

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
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

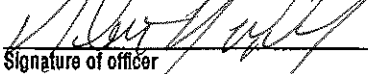
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE CHILDREN'S HOME SOCIETY OF FLORIDA Doing Business As		D Employer identification number 59-0192430
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1485 SEMORAN BLVD. 1448	E Telephone number 321-397-3000	
		City or town, state or country, and ZIP + 4 WINTER PARK, FL 32792		G Gross receipts \$ 107,354,975.
		F Name and address of principal officer: ROBERT J. WYDRA SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(c) Group exemption number ▶
J Website: ▶ WWW.CHSFL.ORG				L Year of formation: 1964 M State of legal domicile: FL
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				


Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CHS HELPS TURN LIVES AROUND BY PROVIDING SHELTER, GROUP AND (SEE SCHEDULE O FOR CONTINUATION)		
	2	Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 24	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 24	
	5	Total number of employees (Part V, line 2a)	5 2718	
	6	Total number of volunteers (estimate if necessary)	6 6500	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	105,353,515. 96,046,036.	
	9	Program service revenue (Part VIII, line 2g)	7,715,187. 7,797,109.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	279,513. -389,255.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,727,076. 1,138,119.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	115,075,291. 104,592,009.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,033,484. 5,563,230.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	77,297,557. 75,193,226.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	
		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,425,628.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	28,717,409. 24,633,663.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	112,048,450. 105,390,119.		
19	Revenue less expenses. Subtract line 18 from line 12	3,026,841. -798,110.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	74,664,979. 82,918,430.	
	21	Total liabilities (Part X, line 26)	40,622,368. 41,837,781.	
	22	Net assets or fund balances. Subtract line 21 from line 20	34,042,611. 41,080,649.	

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 ▶  Date **3/29/10**
 Signature of officer
ROBERT J. WYDRA, CFO
 Type or print name and title

Preparer's Use Only
 Preparer's signature ▶  Date **3/29/10** Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **RSM MCGLADHEY, INC. 7351 OFFICE PARK PL MELBOURNE, FL 32940**
 Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ **321-751-6200**

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

Part II Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: CHILDREN'S HOME SOCIETY OF FLORIDA PROTECTS CHILDREN AND STRENGTHENS YOUTH AND FAMILIES THROUGHOUT THE STATE OF FLORIDA IN AN EFFORT TO BREAK THE TRAGIC GENERATIONAL CYCLE OF ABUSE AND NEGLECT.

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

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

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

4a (Code:) (Expenses \$ 32,073,271. including grants of \$ 1,179,437.) (Revenue \$ 1,902,259.) DEPENDENCY CASE MANAGEMENT: CHILDREN WHO ARE VICTIMS OF ABUSE OR NEGLECT RECEIVE CASE MANAGEMENT SERVICES WITH A FOCUS ON THE BEST POSSIBLE PLAN FOR THE CHILD'S FUTURE. CASE MANAGERS WORK CLOSELY WITH CHILDREN WHO, FOR THEIR OWN PROTECTION, HAVE BEEN REMOVED FROM THEIR HOMES TO IDENTIFY PERMANENT PLACEMENT FOR EACH CHILD, EITHER WITH AN ADOPTIVE OR FOSTER FAMILY, OR WITHIN A GROUP HOME SETTING FOR THOSE WHO WILL "AGE OUT" OF THE FOSTER CARE SYSTEM AND NEED TO LEARN SELF SUFFICIENCY. CASE MANAGERS ALSO WORK WITH CHILDREN WHO ARE AT RISK OF ABUSE OR NEGLECT TO IDENTIFY AND SECURE SERVICES THAT WILL ENSURE THEIR SAFETY AND WELL-BEING AND THE OPPORTUNITY TO THRIVE WITHIN THEIR OWN FAMILIES. CHILDREN AND PARENTS SERVED: 18,403 LICENSED HOMES: 596 DAYS OF CARE: 247,918

