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Form 990

Return of Organization Exempt From Income Tax

2012

Open to Public
Inspection

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

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

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

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		
<input type="checkbox"/> Name change			
<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (321) 397-3000
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return	City or town, state or country, and ZIP + 4		
<input type="checkbox"/> Application pending	WINTER PARK, FL 32792		G Gross receipts \$ 121,219,706
F Name and address of principal officer BOB WYDRA 1485 SEMORAN BLVD NO 1448 WINTER PARK, FL 32792		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

J Website: ► WWW CHSFL.ORG

K Form of organization Corporation Trust Association 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 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 ► if the organization discontinued its operations or disposed of more than 25% of its net assets		
3 Number of voting members of the governing body (Part VI, line 1a)	3	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	2,475
6 Total number of volunteers (estimate if necessary)	6	5,735
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	100,805,465	99,038,652
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,668,072	7,886,782
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	844,036	-393,440
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,436,479	2,166,774
	111,754,052	108,698,768

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)	6,912,819	6,012,300
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	78,918,282	80,643,563
b Total fundraising expenses (Part IX, column (D), line 25) ► 3,757,512	65,952	7,035
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,426,768	22,593,581
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	109,323,821	109,256,479
19 Revenue less expenses Subtract line 18 from line 12	2,430,231	-557,711

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	86,597,299	89,713,718
22 Net assets or fund balances Subtract line 21 from line 20	46,999,605	39,790,009
	39,597,694	49,923,709

Part II Signature Block

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

Sign Here	***** Signature of officer BOB WYDRA CFO Type or print name and title	2014-02-25 Date
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Paid Preparer Use Only	Print/Type preparer's name THERESA A BURDINE CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00362629
	Firm's name ► MCGLADREY LLP	Firm's EIN ► 42-0714325		
	Firm's address ► 7351 OFFICE PARK PL MELBOURNE, FL 32940	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 AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 41,272,053 including grants of \$ 55,000) (Revenue \$ 1,612,663)

DEPENDENCY CASE MANAGEMENT CHILDREN WHO ARE VICTIMS OF ABUSE OR NEGLECT RECEIVE OUR SERVICES FOCUSED ON THE BEST POSSIBLE INDIVIDUAL PLAN FOR EACH CHILD'S FUTURE WORKING CLOSELY WITH CHILDREN WHO WERE REMOVED FROM THEIR HOMES FOR THEIR OWN PROTECTION, CASE MANAGERS IDENTIFY AND SECURE A WIDE RANGE OF SERVICES, INCLUDING MEDICAL, BEHAVIORAL, SOCIAL AND EDUCATIONAL SERVICES, AS WELL AS PLACEMENT OPPORTUNITIES SUCH AS FOSTER OR KINSHIP CARE, GROUP OR TRANSITIONAL HOME SETTINGS, OR ADOPTION CASE MANAGERS ALSO WORK CLOSELY WITH CHILDREN IDENTIFIED AS AT-RISK OF ABUSE OR NEGLECT IN ORDER TO ACCESS SERVICES TO ENSURE SAFETY AND WELL-BEING WITHIN THEIR OWN HOMES CHILDREN AND PARENTS SERVED 16,599

4b (Code) (Expenses \$ 15,837,116 including grants of \$ 72,387) (Revenue \$ 3,458,222)

TARGETED CASE MANAGEMENT CHILDREN WITH IDENTIFIED MENTAL HEALTH ISSUES, RECEIVE AN ARRAY OF SERVICES TO ADDRESS THEIR MENTAL HEALTH CONDITIONS OUR CASE MANAGERS ENSURE ACCESS TO PROGRAMS AND TREATMENT TO IMPROVE OR MANAGE CHILDREN'S MENTAL HEALTH CONDITION WHILE STABILIZING THEIR FAMILY MEMBERS WHILE THE MAJORITY OF THE CHILDREN SERVED LIVE WITH THEIR FAMILIES, SOME OF THOSE RECEIVING SERVICES ARE INVOLVED IN THE STATE DEPENDENCY SYSTEM CHILDREN AND FAMILY MEMBERS SERVED 7,835

4c (Code) (Expenses \$ 8,773,789 including grants of \$ 305,792) (Revenue \$ 978,364)

GROUP HOME CARE CHILDREN UNABLE TO LIVE WITH THEIR PARENTS, FAMILY MEMBERS, FOSTER PARENTS OR OTHER CAREGIVERS FIND SAFETY AND ACCEPTANCE IN OUR GROUP HOMES THESE HAVENS WELCOME CHILDREN AND YOUTH INTO LARGE, LIVELY "FAMILIES" NURTURED BY DEVOTED STAFF MEMBERS WHO HELP THEM HEAL, LEARN AND THRIVE CHILDREN SERVED 70,613 DAYS OF CARE 917

(Code) (Expenses \$ 26,771,356 including grants of \$ 5,579,121) (Revenue \$ 3,448,400)

