

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE CHILDREN'S HOME SOCIETY OF FLORIDA		D Employer identification number 59-0192430
		Number and street (or P.O. box if mail is not delivered to street address) 1485 SEMORAN BLVD.		Room/suite 1448
		City or town, state or country, and ZIP + 4 WINTER PARK, FL 32792		E Telephone number 321-397-3000
		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶		F Accounting method

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

H and **I** are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? (If "No," attach a list.) N/A Yes No

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

I Group Exemption Number ▶ N/A

G Website: **WWW.CHSFL.ORG**

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

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **118,581,367.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	10,577,698.		
	c Indirect public support (not included on line 1a)	1c	2,540,851.		
	d Government contributions (grants) (not included on line 1a)	1d	92,234,966.		
	e Total (add lines 1a through 1d) (cash \$ 103,360,192. noncash \$ 1,993,323.)	1e			105,353,515.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			7,715,187.
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			488,044.
	5 Dividends and interest from securities	5			
	6 a Gross rents	6a	176,491.		
	b Less: rental expenses	6b	176,491.		
c Net rental income or (loss). Subtract line 6b from line 6a	6c			0.	
7 Other investment income (describe)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a	114,834.		
	(B) Other	8b	167,310.		
	Less: cost or other basis and sales expenses	8c	-52,476.		
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			-208,531.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ 71,403. of contributions reported on line 1b)	9a	1,896,460.		
	b Less: direct expenses other than fundraising expenses	9b	754,628.		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			1,141,832.
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			585,244.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			115,075,291.	
Expenses	13 Program services (from line 44, column (B))	13			93,316,164.
	14 Management and general (from line 44, column (C))	14			14,728,938.
	15 Fundraising (from line 44, column (D))	15			4,003,348.
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			112,048,450.
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			3,026,841.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			36,465,840.	
20 Other changes in net assets or fund balances (attach explanation)	20			-5,450,070.	
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			34,042,611.	