4b (Code:) (Expenses \$ 11,954,095. including grants of \$ 427,293.) (Revenue \$ 1,931,857.) TARGETED CASE MANAGEMENT: PROVIDES AN ARRAY OF SERVICES TO CHILDREN WHO HAVE AN IDENTIFIED MENTAL HEALTH ISSUE AS DEFINED BY MEDICAID. TARGETED CASE MANAGERS WORK CLOSELY WITH CHILDREN AND THEIR FAMILIES TO ENSURE ACCESS TO PROGRAMS AND TREATMENT THAT WILL IMPROVE OR MANAGE THE CHILD'S MENTAL HEALTH CONDITION WHILE STABILIZING THE FAMILY. THE MAJORITY OF THESE CLIENTS RESIDE WITH THEIR FAMILIES IN THEIR OWN HOMES, THOUGH SOME ARE INVOLVED WITH THE STATE DEPENDENCY SYSTEM. CHILDREN AND FAMILY MEMBERS SERVED = 11,095

4c (Code:) (Expenses \$ 9,080,441. including grants of \$ 693,713.) (Revenue \$ 1,626,908.) GROUP HOME CARE: CHILDREN UNABLE TO LIVE WITH THEIR PARENTS, CARETAKERS OR IN A TRADITIONAL FOSTER HOME FIND SAFETY AND ACCEPTANCE IN OUR GROUP HOMES. THESE HAVENS WELCOME CHILDREN INTO A LARGE, LIVELY "FAMILY" NURTURED BY DEVOTED STAFF MEMBERS WHO LISTEN TO THEIR HOPES AND ENCOURAGE THEIR DREAMS. CHILDREN SERVED = 600 DAYS OF CARE = 64,293

4d Other program services. (Describe in Schedule O) (Expenses \$ 36,145,830. including grants of \$ 3,262,787.) (Revenue \$ 2,336,085.)

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	513		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
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	2718		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
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)?		X
4a			
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and 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?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
6a			
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(e).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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	N/A	
12b			

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

Section A. Governing Body and Management

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

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	15a	X
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
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	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501 (c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JENNIFER PARKER - 321-397-3000**
1485 S. SEMORAN BLVD, STE 1448, WINTER PARK, FL 32792

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID A. BUNDY PRESIDENT	40.00	X		X			203,498.	0.	26,038.	
ROBERT MOSER DIRECTOR - CHAIR	1.00	X					0.	0.	0.	
VICTORIA WEBER DIRECTOR - VICE CHAIR	1.00	X					0.	0.	0.	
RICHARD B. ADAMS, JR. DIRECTOR	1.00	X					0.	0.	0.	
SAMUEL P. BELL, III DIRECTOR	1.00	X					0.	0.	0.	
JACQUELINE CHANG, PHD DIRECTOR	1.00	X					0.	0.	0.	
CHARLES L. CROMER DIRECTOR	1.00	X					0.	0.	0.	
SAMIA FERRARO DIRECTOR	1.00	X					0.	0.	0.	
JEFF GORDON DIRECTOR	1.00	X					0.	0.	0.	
MICHELE GREENE DIRECTOR	1.00	X					0.	0.	0.	
KENT GUINN DIRECTOR	1.00	X					0.	0.	0.	
FRANK GULISANO DIRECTOR	1.00	X					0.	0.	0.	
JOHN P. JOHNSON, PHD DIRECTOR	1.00	X					0.	0.	0.	
DAN LAUTENBACH DIRECTOR	1.00	X					0.	0.	0.	
FAROOQ MITHA DIRECTOR	1.00	X					0.	0.	0.	
SHERRY PLYMALE DIRECTOR	1.00	X					0.	0.	0.	
WILLIAM D. PRESTON DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CINDY PULLEN DIRECTOR	1.00	X					0.	0.	0.	
MARTY RUBIN DIRECTOR	1.00	X					0.	0.	0.	
MIGUEL VIYELLA DIRECTOR	1.00	X					0.	0.	0.	
JOHN F. WINDHAM DIRECTOR	1.00	X					0.	0.	0.	
JAMES E. PATRICK COO	40.00			X			159,967.	0.	24,518.	
ROBERT J. WYDRA CFO	40.00			X			112,099.	0.	15,500.	
SHELLEY S. KATZ OPERATIONS VP	40.00				X		135,581.	0.	3,870.	
THOMAS R. GIESE PRESIDENT CHS FOUNDATION	40.00				X		124,493.	0.	3,705.	
JACQUELINE E. GONZALEZ EXECUTIVE DIRECTOR	40.00				X		113,172.	0.	6,500.	
JOAN P. HUGHES VP OF ADMINISTRATION	40.00				X		111,699.	0.	15,500.	
1b Total							1,074,422.	0.	100,831.	

