	Permanently restricted net assets		29	7,596,992
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	34,042,611	33	41,080,649
34	Total liabilities and net assets/fund balances	74,664,979	34	82,918,430

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990	<input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public  
Inspection****Name of the organization**

THE CHILDREN'S HOME SOCIETY OF FLORIDA

**Employer identification number**

59-0192430

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

- 1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.
- 2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )
- 4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	96,256,106	105,405,311	107,082,574	105,353,515	96,046,037	510,143,543
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add line 1-3	96,256,106	105,405,311	107,082,574	105,353,515	96,046,037	510,143,543
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 <b>Public Support</b> subtract line 5 from line 4						510,143,543

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	96,256,106	611,262	107,082,574	105,353,515	96,046,037	510,143,543
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	184,887	611,262	751,160	664,535	499,645	2,711,489
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	5,787,769	2,938,986	2,843,043	2,481,704	2,073,344	16,124,846
11 <b>Total Support</b> (Add lines 7 through 10)						528,979,878
12 Gross receipts from related activities, etc (See instructions )					12	55,914,748

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	96.440 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	98.080 %
16a <b>33 1/3% Test - 2008.</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		
b <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
17a <b>10% Facts and Circumstances Test - 2008.</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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
b <b>10% Facts and Circumstances Test - 2007.</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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
18 <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****2008****For Organizations Exempt From Income Tax Under section 501(c) and section 527****To be completed by organizations described below. Attach to Form 990 or Form 990-EZ****Open to Public  
Inspection****If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)**

- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

**If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities)**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)**

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization THE CHILDREN'S HOME SOCIETY OF FLORIDA	Employer identification number 59-0192430
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**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures \$
- 3 Volunteer hours

**Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
- 3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
- 2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt function activities \$
- 3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b \$
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's internal funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

<b>A</b> Check <input type="checkbox"/> if the filing organization belongs to an affiliated group	<b>B</b> Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply		
<b>Limits on Lobbying Expenditures—</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing Organization's Totals</b>	<b>(b) Affiliated Group Totals</b>
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		183,221	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		183,221	
<b>d</b> Other exempt purpose expenditures		105,206,898	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		105,390,119	
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns—		1,000,000	
<b>If the amount on line 1e, column (a) or (b) is:</b>		<b>The lobbying nontaxable amount is:</b>	
Not over \$500,000	20% of the amount on line 1e		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000	
<b>h</b> Subtract line 1g from line 1a Enter -0- if line g is more than line a		0	
<b>i</b> Subtract line 1f from line 1c Enter -0- if line f is more than line c		0	
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)**

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a) 2005</b>	<b>(b) 2006</b>	<b>(c) 2007</b>	<b>(d) 2008</b>	<b>(e) Total</b>
<b>2a</b> Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	181,589	160,975	183,126	183,221	708,911
<b>d</b> Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

	(a)		(b)	
	Yes	No	Amount	
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
<b>a</b> Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines c through i)?				
<b>c</b> Media advertisements?				
<b>d</b> Mailings to members, legislators, or the public?				
<b>e</b> Publications, or published or broadcast statements?				
<b>f</b> Grants to other organizations for lobbying purposes?				
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?				
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?				
<b>i</b> Other activities If "Yes," describe in Part IV				
<b>j</b> Total lines 1c through 1i				
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
<b>b</b> If "Yes" enter the amount of any tax incurred under section 4912				
<b>c</b> If "Yes" enter the amount of any tax incurred by organization managers under section 4912				
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

<b>1</b> Dues, assessments and similar amounts from members	1 \$
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).	
<b>a</b> Current Year	2a \$
<b>b</b> Carryover from last year	2b \$
<b>c</b> Total	2c \$
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 \$
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4 \$
<b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 \$

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	proposed legislation is reviewed for its impact on children and families in Florida. The review includes discussions with legislative aides, staff from the Florida Department of Children and Families and other relevant sources as appropriate, contacts are made with legislators, legislative aides, staff of the Department of Children and Families. The total amount reported is for all lobbying expenditures

## **Part IV      Supplemental Information**

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**Name of the organization**

THE CHILDREN'S HOME SOCIETY OF FLORIDA

**Employer identification number**

59-0192430

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of certified historic structure
- Preservation of open space

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

- 4 Number of states where property subject to conservation easement is located ►

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

 Yes  No

- 6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$

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

 Yes  No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain why in Part XIV and complete the following table
- |    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .					
1b Contributions . . . . .					
1c Investment earnings or losses . . . . .					
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g End of year balance . . . . .					