723001
12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Part I Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 • noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) STATEMENT 7	6,033,484.	6,033,484.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	544,686.	0.	544,686.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	64,062,586.	55,658,823.	6,696,267.	1,707,496.
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	7,013,884.	6,093,799.	733,140.	186,945.
29 Payroll taxes	5,676,401.	4,900,501.	638,236.	137,664.
30 Professional fundraising fees				
31 Accounting fees	148,415.	118,663.	20,042.	9,710.
32 Legal fees	180,775.	144,536.	24,412.	11,827.
33 Supplies	752,812.	601,743.	103,350.	47,719.
34 Telephone	1,824,294.	1,433,002.	328,883.	62,409.
35 Postage and shipping	303,305.	199,764.	67,296.	36,245.
36 Occupancy	6,454,546.	6,148,140.	111,859.	194,547.
37 Equipment rental and maintenance	1,154,268.	947,179.	117,441.	89,648.
38 Printing and publications	524,250.	353,868.	31,488.	138,894.
39 Travel	4,890,068.	4,291,142.	493,545.	105,381.
40 Conferences, conventions, and meetings	283,477.	128,308.	99,290.	55,879.
41 Interest	1,499,887.	120,760.	1,379,056.	71.
42 Depreciation, depletion, etc. (attach schedule)	2,280,151.	1,067,088.	1,171,914.	41,149.
43 Other expenses not covered above (itemize):				
a INSURANCE	1,041,938.	995,166.	39,476.	7,296.
b MEMBERSHIP DUES	111,724.	37,942.	69,908.	3,874.
c MISCELLANEOUS	4,327,305.	1,691,459.	1,661,607.	974,239.
d OTHER PROFESSIONAL				
e SERVICE FEES	2,868,821.	2,293,731.	387,404.	187,686.
f DEVELOPMENT FEES	71,373.	57,066.	9,638.	4,669.
g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	112,048,450.	93,316,164.	14,728,938.	4,003,348.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a CASE MANAGEMENT/DEVELOPMENT SERVICES	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	21,815,012.
b EMERGENCY SHELTER: NURSERIES AND HOMES WHICH PROVIDE SHORT TERM SHELTER TO VICTIMS OF ABUSE OR NEGLECT.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,045,036.
c GROUP HOME CARE: PROVIDES LONG-TERM SHELTER, USUALLY FOR OLDER CHILDREN OR THOSE WITH EMOTIONAL OR EDUCATION PROBLEMS.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	10,305,475.
d CASE MANAGEMENT: PROVIDES ASMNT. AND SUPPORT IN ACCESSING MEDICAL, SOCIAL, EDUC. AND OTHER SUPP. SVC. TO FAM. W/CHILD WHO HAS A SERIOUS EMOTIONAL DIST.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	11,287,805.
e Other program services (attach schedule) SEE STATEMENT 9	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	43,862,836.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	93,316,164.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	135,827.	193,824.
	46 Savings and temporary cash investments	13,140,841.	15,816,595.
	47 a Accounts receivable	922,892.	
	b Less: allowance for doubtful accounts		922,892.
	48 a Pledges receivable	1,756,386.	
	b Less: allowance for doubtful accounts	1,065,171.	691,215.
	49 Grants receivable	12,080,600.	11,339,187.
	50 a Receivables from current and former officers, directors, trustees, and key employees		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	1,410,963.	1,877,275.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	b Investments - other securities	STMT 12 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,594,477.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	56 Investments - other		
57 a Land, buildings, and equipment: basis	56,972,653.		
b Less: accumulated depreciation	19,641,952.	37,330,701.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 10)	586,628.	898,813.	
59 Total assets (must equal line 74). Add lines 45 through 58	69,592,646.	74,664,979.	
Liabilities	60 Accounts payable and accrued expenses	17,302,268.	19,664,040.
	61 Grants payable		
	62 Deferred revenue	1,187,539.	999,944.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	13,380,183.	18,669,549.
	65 Other liabilities (describe ▶ SEE STATEMENT 11)	1,256,816.	1,288,835.
66 Total liabilities . Add lines 60 through 65	33,126,806.	40,622,368.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	35,838,294.	33,437,002.
	68 Temporarily restricted	627,546.	605,609.
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
73 Total net assets or fund balances . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	36,465,840.	34,042,611.	
74 Total liabilities and net assets/fund balances . Add lines 66 and 73	69,592,646.	74,664,979.	

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	265,957.	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c above, reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed		FL
b	Number of employees employed in the pay period that includes March 12, 2007	90b	2077
91 a	The books are in care of		BOB WYDRA
	Located at		1485 S. SEMORAN BLVD, STE 1448, WINTER PARK, FL
	Telephone no.		321-397-3000
	ZIP + 4		32792
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	N/A
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued) Yes No

91 At any time during the calendar year, did the organization maintain an office outside of the United States? 91a Yes No
 If "Yes," enter the name of the foreign country N/A

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

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a ADOPTIVE & OTHER SVC					
b FEES					1,529,648.
c					
d					
e					
f Medicare/Medicaid payments					6,185,539.
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	488,044.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-208,531.	
101 Net income or (loss) from special events			01	1,141,832.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					585,244.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,421,345.	8,300,431.
105 Total (add line 104, columns (B), (D), and (E))					9,721,776.

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

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

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
 ▼ SEE STATEMENT 19

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
SEE STATEMENT 18	%			
	%			
	%			
	%			

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
 Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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

				Yes	No
(A)	(B)	(C)	(D)		
Name, address, of each controlled entity	Employer Identification Number	Description of transfer	Amount of transfer		
a					
b					
c					
Totals					

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

				Yes	No
(A)	(B)	(C)	(D)		
Name, address, of each controlled entity	Employer Identification Number	Description of transfer	Amount of transfer		
a					
b					
c					
Totals					

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

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.