1)FAMILY VISITATION MAINTAINING FAMILY CONNECTIONS WHILE CHILDREN ARE IN FOSTER CARE IS CRITICAL TO THEIR DEVELOPMENT AND WELL-BEING, AS WELL AS TO PROMOTING REUNIFICATION AND GROWING HEALTHY FAMILY RELATIONSHIPS WE OFFER NUMEROUS VENUES FOR FAMILIES AND CHILDREN TO SPEND SUPERVISED TIME TOGETHER IN A SAFE, FRIENDLY ATMOSPHERE OUR TRAINED STAFF AND VOLUNTEERS MONITOR AND/OR SUPERVISE ALL FAMILY VISITS AND PROVIDE ROLE MODELING FOR POSITIVE FAMILY INTERACTIONS CHILDREN AND PARENTS SERVED 1,9762)RUNAWAY AND HOMELESS YOUTH WE REACH RUNAWAY AND HOMELESS YOUTH THROUGH COMMUNITY AND SCHOOL OUTREACH PROGRAMS TO PROMOTE SAFETY AND ALTERNATIVES TO RUNNING AWAY THROUGH THE SAFE PLACE PROGRAM YOUTH BECOME AWARE OF AND FAMILIAR WITH THE ICONIC SAFE PLACE SIGN DISPLAYED IN COMMUNITY BUSINESSES AND LEARN ABOUT OUR TRANSPORTATION SERVICE TO RUNAWAY SHELTERS OFFERING TEMPORARY HOUSING, COUNSELING AND SERVICES SUCH AS FOOD PANTRIES, CLOTHING CLOSET, AND HEALTH AND PERSONAL HYGIENE PRODUCTS YOUTH REACHED 17,2993)EMERGENCY SHELTER ABUSED, NEGLECTED AND ABANDONED CHILDREN FIND LOVE, PROTECTION AND A FULL CIRCLE OF CARE FROM DEVOTED STAFF AND VOLUNTEERS IN WARM, HOME-LIKE TEMPORARY RESIDENCES WE FOCUS ON THE CHILD'S SECURITY, MEDICAL, EMOTIONAL, BEHAVIORAL AND SOCIAL NEEDS WHILE WORKING WITH FOSTER, ADOPTIVE AND BIRTH FAMILIES TO IDENTIFY SAFE, APPROPRIATE PERMANENT HOMES CHILDREN SERVED 432 DAYS OF CARE 7,6084)INDEPENDENT AND TRANSITIONAL LIVING TEENS LIVING IN FOSTER CARE WHO ARE NOT ADOPTED OR REUNITED WITH THEIR FAMILIES MUST LEAVE FOSTER CARE AT THE AGE OF 18 WITHOUT A TRADITIONAL NETWORK OF SUPPORT AND FAMILY OUR FORMAL TRAINING PROGRAM HELPS PREPARE YOUTH TO LIVE SAFELY AND SELF-SUFFICIENTLY BY PROMOTING CONTINUING EDUCATION AND LIFE-PLANNING FOR INDIVIDUAL SUCCESS AND GROWTH IN ADDITION TO COUNSELING AND CASE MANAGEMENT, OUR MONITORED TRANSITIONAL LIVING ARRANGEMENTS TEACH TEENS SOUND DECISION-MAKING, BUDGETING, JOB SKILLS, DAILY LIVING AND HOUSEHOLD RESPONSIBILITIES YOUTH SERVED 6,6925)EARLY EDUCATION AND CARE OUR LICENSED CHILDCARE CENTERS ENCOURAGE SOCIAL, DEVELOPMENTAL AND ACADEMIC GROWTH IN CHILDREN WHILE STRENGTHENING FAMILY RELATIONSHIPS SOME OF OUR SPECIALIZED PROGRAMS FOCUS ON CHILDREN WITH UNIQUE MEDICAL NEEDS OR THOSE WHOSE FAMILIES HAVE COURT BUSINESS OTHERS FOCUS ON PREPARING YOUNG CHILDREN, MANY OF WHOM ARE FROM STRUGGLING FAMILIES, FOR SCHOLASTIC SUCCESS ALL PROVIDE CHILDREN WITH A SAFE ENVIRONMENT WHILE PROMOTING SELF-SUFFICIENCY IN PARENTS CHILDREN AND FAMILY MEMBERS SERVED 1,8746)EARLY STEPS FAMILIES WITH INFANTS OR TODDLERS WHO HAVE DISABILITIES OR DEVELOPMENT DELAYS GAIN HOPE AND SUPPORT FROM SERVICES THAT ENHANCE THEIR CHILD'S DEVELOPMENT EVALUATION AND PLANNING LEAD TO INDIVIDUALIZED PROGRAMS THAT INCLUDE PHYSICAL AND SPEECH THERAPY, VISION AND HEARING SERVICES, NUTRITIONAL PLANS, NURSING AND MEDICAL SERVICES, ASSISTIVE TECHNOLOGY, FAMILY COUNSELING AND TRANSPORTATION CHILDREN AND PARENTS SERVED 1,6167)HEALTHY CHILD DEVELOPMENT OUR VOLUNTARY HOME-VISITING PROGRAMS, HEALTHY START AND HEALTHY FAMILIES, SUPPORT AND GUIDE EXPECTANT AND NEW MOTHERS, AS WELL AS FAMILIES WITH YOUNG CHILDREN WE PROMOTE POSITIVE PARENTING SKILLS AND CHILD HEALTH AND DEVELOPMENT THROUGH EMOTIONAL SUPPORT, PARENTAL EDUCATION AND REFERRALS TO ADDITIONAL COMMUNITY RESOURCES BY GROWING STRONG FAMILY RELATIONSHIPS AND PARENTING SKILLS, WE STRIVE TO PREVENT CHILD ABUSE AND NEGLECT CHILDREN AND PARENTS SERVED 14,6748)HOME-BASED AND FAMILY-CENTERED SERVICES OUR IN-HOME SERVICES HELP FAMILIES IN THEIR NATURAL ENVIRONMENT BY REINFORCING POSITIVE FAMILY VALUES, HELPING TO APPROPRIATELY RESOLVE FAMILY CONFLICTS AND IMPROVING COMMUNICATION BETWEEN FAMILY MEMBERS BY STRENGTHENING PARENTING AND HOUSEHOLD MANAGEMENT SKILLS, OUR PROGRAMS CREATE STABLE, NURTURING FAMILIES THAT ARE BETTER INTEGRATED INTO THEIR COMMUNITIES FURTHER WE EQUIP PARENTS WITH COPING TECHNIQUES TO HELP THEM MANAGE THE PRESSURE OF FAMILY LIFE CHILDREN AND PARENTS SERVED 8,9859)SOCIAL DEVELOPMENT AND PREVENTION SERVICES WE ASSESS CHILDREN AND FAMILIES, OFTEN IN COMMUNITY, NEIGHBORHOOD