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

	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		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TOMORROW 34 LAKEVIEW, LP, 1265 S. SEMORAN BLVD, SUITE 1230, WINTER PARK, FL 32792	RENT	534,254.
INTERSTATE BUSINESS PARK VI P.O. BOX 82555, GOLETTAM, CA 93118-2555	RENT	392,894.
FAMILY RESOURCE CENTER, 155 SOUTH MIAMI AVE STE 500, MIAMI, FL 33130	PROFESSIONAL FEES	383,789.
CBC OF SEMINOLE 117 EAST LAKE MARY BLVD, SANFORD, FL 32773	RENT	356,150.
MOULTON PROPERTIES, INC. P.O. BOX 12524, PENSACOLA, FL 32591-2524	RENT	282,233.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 23

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a 2324978.					
	b Membership dues	1b					
	c Fundraising events	1c 418,259.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 87028402.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6274397.					
	g Noncash contributions included in lines 1a-1f \$	2275579.					
	h Total. Add lines 1a-1f		96046036.				
Program Service Revenue	2 a <u>MEDICARE/MEDICAID PAYM</u>	Business Code 624100	6,183,683.	6,183,683.			
	b <u>ADOPTIVE & OTHER SVC F</u>	624100	1,613,426.	1,613,426.			
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		7,797,109.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		244,376.			244,376.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	255,269.				
		(ii) Personal					
		b Less: rental expenses	255,269.				
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	911,776.				
		(ii) Other	27,065.				
		b Less: cost or other basis and sales expenses	937,485. 634,987.				
		c Gain or (loss)	-25,709. -607922.				
	d Net gain or (loss)		-633,631.			-633,631.	
	8 a Gross income from fundraising events (not including \$ 418,259. of contributions reported on line 1c). See Part IV, line 18	a	1511044.				
		b Less: direct expenses	b 871,063.				
c Net income or (loss) from fundraising events			639,981.			639,981.	
9 a Gross income from gaming activities. See Part IV, line 19	a	107,069.					
	b Less: direct expenses	b 64,162.					
	c Net income or (loss) from gaming activities		42,907.			42,907.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>MISCELLANEOUS</u>	900099	455,231.	455,231.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		455,231.					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		104592009.	8,252,340.	0.	293,633.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 8b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,563,230.	5,563,230.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	475,563.		475,563.	
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	59,940,851.	52,174,153.	6,082,390.	1,684,308.
8 Pension plan contributions (include section 401(k) and section 408(b) employer contributions)	4,121,857.	3,421,141.	577,060.	123,656.
9 Other employee benefits	4,799,993.	4,023,288.	676,113.	100,592.
10 Payroll taxes	5,854,962.	5,088,519.	606,041.	160,402.
11 Fees for services (non-employees):				
a Management				
b Legal	59,006.	45,005.	7,783.	6,218.
c Accounting	143,421.	109,390.	18,917.	15,114.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	49,289.	29,161.	1,784.	18,344.
g Other	2,384,843.	1,818,956.	314,562.	251,325.
12 Advertising and promotion				
13 Office expenses	3,274,207.	2,538,333.	427,526.	308,348.
14 Information technology				
15 Royalties				
16 Occupancy	6,614,964.	6,407,910.		207,054.
17 Travel	4,567,202.	4,108,321.	368,552.	90,329.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	194,999.	116,231.	47,288.	31,480.
20 Interest	697,425.	87,301.	610,124.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,392,418.	1,030,022.	1,317,387.	45,009.
23 Insurance	800,878.	747,449.	41,283.	12,146.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MISCELLANEOUS	2,475,857.	1,071,586.	70,437.	1,333,834.
b EQUIPMENT RENTAL	864,445.	833,018.	0.	31,427.
c MEMBERSHIP DUES	114,709.	40,623.	68,044.	6,042.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	105,390,119.	89,253,637.	11,710,854.	4,425,628.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

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

Part XI Financial Statements and Reporting

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name 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: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally Integrated
 - d Type III - Other
- 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?