Please Sign Here: *Bob Wydra* Signature of officer | Date **2/11/09**

BOB WYDRA, CFO Type or print name and title

Paid Preparer's Use Only: Preparer's signature *David C. Moji* | Date **2/11/09** | Check if self-employed | Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4: **RSM MCGLADREY, INC.**
800 N. MAGNOLIA, SUITE 1700
ORLANDO, FL 32803

EIN: _____ | Phone no. **407-898-2727**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **THE CHILDREN'S HOME SOCIETY OF FLORIDA** Employer identification number **59 0192430**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
KIMBERLY S. BRIEN 3318 RAEFORD ROAD, ORLANDO, FL 32806	OPERATIONS V.P. 40.00	132,895.	24,469.	
SHELLY S. KATZ 2518 TAHOE CIRCLE, WINTER PARK, FL 32	OPERATIONS V.P. 40.00	126,994.	31,705.	
THOMAS R. GIESE 17340 BOCA CLUB BLVD, #702, BOCA RATON	PRESIDENT CHS 40.00	122,919.	22,218.	
JACQUELINE E. GONZALEZ 15485 SW 78 PL, MIAMI, FL 33157	EXECUTIVE DIR. II 40.00	107,833.	13,115.	
ANDRY E. SWEET 3016 PLAZA TERRACE DR., ORLANDO, FL 3	EXECUTIVE DIR. II 40.00	106,471.	13,278.	
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
FAMILY RESOURCE CENTER 155 SOUTH MIAMI AVE, SUITE 500, MIAMI, FL 33130	PROFESSIONAL FEES	570,437.
NORTHMORE ELEMENTARY SCHOOL 4111 N. TERRACE DRIVE, WEST PALM BEACH, FL 33407	PROFESSIONAL FEES	226,469.
FOLEY & LARDNER, LLC 111 NORTH ORANGE AVE., SUITE 1800, ORLANDO, FL 3	LEGAL SERVICES	204,451.
MCGLADREY & PULLEN 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	AUDIT SERVICES	146,412.
WEST GATE ELEMENTARY SCHOOL 1545 LOXAHATCHEE DRIVE, WEST PALM BEACH, FL 33409	PROFESSIONAL FEES	143,019.
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
INTERSTATE BUSINESS PARK VI P.O. BOX 301135, LOS ANGELES, CA 90030-1135	RENT	511,142.
CBC OF SEMINOLE 117 EAST LAKE MARY BLVD, SANFORD, FL 32773	RENT	504,642.
TOMORROW 34 LAKEVIEW, LP 1265 S. SEMORAN BLVD, SUITE 1230, WINTER PARK, FL	RENT	466,234.
BIG BEND COMMUNITY BASE CARE 525 N. MARTIN LUTHER KING JR BLVD., TALLAHASSEE,	RENT	247,380.
MOULTON PROPERTIES, INC. P.O. BOX 12524, PENSACOLA, FL 32591-2524	RENT	215,599.
Total number of other contractors receiving over \$50,000 for other services	0	

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>183,126.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. VI-A, LINE 38B	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 20	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

CONFIDENTIAL

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	106637591.	105263776.	96,537,103.	84,436,725.	392,875,195.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	12,243,892.	16,469,137.	18,133,436.	15,570,637.	62,417,102.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	545,947.	389,517.	184,887.	158,084.	1,278,435.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,050,417.	1,417,075.	SEE STATEMENT 21 3,623,382.	338,187.	6,429,061.
23 Total of lines 15 through 22	120477847.	123539505.	118478808.	100503633.	462,999,793.
24 Line 23 minus line 17	108233955.	107070368.	100345372.	84,932,996.	400,582,691.
25 Enter 1% of line 23	1,204,778.	1,235,395.	1,184,788.	1,005,036.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 8,011,654.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 400,582,691.
d Add: Amounts from column (e) for lines: 18 1,278,435. 19 _____					26d 7,707,496.
22 6,429,061. 26b _____					26e 392,875,195.
e Public support (line 26c minus line 26d total)					26f 98.0759%
f Public support percentage (line 26e numerator) divided by line 26c (denominator)					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c N/A
17 _____ 20 _____ 21 _____					27d N/A
d Add: Line 27a total _____ and line 27b total _____					27e N/A
e Public support (line 27c total minus line 27d total)					27f N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e numerator) divided by line 27f (denominator)					27g N/A %
h Investment income percentage (line 18, column (e) numerator) divided by line 27f (denominator)					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
.....			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	N/A	0.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		183,126.
38	Total lobbying expenditures (add lines 36 and 37)		183,126.
39	Other exempt purpose expenditures		111,865,324.
40	Total exempt purpose expenditures (add lines 38 and 39)		112,048,450.
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		The lobbying nontaxable amount is -
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
42	Grassroots nontaxable amount (enter 25% of line 41)		250,000.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38		0.