## 2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ►  
 b Permanent endowment ►  
 c Term endowment ►

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

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

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

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

	Yes	No
3a(i)	Yes	
3a(ii)	Yes	
3b		

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		5,235,302			5,235,302
1b Buildings . . . . .		32,314,585	7,516,571		24,798,014
1c Leasehold improvements . . . . .		1,016,789	669,144		347,645
1d Equipment . . . . .		11,098,579	8,948,091		2,150,488
1e Other . . . . .		9,374,964	4,708,049		4,666,915
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					37,198,364

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other stocks, principally common	2,489,661	F
Other corporate bonds	871,140	F
Other government securities	1,664,282	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►	<b>5,025,083</b>	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
GOODWILL	898,813
BENEFICIAL INTEREST IN THE NET ASSETS OF THE CHS FOUNDATION, INC	11,692,706
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ►	<b>12,591,519</b>

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Held in custody for others	594,887
Obligation under capital lease	366,288
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	<b>961,175</b>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	104,592,009
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	105,390,119
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-798,110
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	14,396,784
8	Other (Describe in Part XIV)	8	-6,560,636
9	Total adjustments (net) Add lines 4 - 8	9	7,836,148
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,038,038

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

1	Total revenue, gains, and other support per audited financial statements	1	106,163,013
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-880,764
b	Donated services and use of facilities	2b	653,351
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-227,413
3	Subtract line 2e from line 1	3	106,390,426
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-1,798,417
c	Add lines 4a and 4b	4c	-1,798,417
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	104,592,009

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

1	Total expenses and losses per audited financial statements	1	107,841,887
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	653,351
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	653,351
3	Subtract line 2e from line 1	3	107,188,536
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-1,798,417
c	Add lines 4a and 4b	4c	-1,798,417
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	105,390,119

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
		Part XI, Line 8 Unrealized loss on interest rate swap (\$1,153,400) Unrealized depreciation of investments (\$880,764) Pension Expense(\$2,373,568) CHANGE IN BENEFICIAL INTEREST IN THE NET ASSETS OF CHS FOUNDATION, INC (\$2,152,904) Part XII, Line 4b Loss on sale of fixed assets (\$607,922) Special event Expense (\$871,063) Gaming activities expense (\$64,162) Direct expense of rental (\$255,269) Part XIII, Line 4b Loss on sale of fixed assets (\$607,922) Special event Expense (\$871,063) Gaming activities expense (\$64,162) Direct expense of rental (\$255,269)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

2008

## Open to Public Inspection

► **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.**

**Employer identification number**

59-0192430

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

**a**  Mail solicitations      **e**  Solicitation of non-government grants  
**b**  Email solicitations      **f**  Solicitation of government grants  
**c**  Phone solicitations      **g**  Special fundraising events  
**d**  In-person solicitations

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

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

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

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

	(a) Event #1 <b>ULTIMATE DINNER PARTY</b> (event type)	(b) Event #2 <b>CARING CHEFS</b> (event type)	(c) Other Events <b>72</b> (total number)	(d) Total Events (Add col (a) through col (c))
1	Gross receipts . . .	345,055	144,558	1,439,689
	Less Charitable contributions . . .	65,560	27,466	325,232
	Gross revenue (line 1 minus line 2) . . .	279,495	117,092	1,114,457
				1,511,044
Direct Expenses	4 Cash Prizes . . .			
	5 Non-cash Prizes . . .			
	6 Rent/Facility costs . . .			
	7 Other direct expenses . . .	61,665	27,589	781,809
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . .			871,063
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . .			639,981

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue . . .		107,069	107,069
2	Cash prizes . . .			
3	Non-cash prizes . . .		50,777	50,777
4	Rent/facility costs . . .		1,980	1,980
5	Other direct expenses . . .		11,405	11,405
6	Volunteer labor . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 58 000 % <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) . . . . .			64,162
8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .			42,907

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities		
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	No
b If "No," Explain THE ORGANIZATION HELD RAFFLE GAMES WHICH WERE CONDUCTED WITHIN FLORIDA CODE THE CASINO EVENT HELD WAS NOT A REAL CASINO BUT A FUNNY MONEY GAME		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	No
b If "Yes," Explain		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	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? . . . . .	12	No

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in	<b>13a</b>	<b>13b</b>
<b>a</b> The organization's facility . . . . .	. . . . .	. . . . .
<b>b</b> An outside facility . . . . .	. . . . .	. . . . .
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	<b>No</b>
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	<b>No</b>
<b>b</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 ► \$ _____	. . . . .	. . . . .