	Yes	No
(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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the organizations the organization supports.

(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 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	96256106.	105405311.	107082574.	105353515.	96046037.	510143543
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 - 3	96256106.	105405311.	107082574.	105353515.	96046037.	510143543
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.						510143543

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	96256106.	105405311.	107082574.	105353515.	96046037.	510143543
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	184,887.	611,262.	751,160.	664,535.	499,645.	2711489.
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)	5787769.	2938986.	2843043.	2481704.	2073344.	16124846.
11 Total support. Add lines 7 through 10						528979878
12 Gross receipts from related activities, etc. (see instructions)					12 55,914,748.	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.44 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 28f	15	98.08 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2008

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ To be completed by organizations described below.
▶ Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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), then

- Section 501(c)(4), (5), or (8) organizations: Complete Part III.

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

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

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

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

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

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

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

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

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

- A Check If the filing organization belongs to an affiliated group.
 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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)			183,221.												
c Total lobbying expenditures (add lines 1a and 1b)			183,221.												
d Other exempt purpose expenditures			105206898.												
e Total exempt purpose expenditures (add lines 1c and 1d)			105390119.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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. Enter -0- if line g is more than line a			0.												
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c			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 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable 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	181,589.	160,975.	183,126.	183,221.	708,911.
d Grassroots non-taxable 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					

Schedule C (Form 990 or 990-EZ) 2008

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

	(a)		(b)
	Yes	No	Amount
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 1j)? ...			
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?			
i Other activities? If "Yes," describe in Part IV			
j Total 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 To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the Instructions for Schedule C for details.

	Yes	No
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 carryover lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible 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?	4	
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

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

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

PROPOSED LEGISLATION IS REVIEWED FOR ITS IMPACT ON CHILDREN AND
FAMILIES IN FLORIDA. THE REVIEW INCLUDES DISCUSSIONS WITH LEGISLATIVE
AIDES, STAFF FROM THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES AND
OTHER RELEVANT SOURCES. AS APPROPRIATE, CONTACTS ARE MADE WITH
LEGISLATORS, LEGISLATIVE AIDES, STAFF OF THE DEPARTMENT OF CHILDREN AND

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

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

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

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

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

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

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		

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

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

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

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

Part VIII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
STOCKS, PRINCIPALLY COMMON	2,489,661.	END-OF-YEAR MARKET VALUE
CORPORATE BONDS	871,140.	END-OF-YEAR MARKET VALUE
GOVERNMENT SECURITIES	1,664,282.	END-OF-YEAR MARKET VALUE
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶	5,025,083.	

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

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

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
HELD IN CUSTODY FOR OTHERS	594,887.
OBLIGATION UNDER CAPITAL LEASE	366,288.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	961,175.

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

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

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

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

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

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

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

Part XIV Supplemental Information

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

PART XI, LINE 8:

UNREALIZED LOSS ON INTEREST RATE SWAP (\$1,153,400)

UNREALIZED DEPRECIATION OF INVESTMENTS (\$880,764)

PENSION EXPENSE (\$2,373,568)

CHANGE IN BENEFICIAL INTEREST IN THE NET ASSETS OF CHS FOUNDATION, INC.

(\$2,152,904)

PART XII, LINE 4B:

Part XIV Supplemental Information (continued)

LOSS ON SALE OF FIXED ASSETS (\$607,922)

SPECIAL EVENT EXPENSE (\$871,063)

GAMING ACTIVITIES EXPENSE (\$64,162)

DIRECT EXPENSE OF RENTAL (\$255,269)

PART XIII, LINE 4B:

LOSS ON SALE OF FIXED ASSETS (\$607,922)

SPECIAL EVENT EXPENSE (\$871,063)

GAMING ACTIVITIES EXPENSE (\$64,162)

DIRECT EXPENSE OF RENTAL (\$255,269)

Multiple horizontal lines for supplemental information.