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	1,000,000.				1,000,000.
46					1,500,000.
47	183,126.	160,975.	181,589.	228,957.	754,647.
48	250,000.				250,000.
49					375,000.
50					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			0.
i Total lobbying expenditures (Add lines c through h.)			0.

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

FORM 990 RENTAL INCOME STATEMENT 1

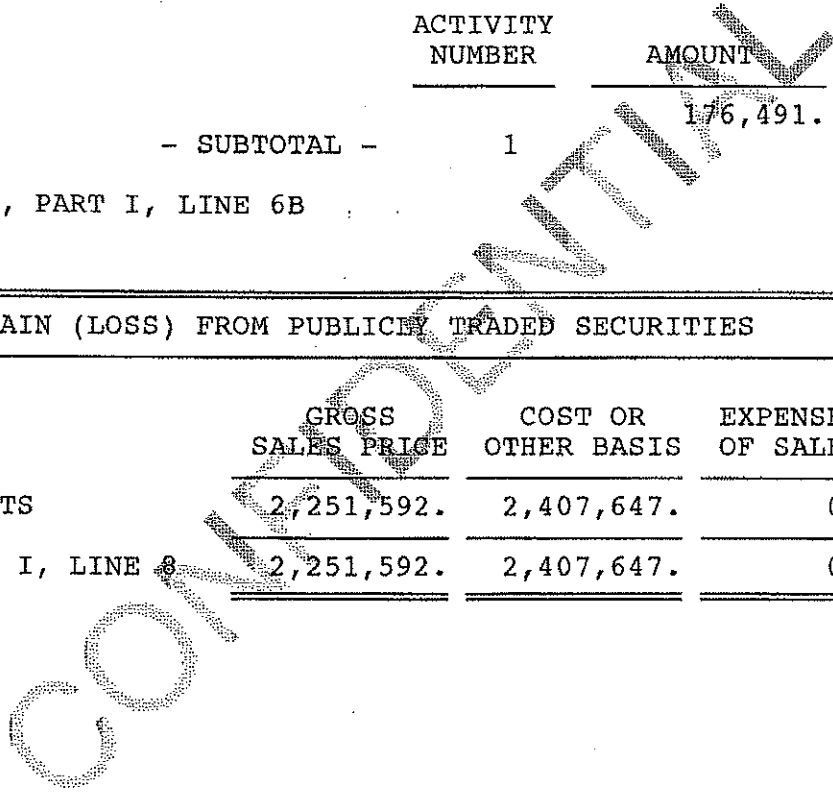
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL INCOME	1	176,491.
TOTAL TO FORM 990, PART I, LINE 6A		176,491.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES		176,491.	
- SUBTOTAL -	1		176,491.
TOTAL TO FORM 990, PART I, LINE 6B			176,491.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 3

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	2,251,592.	2,407,647.	0.	-156,055.
TO FORM 990, PART I, LINE 8	2,251,592.	2,407,647.	0.	-156,055.



FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SALE OF PROPERTY AND EQUIPMENT			PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	114,834.	167,310.	0.	0.	-52,476.
TO FM 990, PART I, LN 8	114,834.	167,310.	0.	0.	-52,476.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
VARIOUS SPECIAL EVENTS	1,967,863.	71,403.	1,896,460.	754,628.	1,141,832.
TO FM 990, PART I, LINE 9	1,967,863.	71,403.	1,896,460.	754,628.	1,141,832.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 6

DESCRIPTION	AMOUNT
CHANGES IN UNREALIZED APPRECIATION	-19,161.
UNREALIZED GAIN/LOSS ON INTEREST RATE SWAP	-552,600.
RET. PLAN - CONTINGENT OBLIGATION	-4,878,309.
TOTAL TO FORM 990, PART I, LINE 20	-5,450,070.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 7

DESCRIPTION	AMOUNT
INDEPENDENT LIVING FOR YOUTH	18,916.
FAMILY LIFE EDUCATION	97,083.
ADOPTION AND INTER-COUNTRY ADOPTION	297,815.
PREGNANCY/COUNSELING SUPPORT	27,061.
HOME VISITOR SERVICE	104,009.

EARLY INTERVENTION SERVICES	796,448.
DAYCARE	139,312.
CASE MANAGEMENT SERVICES	1,151,565.
CASE MANAGEMENT MENTAL HEALTH	334,201.
HOME-BASED FAMILY CENTERED CASEWORK	40,405.
HOMEMAKER	4,726.
INTENSIVE FAMILY PRESERVATION	128,494.
EMERGENCY/RUNAWAY SHELTER	409,593.
FOSTER CARE SERVICES	1,671,487.
FAMILY VISITATION CENTER	3,170.
GROUP CARE	802,788.
COMMUNITY ORGANIZATION	4,268.
TRAINING	2,143.
TOTAL TO FORM 990, PART II, LINE 23	6,033,484.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8
PART III

EXPLANATION

CHS HELPS TURN LIVES AROUND BY PROVIDING SHELTER, GROUP AND FOSTER HOMES, COUNSELING, ADOPTION, CASE MANAGEMENT AND PREVENTION SERVICES FOR ABUSED AND NEGLECTED CHILDREN AND FAMILIES IN NEED OF SUPPORT.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 9

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS EXPENSES	
HOME BASED FAMILY CENTERED CASEWORK	0.	1,188,234.
FOSTER CARE SERVICES	0.	8,079,400.
HOMEMAKER	0.	1,130,306.
FAMILY VISITATION CENTER	0.	1,092,606.
VARIOUS COMMUNITY ACTIVITIES	0.	4,134,189.
FAMILY LIFE EDUCATION	0.	3,683,752.
ADOPTION AND INTER-COUNTRY ADOPTION	0.	6,614,561.
PREGNANCY COUNSELING/SUPPORT	0.	353,843.
HOME VISITOR SERVICE	0.	7,399,185.

EARLY INTERVENTION SERVICES	0. 2,137,656.
INTENSIVE FAMILY PRESERVATION: 24/7 IN-HOME CONSL. PROGRAM TO PREVENT REMOVAL OF CHILDREN FROM HOME DURING CRISIS INCLUDING ABUSE OR NEGLECT.	0. 6,333,827.
DAYCARE	0. 1,715,277.
TOTAL TO FORM 990, PART III, LINE E	<u>43862836.</u>

FORM 990 OTHER ASSETS STATEMENT 10

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEFERRED FINANCE COSTS	586,628.	
GOODWILL		898,813.
TOTAL TO FORM 990, PART IV, LINE 58	<u>586,628.</u>	<u>898,813.</u>

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
HELD IN CUSTODY FOR OTHERS	757,951.	658,891.
OBLIGATION UNDER CAPITAL LEASE	498,865.	629,944.
TOTAL TO FORM 990, PART IV, LINE 65	<u>1,256,816.</u>	<u>1,288,835.</u>

FORM 990 OTHER SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
STOCKS, PRINCIPALLY COMMON	FMV	3,243,054.
CORPORATE BONDS	FMV	137,872.
GOVERNMENT SECURITIES	FMV	2,213,551.
TO FORM 990, LINE 54B, COL B		<u>5,594,477.</u>

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	754,628.
RENTAL EXPENSES	176,491.
TOTAL TO FORM 990, PART IV-A	931,119.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
SPECIAL EVENT EXPENSES	754,628.
RENTAL EXPENSES	176,491.
LOSS ON SALE OF ASSETS	52,476.
TOTAL TO FORM 990, PART IV-B	983,595.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 15

DESCRIPTION	AMOUNT
LOSS ON SALE OF FIXED ASSETS	-52,476.
DECREASE IN TEMPORARILY RESTRICTED NET ASSETS	-21,937.
TOTAL TO FORM 990, PART IV-A	-74,413.