AND SCHOOL SETTINGS, SO THAT WE MAY LINK THEM WITH RESOURCES AND PROGRAMS TO MEET INDIVIDUAL FAMILY NEEDS OUR FOCUS IS ON PERSONAL AND SOCIAL DEVELOPMENT, SELF-SUFFICIENCY AND FAMILY STABILITY, STRENGTHENING FAMILIES AND EDUCATING PARENTS IN ORDER TO DECREASE THE POSSIBILITY OF CHILD ABUSE AND NEGLECT CHILDREN, YOUTH AND PARENTS SERVED 2,84010)MENTORING THROUGH OUR MODEL PROGRAM, WE MATCH TRAINED VOLUNTEER MENTORS WITH CHILDREN AND TEENS WHO HAVE ONE OR MORE INCARCERATED PARENT ADULT MENTORS SERVE AS POSITIVE ROLE MODELS, OFFER ADVICE AND DEMONSTRATE DEPENDABILITY TO HELP YOUTH TO DEVELOP TO THEIR FULLEST POTENTIAL TEENS IN FOSTER CARE, WHO WERE NOT ADOPTED OR REUNITED WITH THEIR OWN FAMILIES, ALSO BENEFIT FROM THE GUIDANCE AND ENCOURAGEMENT OF VOLUNTEER MENTORS WHO ARE DEDICATED TO THEIR SUCCESS ADDITIONALLY, TEEN PARENTS MAY PARTICIPATE IN MENTORING RELATIONSHIPS WITH EXPERIENCED PARENTS WHILE LEARNING TO BECOME STRONG, CARING PARENTS FOCUSED ON THEIR CHILD'S WELL-BEING CHILDREN AND FAMILIES SERVED 37511)CHILD PROTECTION TEAMS ASSISTING LAW ENFORCEMENT AND THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES WITH CHILD ABUSE AND NEGLECT INVESTIGATIONS, OUR CHILD PROTECTION TEAMS PROVIDE COMPREHENSIVE, MULTI-DISCIPLINARY ASSESSMENTS OF CHILDREN WHO MAY HAVE BEEN VICTIMIZED TRAINED FORENSIC INTERVIEWERS IN OUR SECURE, CHILD-FRIENDLY CENTERS ARE SENSITIVE TO THE TRAUMA THESE CHILDREN MAY HAVE EXPERIENCED AND USE STATE-OF-THE-ART TECHNOLOGY TO MINIMIZE ADDITIONAL TRAUMA THIS ENABLES APPROPRIATE PARTIES TO OBSERVE THE INTERVIEWS REMOTELY WHICH PROTECTS MOST VICTIMS FROM SUFFERING THE EMOTIONAL PAIN OF ADDITIONAL INTERVIEWS STAFF MEMBERS ENSURE PRIVACY AND CONFIDENTIALITY, OFFER COMFORT, AND MAKE RECOMMENDATIONS FOR PROPER TREATMENT AND SUPPORT FOR YOUNG VICTIMS AND THEIR FAMILY MEMBERS CHILDREN SERVED 4,35212) VOLUNTEERS OUR COMPASSIONATE, DEDICATED VOLUNTEERS ARE INTEGRAL TO OUR EFFORTS TO TRANSFORM THE LIVES OF CHILDREN AND FAMILIES DONATING VALUABLE TIME AND TALENT, DEVOTED INDIVIDUALS HELP WITH HOMEWORK, MENTOR YOUTH, ORGANIZE AND SUPPORT FUNDRAISING ACTIVITIES, PARTICIPATE IN BOARD MEETINGS AND STRATEGIC PLANNING SESSIONS, AND ADVOCATE TO ELECTED OFFICIALS REGARDING ISSUES THAT IMPACT CHILDREN AND FAMILIES EACH VOLUNTEER IS CRITICAL TO OUR SUCCESS AND TO THE HOPE AND HEALING WE PROVIDE TO OUR COMMUNITIES INDIVIDUAL VOLUNTEERS 5,73513)ADOPTION WE FIND FOREVER FAMILIES FOR CHILDREN THROUGH PUBLIC (FOSTER CARE), PRIVATE AND INTERNATIONAL ADOPTION BECAUSE WE FIND PARENTS FOR CHILDREN, NOT CHILDREN FOR PARENTS, WE MATCH THE INDIVIDUAL NEEDS OF THE CHILD WITH THE FAMILY WHOSE PARENTING POTENTIAL BEST SUITS THAT CHILD TO PROVIDE CHILDREN WITH LOVING HOMES FOR LIFE, WE ALSO SERVE ADOPTIVE FAMILIES WITH POST-PLACEMENT SERVICES AND SUPPORT ADOPTIONS AND SUPPORT 3,13914)REUNITING FAMILIES AS THE ONLY ADOPTION PROVIDER IN FLORIDA THAT PROMISES CONFIDENTIAL LIFETIME MAINTENANCE OF ADOPTION RECORDS, WE ALLOW BIRTH PARENTS AND ADOPTEES TO ACCESS AND UPDATE MEDICAL AND BACKGROUND INFORMATION AND, IF BOTH PARTIES CONSENT, THE OPPORTUNITY TO REUNITE REUNIFICATION OFTEN PROVIDES CLOSURE AND ANSWERS FOR BIRTH PARENTS, ADOPTEES AND ADOPTIVE PARENTS CLIENTS SERVED 13815) EVANS COMMUNITY SCHOOL IS A COMMUNITY PARTNERSHIP INITIATIVE FOR A COMMON CAUSE, STUDENT SUCCESS IN SCHOOL AND IN LIFE LED BY ITS FOUNDING PARTNERS, ORANGE COUNTY PUBLIC SCHOOLS, CHILDREN'S HOME SOCIETY OF CENTRAL FLORIDA AND THE UNIVERSITY OF CENTRAL FLORIDA, EVANS COMMUNITY SCHOOL UNITES THE MOST IMPORTANT INFLUENCES ON A CHILD'S LIFE-SCHOOL, FAMILY AND COMMUNITY TO CREATE A COMPREHENSIVE SUPPORT SYSTEM FOCUSED ON STUDENT ACHIEVEMENT AND WELL BEING FOCUSED ON THE EDUCATION AND SUCCESS OF THE STUDENTS, THE COMMUNITY SCHOOL EMPOWERS PARENTS TO TAKE CHARGE OF THEIR CHILDREN'S EDUCATION AND THEIR COMMUNITY RESULTING IN IMPROVED SAFETY, WELLNESS, WELL-BEING, ECONOMIC GROWTH, STRONGER FAMILY RELATIONSHIPS AND ENHANCED QUALITY OF LIFE FOR STUDENTS AND THEIR COMMUNITY SERVICES ARE OPEN TO THE ENTIRE SCHOOL POPULATION AND THEIR FAMILIES CLIENTS TO BE SERVED 2,365