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide 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?	15a		X
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:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			

<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
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?	17a		X
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 I Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III)

(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
DAYCARE	225	27,799	0		
CLOTHING AND PERSONAL NEEDS	2,500	199,057	0		
TRANSPORTATION	400	38,637	0		
RECREATIONAL ACTIVITIES	1,700	96,969	0		
LEGAL ASSISTANCE	450	181,872	0		
OUTREACH ACTIVITIES	600	24,715	0		
PROGRAM EDUCATIONAL SUPPLIES	440	76,437	0		
OTHER ASSISTANCE ON BEHALF OF CLIENTS	630	97,743	0		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

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 line 1a is 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 organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

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

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

- a** Receive a severance payment or change of control payment? **4a** **X**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** **X**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** **X**
- 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 must complete lines 5-8.

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

- a** The organization? **5a** **X**
- b** Any related organization? **5b** **X**
- 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** **X**
- b** Any related organization? **6b** **X**
- 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** **X**

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number
59-0192430

Part II Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price			(f) Description of purpose	(g) Deceased		(h) On behalf of issuer	
				Yes	No	Yes		No	Yes	No	Yes
A PALM BEACH COUNTY, FL	59-6000785696547EZ7		04/01/08			16680000	.SEE ATTACHED SCH. O		X		X
B											
C											
D											
E											

Part III Proceeds (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Total proceeds of issue										
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue? ...										
10 Were the bonds issued as part of an advance refunding issue? ...										
11 Has the final allocation of proceeds been made? ...										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds? ...										

Part IV Private Business Use (Optional for 2008)

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

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

Schedule K (Form 990) 2008

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2008

Open to Public
Inspection

▶ 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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		185,001.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	11	86,297.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other) ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	0	1,061,040.	FAIR MARKET VALUE
26 Other ▶ (TOYS)	X	1,197	653,280.	FAIR MARKET VALUE
27 Other ▶ (SCHOOL SUPPLI)	X	332	215,426.	FAIR MARKET VALUE
28 Other ▶ (CLOTHING/TOYS)	X	288	74,535.	FAIR MARKET VALUE

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

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

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Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number
59-0192430

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

(CONTINUED FROM PART I, LINE 1) FOSTER HOMES, TRANSITIONAL AND INDEPENDENT LIVING SERVICES, COUNSELING, ADOPTION, CASE MANAGEMENT AND PREVENTION PROGRAMS FOR CHILDREN AT RISK OF ABUSE AND NEGLECT AND FAMILIES IN NEED OF SUPPORT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

1) FAMILY VISITATION - MAINTAINING FAMILY RELATIONS WHILE CHILDREN ARE IN FOSTER CARE IS CRITICAL FOR THEIR DEVELOPMENT. WE OFFER SEVERAL PLACES FOR FAMILIES TO CONNECT IN A FRIENDLY ATMOSPHERE DURING SAFE, SUPERVISED VISITS THAT PROMOTE REUNIFICATION AND HEALTHY FAMILY RELATIONSHIPS. CHS STAFF OR TRAINED VOLUNTEERS MONITOR AND/OR SUPERVISE ALL VISITS AND PROVIDE ROLE MODELING FOR POSITIVE FAMILY INTERACTIONS. CHILDREN AND PARENTS SERVED = 2,541

2) RUNAWAY AND HOMELESS YOUTH - TO RAISE AWARENESS OF LOCAL SAFE PLACE PROGRAMS THAT SERVE RUNAWAY AND HOMELESS YOUTH AND TO OFFER ALTERNATIVES TO RUNNING AWAY, WE ENGAGE IN OUTREACH PROJECTS WITHIN SCHOOLS AND COMMUNITIES. THROUGH THESE ENDEAVORS, YOUTH BECOME FAMILIAR WITH THE ICONIC SAFE PLACE SIGN DISPLAYED IN COMMUNITY BUSINESSES AND LEARN ABOUT OUR TRANSPORTATION COMPONENT TO RUNAWAY SHELTERS THAT PROVIDE TEMPORARY HOUSING, COUNSELING AND SERVICES SUCH AS FOOD PANTRIES, CLOTHING CLOSETS, AND HEALTH AND PERSONAL HYGIENE PRODUCTS. YOUTH REACHED = 4,025