CONFIDENTIAL

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID A. BUNDY 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	PRESIDENT 40.00	198,857.	41,016.	0.
JAMES E. PATRICK 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	COO 40.00	154,988.	33,022.	0.
ROBERT J. WYDRA 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	CFO 40.00	106,662.	10,141.	0.
ROBERT MOSER 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR - CHAIR 1.00	0.	0.	0.
VICTORIA WEBER 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR - VICE-CHAIR 1.00	0.	0.	0.
RICHARD B. ADAMS, JR. 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
SAMUEL P. BELL, III 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
SARA BRADY 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
DR. CLARICE BRANTLEY 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
SAMIA FERRARO 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
MICHELE GREENE 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.

THE CHILDREN'S HOME SOCIETY OF FLORIDA

59-0192430

KENT GUINN 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
FRANK GULISANO 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
DAN LAUTENBACH 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
RICHARD LEWIS 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
FAROOQ MITHA 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
SHERRY PLYMALE 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
WILLIAM D. PRESTON 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
CINDY PULLEN 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
MARTY RUBIN 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
MIGUEL VIYELLA 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
JOHN F. WINDHAM 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		460,507.	84,179.	0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 17

NAME OF ORGANIZATION

EXEMPT

NONEXEMPT

CHILDREN'S HOME SOCIETY OF FLORIDA FOUNDATION,
INC.

X

CONFIDENTIAL

FORM 990

PART IX - INFORMATION REGARDING TAXABLE
SUBSIDIARIES AND DISREGARDED ENTITIES

STATEMENT 18

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CENTENNIAL HOLDINGS, LLC

ADDRESS

1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-3043440	100.00%	HOLDS REAL PROPERTY	333,739.	917,690.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CENTENNIAL HOLDINGS (TREASURE COAST), LLC

ADDRESS

1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-3174241	100.00%	HOLDS REAL PROPERTY	58,300.	2,263,570.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CENTENNIAL HOLDINGS (SOUTHWEST), LLC

ADDRESS

1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-8659039	100.00%	HOLDS REAL PROPERTY	10,600.	420,941.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CENTENNIAL HOLDINGS (NORTH CENTRAL), LLC

ADDRESS

1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-5272140	100.00%	HOLDS REAL PROPERTY	236,544.	3,122,350.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CENTENNIAL HOLDINGS COLLIER CHILDCARE, LLC

ADDRESS

1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
26-0843609	100.00%	HOLDS REAL PROPERTY	104,895.	2,222,214.