4d Other program services (Describe in Schedule O)

(Expenses \$ 26,771,356 including grants of \$ 5,579,121) (Revenue \$ 3,448,400)

4e Total program service expenses ► 92,654,314

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* (see instructions)?

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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- b** Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- c** Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- f** Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

13 Is the organization a school 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 United States?

- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

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, Parts II and IV

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, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2		No
3		No
4	Yes	
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f	Yes	
12a	Yes	
12b		No
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19	Yes	
20a		No
20b		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	35a		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O			

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 359		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 2,475		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a No		
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a No		
b If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	4b		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a No		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b No		
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a No		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7a Yes		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c No		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d If "Yes," indicate the number of Forms 8282 filed during the year	7e No		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f No		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a		
9 Sponsoring organizations maintaining donor advised funds.	9b		
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a No		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 20		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b 20		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No	
6 Did the organization have members or stockholders?	6	No	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	Yes	
a The governing body?	8b	Yes	
b Each committee with authority to act on behalf of the governing body?	9	No	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			

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

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed 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 made these available. Check all that apply
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 JENNIFER CAMPBELL 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL (321) 397-3000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Office	Key Employee	Highest Compensated	Former			
(1) CHARLES L CROMER VICE CHAIR	1 00	X						0	0	0
(2) MARTY RUBIN CHAIR	1 00	X						0	0	0
(3) RICHARD B ADAMS JR MEMBER	1 00	X						0	0	0
(4) ALFREDO AGUIRRE MEMBER	1 00	X						0	0	0
(5) SAMUEL P BELL III MEMBER	1 00	X						0	0	0
(6) JACQUELINE CHANG PHD MEMBER	1 00	X						0	0	0
(7) DAN DIGIACOMO MEMBER	1 00	X						0	0	0
(8) KENT GUINN MEMBER	1 00	X						0	0	0
(9) FRANK GULISANO MEMBER	1 00	X						0	0	0
(10) ERIC JACKSON MEMBER	1 00	X						0	0	0
(11) NANCY C KLINE MEMBER	1 00	X						0	0	0
(12) LAURA KOLKMAN MEMBER	1 00	X						0	0	0
(13) LARISA F PERRY MEMBER	1 00	X						0	0	0
(14) SEAN PITTMAN ESQ MEMBER	1 00	X						0	0	0
(15) CINDY PULLEN MEMBER	1 00	X						0	0	0
(16) KATRINA ROLLE MEMBER	1 00	X						0	0	0
(17) VALERIE SEIDEL MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee Or director	Instrumental Trustee	Office	Key employee or employee Highest compensated	Former			
(18) JALAL SHEHADEH MEMBER	1 00	X					0	0	0
(19) MIGUEL VIYELLA MEMBER	1 00	X					0	0	0
(20) VICTORIA WEBER MEMBER	1 00	X					0	0	0
(21) DAVID A BUNDY PRESIDENT & CEO	40 00			X			238,597	0	33,367
(22) SHELLEY KATZ SECRETARY & COO	40 00			X			156,421	0	2,450
(23) ROBERT J WYDRA JR TREASURER & CFO	40 00			X			135,774	0	21,480
(24) JAMES E PATRICK COO (THROUGH 10/12)	40 00			X			156,603	0	24,151
(25) ANTHONY K SUDLER CHIEF PHILANTROPY OFFICER	40 00				X		153,940	0	22,519
(26) ANDRY E SWEET OPERATIONS VP	40 00				X		129,591	0	10,713
(27) JOAN P HUGHES ADMINISTRATION VP	40 00				X		129,857	0	19,031
(28) STEPHEN F BARDY VP OPERATIONS	40 00				X		127,909	0	6,124
(29) CYNTHIA S BLACKLAW VP OPERATIONS (THROUGH 4/13)	40 00				X		126,091	0	23,453
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							1,354,783	0	163,288