## **Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.**

Department of the Treasury  
Internal Revenue Service

**Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.**

## Open to Public Inspection

**Open to Public  
Inspection**

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Name of the organization

## THE CHILDREN'S HOME SOCIETY OF FLORIDA

**Employer identification number**

59-0192430

## **Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

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

- 3 Enter total number of other organizations ..

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

2008

Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
**► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

Department of the Treasury  
Internal Revenue Service**Name of the organization**

THE CHILDREN'S HOME SOCIETY OF FLORIDA

**Employer identification number**

59-0192430

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- |  |  |
|--|--|
| <input type="checkbox"/> First class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

- a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
DAVID A BUNDY	(i) (ii)	195,478		8,020	20,500	5,538	229,536
JAMES E PATRICK	(i) (ii)	157,343		2,624	20,500	4,018	184,485
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

### **Part III      Supplemental Information**

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

Schedule K  
(Form 990)

OMB No 1545-0047

## Supplemental Information on Tax Exempt Bonds

2008

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceTo be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.  
Provide descriptions, explanations, and any additional information in Schedule O.

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

## Part I Bond Issues (Required for 2008)

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
						Yes	No	Yes	No
A PALM BEACH COUNTY FL	59-6000785	696547EZ7	04-01-2008	16,680,000	SEE ATTACHED SCH O		X		X

## Part II Proceeds (Optional for 2008)

1 Total Proceeds of Issue	A		B		C		D		E	
	Yes	No								
2 Gross Proceeds in Reserve Funds										
3 Proceeds in Refunding or Defeasance Escrows										
4 Other Unspent Proceeds										
5 Issuance Costs from Proceeds										
6 Working Capital Expenditures from Proceeds										
7 Capital Expenditures from Proceeds										
8 Year of Substantial Completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

## Part III Private Business Use (Optional for 2008)

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		E	
	Yes	No								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No								
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use?										
<b>3b</b> Are there any research agreements with respect to the financed property which may result in private business use?										
<b>3c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
<b>6</b> Total of lines 4 and 5										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

**Part IV Arbitrage (Optional for 2008)**

	A		B		C		D		E	
	Yes	No								
<b>1</b> Has a Form 8038-T been filed with respect to the bond issue?										
<b>2</b> Is the bond issue a variable rate issue?										
<b>3a</b> Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
<b>b</b> Name of provider										
<b>c</b> Term of hedge										
<b>4a</b> Were gross proceeds invested in a GIC?										
<b>b</b> Name of provider										
<b>c</b> Term of GIC										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
<b>5</b> Were any gross proceeds invested beyond an available temporary period?										
<b>6</b> Did the bond issue qualify for an exception to rebate?										

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

## Non-Cash Contributions

OMB No 1545-0047

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

2008

Open to Public  
InspectionName of the organization  
THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		185,001	FAIR MARKET VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	11	86,297	FAIR MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other (describe <u>TOYS</u> ) . . . . .	X	1,197	653,280	FAIR MARKET VALUE
26 Other (describe CLOTHING/TOYS/HOUSEHOLD ITEMS) . . . . .	X	288	74,535	FAIR MARKET VALUE
27 Other (describe <u>SCHOOL</u> <u>SUPPLIES</u> ) . . . . .	X	332	215,426	FAIR MARKET VALUE
28 Other (describe MISCELLANEOUS) . . . . .	X		1,061,040	FAIR MARKET VALUE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

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

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

**SCHEDULE O**  
**(Form 990)****Supplemental Information to Form 990****2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.****Name of the organization**  
THE CHILDREN'S HOME SOCIETY OF FLORIDA**Employer identification number**