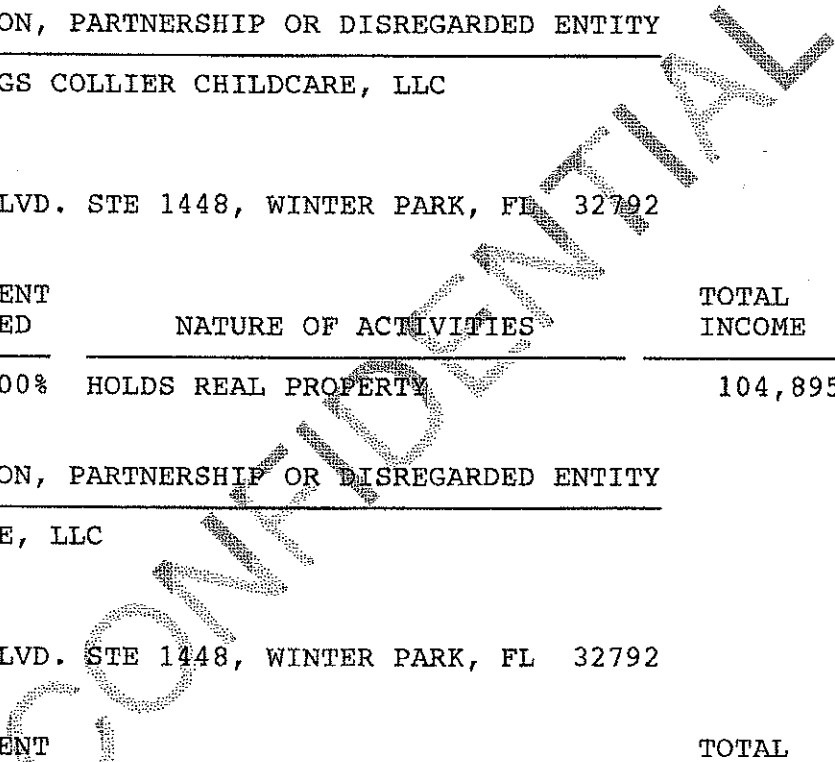
NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CENTENNIAL FINANCE, LLC

ADDRESS

1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-3040392	100.00%	MANAGED & ADMINISTERED A LINE OF CREDIT	0.	9,193.



NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

CHILDREN'S HOME EARLY LEARNING INITIATIVES, LLC

ADDRESS

1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
26-0854969	100.00%	HEALTH CARE AND SOCIAL ASSISTANCE (DAYCARES)	824,905.	1,360,733.

NAME OF CORPORATION, PARTNERSHIP OR DISREGARDED ENTITY

ECIL CAPITAL, LLC

ADDRESS

1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792

EMPLOYER ID NUMBER	PERCENT OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YEAR ASSETS
20-5272172	100.00%	RENTAL AND LEASING	222,227.	446,113.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 19

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A& 93B	CHILDREN'S HOME SOCIETY PROVIDES ADOPTION SERVICES, POST-ADOPTION FAMILY ASSISTANCE SERVICES AND PARENT/CHILD RELATIONSHIP COUNSELING SERVICES. THE FEES PAID HELP TO DEFRAY THE COST OF THESE SERVICES AND ARE BASED ON THE CLIENT'S ABILITY TO PAY.
103A	MISCELLANEOUS REVENUE RELATED TO THE EXEMPT PURPOSE OF THE ORGANIZATION.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2D

STATEMENT 20

SEE FORM 990, PART V

CONFIDENTIAL

SCHEDULE A	OTHER INCOME			STATEMENT 21
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISCELLANEOUS	1,050,417.	1,417,075.	3,623,382.	338,187.
TOTAL TO SCHEDULE A, LINE 22	<u>1,050,417.</u>	<u>1,417,075.</u>	<u>3,623,382.</u>	<u>338,187.</u>

CONFIDENTIAL

Form **4562-FY**

Depreciation and Amortization 990
(Including Information on Listed Property)

OMB No. 1545-0172

2007

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No. 67
Identifying number

THE CHILDREN'S HOME SOCIETY OF FLORIDA FORM 990 PAGE 2

59-0192430

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) of line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	2,280,151.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	2,280,151.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

716271 04-29-08 LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562-FY (2007)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and cost

27 Property used 50% or less in a qualified business use: Table with columns for percentage and cost

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding written policies and requirements for vehicle use by employees.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2007 tax year:

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2007, or fiscal year beginning JUL 1, 2007, and ending JUN 30, 2008

2007

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. See instructions.

Return ID (20-digit number)

N/A

Name of exempt organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

Name and title of officer

BOB WYDRA CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, line 12) 1b 115075291
2a Form 990-EZ check here [] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [] b Tax Based on Investment Income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [] b Balance Due (Form 8868, line 3c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund, if applicable. I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize RSM. MCGLADREY, INC. to enter my PIN 21852
ERO firm name do not enter all zeros

as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

[Handwritten signature]

Date

2/11/09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

59466284415

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature

Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So