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **►9**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SILVER CITY LAKEVIEW LLC 1265 S SEMORAN BLVD 1230 WINTER PARK FL 32792	RENT	507,614
TAMPA IBP LLC 777 S HARBOUR ISLAND STE 940 TAMPA FL 33602	RENT	408,545
LAKE WORTH WEST RESIDENT PLANNING GROUP 4730 MAIN STREET LAKE WORTH FL 33461	SUB-CONTRACTOR PROGRAM SERVICES	387,512
MOULTON PROPERTIES INC PO BOX 12524 PENSACOLA FL 325912524	RENT	293,993
MCGLADREY LLP 5155 PAYSHERE CIRCLE CHICAGO IL 60674	PROFESSIONAL FEES	280,110
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►13		

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 2,052,267			
	b Membership dues	1b			
	c Fundraising events	1c 983,021			
	d Related organizations	1d			
	e Government grants (contributions)	1e 91,082,910			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 4,920,454			
	g Noncash contributions included in lines 1a-1f \$		1,620,316		
	h Total. Add lines 1a-1f			99,038,652	
Program Service Revenue	2a MEDICARE/MEDICAID PAYMENTS	Business Code 624100	6,625,719	6,625,719	
	b ADOPTIVE & OTHER SVC FEES	624100	1,261,063	1,261,063	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f		7,886,782		
	3 Investment income (including dividends, interest, and other similar amounts)		282,508		282,508
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real 490,903				
b Less rental expenses	490,903				
c Rental income or (loss)	0				
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities 10,547,959	(ii) Other 117,471			
b Less cost or other basis and sales expenses	11,177,671	163,707			
c Gain or (loss)	-629,712	-46,236			
d Net gain or (loss)			-675,948		-675,948
8a Gross income from fundraising events (not including \$ 983,021 of contributions reported on line 1c) See Part IV, line 18					
a	978,030				
b Less direct expenses	b 565,288				
c Net income or (loss) from fundraising events		412,742		412,742	
9a Gross income from gaming activities See Part IV, line 19					
a	266,534				
b Less direct expenses	b 123,369				
c Net income or (loss) from gaming activities		143,165		143,165	
10a Gross sales of inventory, less returns and allowances					
a					
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS	900099	1,610,867	1,610,867		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		1,610,867			
12 Total revenue. See Instructions		108,698,768	9,497,649	0	162,467

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22	6,012,300	6,012,300		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	710,845		710,845	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	63,677,763	55,716,004	6,265,825	1,695,934
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	10,356,361	8,598,330	1,510,066	247,965
10 Payroll taxes	5,898,594	5,200,332	555,644	142,618
11 Fees for services (non-employees)				
a Management				
b Legal	63,830	43,614	14,056	6,160
c Accounting	155,848	106,489	34,318	15,041
d Lobbying	82,347	82,347		
e Professional fundraising services See Part IV, line 17	7,035			7,035
f Investment management fees	36,373		36,373	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,727,199	1,266,096	371,655	89,448
12 Advertising and promotion				
13 Office expenses	3,254,429	2,372,909	451,187	430,333
14 Information technology				
15 Royalties				
16 Occupancy	5,530,001	5,030,344	403,830	95,827
17 Travel	4,889,436	4,427,851	374,556	87,029
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	241,530	177,894	50,260	13,376
20 Interest	601,316		600,721	595
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,190,334	779,792	1,386,182	24,360
23 Insurance	1,097,927	1,034,089	50,644	13,194
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MISCELLANEOUS	2,058,618	1,292,945	-95,452	861,125
b EQUIPMENT RENTAL	485,830	416,494	48,986	20,350
c MEMBERSHIP DUES	178,563	96,484	74,957	7,122
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	109,256,479	92,654,314	12,844,653	3,757,512
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	62,859	1 66,107
	2 Savings and temporary cash investments	7,468,550	2 7,760,717
	3 Pledges and grants receivable, net	14,437,948	3 13,982,469
	4 Accounts receivable, net	924,825	4 307,065
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	1,917,814	9 1,899,547
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	66,536,346
	b Less accumulated depreciation	10b	30,040,552
		35,764,258	10c 36,495,794
	11 Investments—publicly traded securities	9,097,525	11 9,953,038
	12 Investments—other securities See Part IV, line 11		12
	13 Investments—program-related See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets See Part IV, line 11	16,923,520	15 19,248,981
	16 Total assets. Add lines 1 through 15 (must equal line 34)	86,597,299	16 89,713,718
Liabilities	17 Accounts payable and accrued expenses	27,907,960	17 20,391,153
	18 Grants payable		18
	19 Deferred revenue	1,486,280	19 1,997,891
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties	17,249,610	23 17,069,610
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	355,755	25 331,355
	26 Total liabilities. Add lines 17 through 25	46,999,605	26 39,790,009
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	22,589,918	27 30,599,514
	28 Temporarily restricted net assets	9,180,372	28 11,631,378
	29 Permanently restricted net assets	7,827,404	29 7,692,817
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
	33 Total net assets or fund balances	39,597,694	33 49,923,709
	34 Total liabilities and net assets/fund balances	86,597,299	34 89,713,718