59-0192430

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	<p>1) Family Visitation - Maintaining family relations while children are in foster care is critical for their development. We offer several places for families to connect in a friendly atmosphere during safe, supervised visits that promote reunification and healthy family relationships. CHS staff or trained volunteers monitor and/or supervise all visits and provide role modeling for positive family interactions. Children and parents served = 2,541 2) Runaway and Homeless Youth - To raise awareness of local Safe Place programs that serve runaway and homeless youth and to offer alternatives to running away, we engage in outreach projects within schools and communities. Through these endeavors, youth become familiar with the iconic Safe Place sign displayed in community businesses and learn about our transportation component to runaway shelters that provide temporary housing, counseling and services such as food pantries, clothing closets, and health and personal hygiene products. Youth reached = 4,025 3) EMERGENCY SHELTER ABUSED AND NEGLECTED CHILDREN FIND PROTECTION AND LOVE THROUGH TEMPORARY SHELTER AND CARE IN A WARM, HOMELIKE ENVIRONMENT. WE FOCUS ON THE NEEDS AND SECURITY OF CHILDREN WHILE WORKING WITH FOSTER, ADOPTIVE AND BIRTH FAMILIES TO FIND SAFE, APPROPRIATE, PERMANENT HOMES. 4) Independent and Transitional Living - To prepare teens for independence when they "age out" of foster care, we offer a formal training program to help them develop skills necessary to live self-sufficiently, succeed and grow. In addition to counseling and case management, our monitored transitional living arrangements teach teens proper decision-making, budgeting, job skills, daily living responsibilities, menu planning and self-support. Youth served = 4,761 5) Early Education and Care - Our licensed childcare centers encourage proper social, developmental and academic growth in children while strengthening family relationships. Some of our specialized programs cater to children with unique medical needs or those whose families have court hearings. Others focus on preparing young children - many from struggling families - for scholastic success. All provide children with a safe environment and promote self-sufficiency in the parents. Children and family members served = 4,344 Days of care = 44,896 6) Early Steps - Families with infants and toddlers who have disabilities or developmental delays benefit from services that enhance the child's development and provide hope and support for the family. Services include evaluation and planning, physical and speech therapy, home-based teaching, nursing and medical services, assistive technology, nutritional planning, vision and hearing services, family counseling, and transportation. Children and parents served = 1,687 7) Healthy Child Development - Our voluntary home-visiting programs, Healthy Start and Healthy Families, support expectant and new mothers and families with young children. We offer emotional support, parental education, referrals to other community resources and more. As we promote positive parenting skills, child development, child health and other aspects of family growth, we strive to prevent child abuse and neglect while encouraging strong family relationships. Children and parents served = 15,613 8) Home-Based and Family-Centered Services - In-home services reinforce family values, appropriately resolve family conflicts and improve communication among family members in their natural environment. Our programs strengthen parenting skills and household management, integrate families into their communities, and create stable, nurturing homes. Through our supportive process, we equip parents with tools necessary to cope with the daily stresses of family life. Children and parents served = 12,165 9) Social Development and Prevention Services - Assessing needs of children and families, often in neighborhood and school settings, allows us to link them with appropriate programs. We focus on personal and social development, community resources promoting self-sufficiency and family stability, and/or services that strengthen families and educate parents to decrease the likelihood of child abuse and neglect. Children, youth and parents served = 8,042 10) Mentoring - Through our MODEL Mentoring Program, we match trained volunteers with children and teens who have an incarcerated parent. Adult mentors offer friendship and advice while serving as positive role models to help youth develop to their fullest potential. We also offer mentoring to teens preparing to "age out" of foster care so they may receive guidance and encouragement from volunteers dedicated to their success. Additionally, teenaged parents may participate in mentoring relationships with experienced parents as they strive to improve their family's well-being. Children and families served = 2,465 Mentor matches = 684 11) Child Protection Teams - Our Child Protection Teams assist law enforcement and the Department of Children and Families with investigations of child abuse and neglect by providing comprehensive, multidisciplinary assessments of children reportedly victimized. Sensitive to the trauma children have experienced, we offer comfort and security in our technologically advanced, child-friendly centers. While trained forensic interviewers gently talk with traumatized children, appropriate parties observe at a remote location, this state-of-the-art system protects the majority of child victims from sharing their experiences more than once and ensures privacy and confidentiality. Throughout the process, we provide support and resources while making recommendations for families to attain proper treatment and support to prevent future crises. Children served = 4,714 12) Volunteers - Our compassionate, dedicated volunteers are intricate pieces of the puzzle that transforms the lives of children and families. Generous individuals donate valuable time and talent to help CHS provide quality care and services throughout the state. Our devoted volunteers help youth with homework, mentor children and teens, organize and support fundraising events, participate in board meetings and strategic planning sessions, solicit contributions, and advocate to elected officials for funding and support. Each volunteer is critical to our success, enabling us to continue providing children and families with hope for a brighter tomorrow. Individual volunteers will be approx 6,500 Expenses \$ 36145830 including grants of \$ 3262787 Revenue \$ 2336085</p>