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	108,698,768
2 Total expenses (must equal Part IX, column (A), line 25)	2	109,256,479
3 Revenue less expenses Subtract line 2 from line 1	3	-557,711
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,597,694
5 Net unrealized gains (losses) on investments	5	1,128,471
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	9,755,255
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,923,709

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	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
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional Trustee	Officer	Key employee			
CHARLES L CROMER VICE CHAIR	1 00	X					0	0	0
MARTY RUBIN CHAIR	1 00	X					0	0	0
RICHARD B ADAMS JR MEMBER	1 00	X					0	0	0
ALFREDO AGUIRRE MEMBER	1 00	X					0	0	0
SAMUEL P BELL III MEMBER	1 00	X					0	0	0
JACQUELINE CHANG PHD MEMBER	1 00	X					0	0	0
DAN DIGIACOMO MEMBER	1 00	X					0	0	0
KENT GUINN MEMBER	1 00	X					0	0	0
FRANK GULISANO MEMBER	1 00	X					0	0	0
ERIC JACKSON MEMBER	1 00	X					0	0	0
NANCY C KLINE MEMBER	1 00	X					0	0	0
LAURA KOLKMAN MEMBER	1 00	X					0	0	0
LARISA F PERRY MEMBER	1 00	X					0	0	0
SEAN PITTMAN ESQ MEMBER	1 00	X					0	0	0
CINDY PULLEN MEMBER	1 00	X					0	0	0
KATRINA ROLLE MEMBER	1 00	X					0	0	0
VALERIE SEIDEL MEMBER	1 00	X					0	0	0
JALAL SHEHADEH MEMBER	1 00	X					0	0	0
MIGUEL VIYELLA MEMBER	1 00	X					0	0	0
VICTORIA WEBER MEMBER	1 00	X					0	0	0
DAVID A BUNDY PRESIDENT & CEO	40 00			X			238,597	0	33,367
SHELLEY KATZ SECRETARY & COO	40 00			X			156,421	0	2,450
ROBERT J WYDRA JR TREASURER & CFO	40 00			X			135,774	0	21,480
JAMES E PATRICK COO (THROUGH 10/12)	40 00			X			156,603	0	24,151
ANTHONY K SUDLER CHIEF PHILANTROPY OFFICER	40 00				X		153,940	0	22,519

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee				
ANDRY E SWEET OPERATIONS VP	40 00					X		129,591	0	10,713
JOAN P HUGHES ADMINISTRATION VP	40 00					X		129,857	0	19,031
STEPHEN F BARDY VP OPERATIONS	40 00					X		127,909	0	6,124
CYNTHIA S BLACKLAW VP OPERATIONS (THROUGH 4/13)	40 00					X		126,091	0	23,453

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2012****Open to Public
Inspection**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury
Internal Revenue ServiceName of the organization
THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____

5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)

8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 An 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)**.

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 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated

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 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 supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?	(v) Did you notify the organization in col (i) of your support?	(vi) Is the organization in col (i) organized in the U S ?	(vii) Amount of monetary support		
			Yes	No	Yes	No	Yes	No
Total								

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	96,046,037	95,035,440	101,717,359	101,182,428	99,038,652	493,019,916
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	96,046,037	95,035,440	101,717,359	101,182,428	99,038,652	493,019,916
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						493,019,916

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	96,046,037	95,035,440	101,717,359	101,182,428	99,038,652	493,019,916
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	499,645	458,999	504,191	668,347	773,411	2,904,593
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)	2,073,344	1,454,286	1,279,767	1,665,592	2,855,431	9,328,420
11 Total support (Add lines 7 through 10)						505,252,929
12 Gross receipts from related activities, etc (see instructions)				12		41,408,479
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						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	97 580 %
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	97 700 %
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►✓
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►□
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		►□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►□

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15
16 Public support percentage from 2011 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

2012

Open to Public
Inspection**SCHEDULE C**
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- 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), then

- 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- 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
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 funds contributed to other organizations for section 527 exempt function activities ► \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were 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 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 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		217,978	
c Total lobbying expenditures (add lines 1a and 1b)		217,978	
d Other exempt purpose expenditures		110,832,217	
e Total exempt purpose expenditures (add lines 1c and 1d)		111,050,195	
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
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		
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-		0	
i Subtract line 1f from line 1c If zero or less, enter -0-		0	
j 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	171,887	201,535	222,849	217,978	814,249
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?		
5 Taxable amount of lobbying and political expenditures (see instructions)	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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		RELATIVE TO ALL LOBBYING ACTIVITIES PROPOSED LEGISLATION IS REVIEWED FOR ITS IMPACT ON CHILDREN AND FAMILIES IN FLORIDA THE REVIEW INCLUDES DISCUSSIONS WITH LEGISLATIVE AIDES, STAFF OF THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND OTHER RELEVANT SOURCES AS APPROPRIATE, CONTACT IS MADE WITH LEGISLATORS, LEGISLATIVE AIDES AND STAFF OF THE DEPARTMENT OF CHILDREN AND FAMILIES THE TOTAL AMOUNT REPORTED IS FOR ALL LOBBYING EXPENSES