**SCHEDULE R**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008****Open to Public  
Inspection**

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
 ► **See separate instructions.**

**Name of the organization**

THE CHILDREN'S HOME SOCIETY OF FLORIDA

**Employer identification number**

59-0192430

**Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
See Additional Data Table					

**Part II Identification of Related Tax-Exempt Organizations**

(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

### **Part III Identification of Related Organizations Taxable as a Partnership**

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

	<b>Yes</b>	<b>No</b>
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		

**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

	<b>(A)</b> Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
<b>(1)</b>			
<b>(2)</b>			
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			

## Part VI Unrelated Organizations Taxable as a Partnership

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

**Software ID:****Software Version:****EIN:** 59-0192430**Name:** THE CHILDREN'S HOME SOCIETY OF FLORIDA**Form 990, Schedule R, Part I - Identification of Disregarded Entities**

<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Total income (\$)	<b>(E)</b> End-of-year assets (\$)	<b>(F)</b> Direct Controlling Entity
CENTENNIAL HOLDINGS LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-3043440	HOLDS REAL PROPERTY	FL	417,300	9,377,773	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (TREASURE COAST) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-3174241	HOLDS REAL PROPERTY	FL	58,300	2,308,066	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (SOUTHWEST) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-8659039	HOLDS REAL PROPERTY	FL	10,600	420,724	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (NORTH CENTRAL) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-5272140	HOLDS REAL PROPERTY	FL	236,544	3,086,778	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS COLIER CHILDCARE LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 26-0843609	HOLDS REAL PROPERTY	FL	139,869	2,217,269	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL FINANCE LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-3040392	MANAGED & ADMINISTERED A LINE OF CREDIT	FL			THE CHILDREN'S HOME SOCIETY OF FLORIDA
CHILDREN'S HOME EARLY LEARNING INITIATIVES LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 26-0854969	HEALTH CARE AND SOCIAL ASSISTANCE (DAYCARE)	FL	960,228	1,001,530	THE CHILDREN'S HOME SOCIETY OF FLORIDA
ECIL CAPITAL LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-5272172	RENTAL AND LEASING	FL	292,001	267,979	THE CHILDREN'S HOME SOCIETY OF FLORIDA

**Software ID:****Software Version:****EIN:** 59-0192430**Name:** THE CHILDREN'S HOME SOCIETY OF FLORIDA**Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL ASSISTANCE TO CLIENTS	6000	478,722			
FOOD, CHS FACILITIES	10464	602,938			
RESIDENTIAL SUPPLIES, CHS FACILITIES	1100	114,248			
MEDICAL AND DENTAL FEES	5700	2,329,852			
FOSTER CARE BOARD PAYMENTS	193	1,294,242			
DAYCARE	225	27,799			
CLOTHING AND PERSONAL NEEDS	2500	199,057			
TRANSPORTATION	400	38,637			
RECREATIONAL ACTIVITIES	1700	96,969			
LEGAL ASSISTANCE	450	181,872			
OUTREACH ACTIVITIES	600	24,715			
PROGRAM EDUCATIONAL SUPPLIES	440	76,437			
OTHER ASSISTANCE ON BEHALF OF CLIENTS	630	97,743			

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-0192430  
**Name:** THE CHILDREN'S HOME SOCIETY OF FLORIDA