SCHEDULE D
(Form 990)**Supplemental Financial Statements****2012****Open to Public
Inspection**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

 Department of the Treasury
 Internal Revenue Service

 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? Yes No

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) 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 (ASC 958) relating to these items

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

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12)

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)

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

Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

331,35

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

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

1	Total revenue, gains, and other support per audited financial statements	1	111,122,196
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	567,920
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	1,855,508
e	Add lines 2a through 2d	2e	2,423,428
3	Subtract line 2e from line 1	3	108,698,768
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	108,698,768

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

1	Total expenses and losses per audited financial statements	1	111,050,195
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	567,920
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	1,225,796
e	Add lines 2a through 2d	2e	1,793,716
3	Subtract line 2e from line 1	3	109,256,479
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	109,256,479

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	FIN 48 STATEMENT MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS CHS FILES TAX RETURNS IN THE U S FEDERAL JURISDICTION GENERALLY, CHS IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE JUNE 30, 2009
PART XI, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSE 565,288 GAMING ACTIVITIES EXPENSE 123,369 DIRECT RENTAL EXPENSE 490,903 LOSS ON SALE OF FIXED ASSETS 46,236 LOSS ON SALE OF INVESTMENTS 629,712
PART XII, LINE 2D - OTHER ADJUSTMENTS		FUNDRAISING EVENT EXPENSE 565,288 GAMING ACTIVITIES EXPENSE 123,369 DIRECT EXPENSE OF RENTAL 490,903 LOSS ON SALE OF FIXED ASSETS 46,236

2012

Open to Public
InspectionSCHEDULE G
(Form 990 or 990-EZ)Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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 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 <input checked="" type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

 Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MILLER CALHOUN AND COMPANY INC 2741 NE 57TH CT	CONSULTING		No	0	27,738	-27,738
FORT LAUDERDALE, FL 33308						
Total					27,738	-27,738

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

FL

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		ULTIMATE DINNER PARTY (event type)	CARING CHEFS (event type)	21 (total number)	
1	Gross receipts . . .	205,900	157,515	1,597,636	1,961,051
2	Less Contributions . . .	196,900	100,370	685,751	983,021
3	Gross income (line 1 minus line 2) . . .	9,000	57,145	911,885	978,030
4	Cash prizes . . .	0	0	0	
5	Noncash prizes . . .	0	0	500	500
6	Rent/facility costs . . .	0	0	35,714	35,714
7	Food and beverages . .	2,907	850	182,034	185,791
8	Entertainment . . .	0	1,500	37,321	38,821
9	Other direct expenses . .	33,862	0	270,600	304,462
10	Direct expense summary Add lines 4 through 9 in column (d)				► (565,288)
11	Net income summary Combine line 3, column (d), and line 10				► 412,742

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			266,534	266,534
2	Cash prizes			62,500	62,500
3	Non-cash prizes			3,000	3,000
4	Rent/facility costs			728	728
5	Other direct expenses			57,141	57,141
6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d)				► 123,369
8	Net gaming income summary Combine lines 1 and 7 in column (d)				► 143,165

9 Enter the state(s) in which the organization operates gaming activities FL

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

b If "No," explain _____
SEE SCHEDULE O

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

Identifier	Return Reference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	CONSULTING SERVICES PROVIDED TO THE ORGANIZATION FOR MAIL SOLICITATIONS AND FUNDRAISING EVENTS

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation

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
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FINANCIAL ASSISTANCE TO CLIENTS	5352	886,740			
FOOD, CHS FACILITIES	12223	681,940			
RESIDENTIAL SUPPLIES, CHS FACILITIES	2219	186,689			
MEDICAL AND DENTAL FEES	5236	1,912,472			
FOSTER CARE BOARD PAYMENTS	266	1,359,108			
DAYCARE	432	49,610			
CLOTHING AND PERSONAL NEEDS	2259	233,777			
TRANSPORTATION	1316	87,569			
RECREATIONAL ACTIVITIES	6832	281,729			
LEGAL ASSISTANCE	105	18,633			
OUTREACH ACTIVITIES	794	31,776			
PROGRAM EDUCATIONAL SUPPLIES	330	117,933			
OTHER ASSISTANCE ON BEHALF OF CLIENTS	996	164,324			

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

2012**Open to Public Inspection**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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

<input type="checkbox"/> Compensation committee	<input 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 with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

Yes**No**

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4a**No**

c Participate in, or receive payment from, an equity-based compensation arrangement?

4b**No**

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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?

5a**No**

b Any related organization?

5b**No**

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?

6a**No**

b Any related organization?