**Form 990, Part VII - Section Aaa**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)						<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099- MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee or highest compensated employee	Highest compensated employee	Former			
DAVID A BUNDY , PRESIDENT	40 00	X		X				203,498	0	26,038
ROBERT MOSER , DIRECTOR - CHAIR	1 00	X						0	0	0
VICTORIA WEBER , DIRECTOR - VICE CHAIR	1 00	X						0	0	0
RICHARD B ADAMS JR , dIRECTOR	1 00	X						0	0	0
SAMUEL P BELL III , DIrector	1 00	X						0	0	0
JACQUELINE CHANG PHD , Director	1 00	X						0	0	0
CHARLES L CROMER , Director	1 00	X						0	0	0
SAMIA FERRARO , Director	1 00	X						0	0	0
JEFF GORDON , Director	1 00	X						0	0	0
MICHELE GREENE , Director	1 00	X						0	0	0
KENT GUINN , Director	1 00	X						0	0	0
FRANK GULISANO , Director	1 00	X						0	0	0
JOHN P JOHNSON PHD , Director	1 00	X						0	0	0
DAN LAUTENBACH , Director	1 00	X						0	0	0
FAROOQ MITHA , DIrector	1 00	X						0	0	0
SHERRY PLYMALE , DIrector	1 00	X						0	0	0
WILLIAM D PRESTON , DIrector	1 00	X						0	0	0
CINDY PULLEN , DIrector	1 00	X						0	0	0
MARTY RUBIN , DIrector	1 00	X						0	0	0
MIGUEL VIYELLA , DIrector	1 00	X						0	0	0
JOHN F WINDHAM , DIrector	1 00	X						0	0	0
JAMES E PATRICK , COO	40 00		X					159,967	0	24,518
ROBERT J WYDRA , CFO	40 00		X					112,099	0	15,500
SHELLEY S KATZ , OPERATIONS VP	40 00				X			135,581	0	3,870
THOMAS R GIESE , PRESIDENT CHS FOUNDATION	40 00				X			124,493	0	3,705
JACQUELINE E GONZALEZ , EXECUTIVE DIRECTOR	40 00				X			113,172	0	6,500
JOAN P HUGHES , VP OF ADMINISTRATION	40 00				X			111,699	0	15,500
ANDRY E SWEET , EXECUTIVE DIRECTOR	40 00				X			113,913	0	5,200

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Once a draft of the return is received by CHS, the controller reviews the return for accuracy against both the audited financials and the general ledger. If no discrepancies are found the draft is then reviewed by the CFO. Once the CFO has completed his review, the draft is submitted to the CEO, COO and Board of Directors for their review. The CFO also reviews the 990 with the audit committee of the board. After Board approval, the return is finalized for filing.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		NEW BOARD MEMBERS ARE PROVIDED A CONFLICT OF INTEREST POLICY STATEMENT TO READ, DISCLOSE ANY CONFLICTING ITEMS AND SIGN. IF THERE ARE ITEMS THAT RESULT IN A CONFLICT OF INTEREST DURING THE COURSE OF THEIR BOARD MEMBERSHIP, BOARD MEMBERS RECUSE THEMSELVES FROM THAT DISCUSSION AND VOTE. GOING FORWARD, EACH MEMBER WILL BE GIVEN A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY TO READ, DISCLOSE ANY CONFLICTING ITEMS AND SIGN.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE ORGANIZATION'S DIRECTOR OF COMPENSATION GATHERS ALL APPROPRIATE DATA AND PROVIDES THIS TO THE BOARD OF DIRECTORS FOR THEIR USE IN REVIEWING AND APPROVING COMPENSATION.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy, and financial statements are available to the public on request.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 2C		THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE K, PART I, LINE A, COLUMN (F)	DESCRIPTION OF PURPOSE	THE CHILDREN'S HOME SOCIETY OF FLORIDA PROJECT - SERIES 2008 A) TO PAY-OFF PORTION OF LINE OF CREDIT USED TO PAY COSTS ASSOCIATED WITH THE NAPLES CHILDCARE CENTERS, B) TO REIMBURSE BANK OF AMERICA, N.A. FOR A PORTION OF LETTER OF CREDIT DRAWN TO REDEEM THE OUTSTANDING SERIES 2002 BONDS, C) TO REPAY REGIONS BANK LOAN USED TO FINANCE A PORTION OF LOAN ASSOCIATED WITH VERO BEACH PROJECT, D) TO FINANCE CONSTRUCTION OF THE BUCKNER INDEPENDENT LIVING FACILITY AND THE TREASURE COAST YOUTH TRANSITION CENTER.