6b**No**

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

7**No**

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8**No**

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID A BUNDY PRESIDENT & CEO	(i) 227,992 (ii) 0	(i) 0 (ii) 0	(i) 10,605 (ii) 0	(i) 27,372 (ii) 0	(i) 5,995 (ii) 0	(i) 271,964 (ii) 0	(i) 0 (ii) 0
(2) SHELLEY KATZ SECRETARY & COO	(i) 146,433 (ii) 0	(i) 0 (ii) 0	(i) 9,988 (ii) 0	(i) 0 (ii) 0	(i) 2,450 (ii) 0	(i) 158,871 (ii) 0	(i) 0 (ii) 0
(3) ROBERT J WYDRA JR TREASURER & CFO	(i) 135,649 (ii) 0	(i) 0 (ii) 0	(i) 125 (ii) 0	(i) 16,497 (ii) 0	(i) 4,983 (ii) 0	(i) 157,254 (ii) 0	(i) 0 (ii) 0
(4) JAMES E PATRICK COO (THROUGH 10/12)	(i) 147,448 (ii) 0	(i) 0 (ii) 0	(i) 9,155 (ii) 0	(i) 18,175 (ii) 0	(i) 5,976 (ii) 0	(i) 180,754 (ii) 0	(i) 0 (ii) 0
(5) ANTHONY K SUDLER CHIEF PHILANTROPY OFFICER	(i) 144,128 (ii) 0	(i) 0 (ii) 0	(i) 9,812 (ii) 0	(i) 16,022 (ii) 0	(i) 6,497 (ii) 0	(i) 176,459 (ii) 0	(i) 0 (ii) 0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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**Schedule K
(Form 990)****2012****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

Name of the organization
THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number
59-0192430

Part I Bond Issues

(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		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A PALM BEACH COUNTY FL	59-6000785	696547EZ7	04-01-2008	16,680,000	SEE SCHEDULE K, PART VI		X		X		X

Part II Proceeds

1	Amount of bonds retired	A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
2	Amount of bonds legally defeased								
3	Total proceeds of issue								
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds								
12	Other unspent proceeds								
13	Year of substantial completion								
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III Private Business Use

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	
		Yes	No	Yes	No	Yes	No	Yes	No
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D		
	Yes	No	Yes	No	Yes	No	Yes	No	
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X							
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?									
c Are there any research agreements that may result in private business use of bond-financed property?		X							
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►			%			%			%
5 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 section 501(c)(3) organization, or a state or local government ►			%			%			%
6 Total of lines 4 and 5			%			%			%
7 Does the bond issue meet the private security or payment test?		X							
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X							
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%			%			%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?									
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	BANK OF NEW YORK TRUST COMPANY							
c Term of hedge	30 000000000000							
d Was the hedge superintegrated?		X						
e Was a hedge terminated?		X						

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?								

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
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 NAPLES CHILDCARE CENTERS, (B) TO REIMBURSE BANK OF AMERICA, N A FOR A PORTION OF LOAN ASSOCIATED WITH VERO BEACH PROJECT, (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

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Name 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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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 ► (<u>TOYS</u>)	X	730	293,853	FAIR MARKET VALUE
26 Other ► (<u>SUPPLIES</u>)	X	378	87,695	FAIR MARKET VALUE
27 Other ► (<u>MISCELLANEOUS</u>)	X	1,667	1,052,942	FAIR MARKET VALUE
28 Other ► (_____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

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

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

Identifier	Return Reference	Explanation
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Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

2012**Open to Public
Inspection**

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	
	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. EACH MEMBER IS GIVEN A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY TO READ, DISCLOSE ANY CONFLICTING ITEMS AND SIGN
	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
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	GAIN ON INTEREST RATE SWAP 1,581,848 RETIREMENT PLAN - CONTINGENT OBLIGATION 5,923,576 CHANGE IN BENEFICIAL INTEREST IN THE NET ASSETS OF CHS FOUNDATION, INC 2,249,831
AUDIT COMMITTEE	FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR
LICENSE TO OPERATE GAMING ACTIVITIES	FORM 990, SCHEDULE G, PART III, LINE 9B	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

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2012

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceName of the organization
THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
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Yes No

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

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

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

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

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 or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

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

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

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

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

Schedule R (Form 990) 2012

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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation			
Form 990, Schedule R, 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
CENTENNIAL HOLDINGS LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-3043440	HOLDS REAL PROPERTY	FL	437,170	8,106,767	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	54,005	1,989,836	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	13,479	475,426	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	238,658	2,804,125	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS COLLIER CHILD CARE LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 26-0843609	HOLDS REAL PROPERTY	FL	94,369	1,559,004	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 & SOCIAL ASSISTANCE (DAYCARE)	FL	1,305,488	660,515	THE CHILDREN'S HOME SOCIETY OF FLORIDA
ECIL CAPITAL LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-5272172	RENTAL & LEASING	FL	84,175	220,637	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (BUCKNER) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439340	HOLDS REAL PROPERTY	FL	91,879	4,053,326	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (NORTH COASTAL) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1440010	HOLDS REAL PROPERTY	FL	36,316	603,670	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (MID FLORIDA) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1440006	HOLDS REAL PROPERTY	FL	14,582	346,323	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (BREVARD) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439172	HOLDS REAL PROPERTY	FL	0	2,357	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (CENTRAL FLORIDA) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439606	HOLDS REAL PROPERTY	FL	0	2,342	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (EMERALD COAST) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439711	HOLDS REAL PROPERTY	FL	13,591	281,540	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (GULF COAST) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439869	HOLDS REAL PROPERTY	FL	53,424	1,165,098	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (INTERCOASTAL) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439865	HOLDS REAL PROPERTY	FL	43,890	1,225,453	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (SOUTHEASTERN) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1440100	HOLDS REAL PROPERTY	FL	138,047	3,284,581	THE CHILDREN'S HOME SOCIETY OF FLORIDA