3) EMERGENCY SHELTER: ABUSED AND NEGLECTED CHILDREN FIND PROTECTION AND

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Schedule O (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2008

Open to Public
Inspection

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number
59-0192430

LOVE THROUGH TEMPORARY SHELTER AND CARE IN A WARM, HOMELIKE ENVIRONMENT. WE FOCUS ON THE NEEDS AND SECURITY OF CHILDREN WHILE WORKING WITH FOSTER, ADOPTIVE AND BIRTH FAMILIES TO FIND SAFE, APPROPRIATE, PERMANENT HOMES.

4) INDEPENDENT AND TRANSITIONAL LIVING - TO PREPARE TEENS FOR INDEPENDENCE WHEN THEY "AGE OUT" OF FOSTER CARE, WE OFFER A FORMAL TRAINING PROGRAM TO HELP THEM DEVELOP SKILLS NECESSARY TO LIVE SELF-SUFFICIENTLY, SUCCEED AND GROW. IN ADDITION TO COUNSELING AND CASE MANAGEMENT, OUR MONITORED TRANSITIONAL LIVING ARRANGEMENTS TEACH TEENS PROPER DECISION-MAKING, BUDGETING, JOB SKILLS, DAILY LIVING RESPONSIBILITIES, MENU PLANNING AND SELF-SUPPORT.

YOUTH SERVED = 4,761

5) EARLY EDUCATION AND CARE - OUR LICENSED CHILDCARE CENTERS ENCOURAGE PROPER SOCIAL, DEVELOPMENTAL AND ACADEMIC GROWTH IN CHILDREN WHILE STRENGTHENING FAMILY RELATIONSHIPS. SOME OF OUR SPECIALIZED PROGRAMS CATER TO CHILDREN WITH UNIQUE MEDICAL NEEDS OR THOSE WHOSE FAMILIES HAVE COURT HEARINGS. OTHERS FOCUS ON PREPARING YOUNG CHILDREN - MANY FROM STRUGGLING FAMILIES - FOR SCHOLASTIC SUCCESS. ALL PROVIDE CHILDREN WITH A SAFE ENVIRONMENT AND PROMOTE SELF-SUFFICIENCY IN THE PARENTS.

CHILDREN AND FAMILY MEMBERS SERVED = 4,344

DAYS OF CARE = 44,896

6) EARLY STEPS - FAMILIES WITH INFANTS AND TODDLERS WHO HAVE DISABILITIES OR DEVELOPMENTAL DELAYS BENEFIT FROM SERVICES THAT ENHANCE THE CHILD'S DEVELOPMENT AND PROVIDE HOPE AND SUPPORT FOR THE FAMILY.

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Schedule O (Form 990) 2008

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

SERVICES INCLUDE EVALUATION AND PLANNING, PHYSICAL AND SPEECH THERAPY, HOME-BASED TEACHING, NURSING AND MEDICAL SERVICES, ASSISTIVE TECHNOLOGY, NUTRITIONAL PLANNING, VISION AND HEARING SERVICES, FAMILY COUNSELING, AND TRANSPORTATION.

CHILDREN AND PARENTS SERVED = 1,687

7)HEALTHY CHILD DEVELOPMENT - OUR VOLUNTARY HOME-VISITING PROGRAMS, HEALTHY START AND HEALTHY FAMILIES, SUPPORT EXPECTANT AND NEW MOTHERS AND FAMILIES WITH YOUNG CHILDREN. WE OFFER EMOTIONAL SUPPORT, PARENTAL EDUCATION, REFERRALS TO OTHER COMMUNITY RESOURCES AND MORE. AS WE PROMOTE POSITIVE PARENTING SKILLS, CHILD DEVELOPMENT, CHILD HEALTH AND OTHER ASPECTS OF FAMILY GROWTH, WE STRIVE TO PREVENT CHILD ABUSE AND NEGLECT WHILE ENCOURAGING STRONG FAMILY RELATIONSHIPS.

CHILDREN AND PARENTS SERVED = 15,613

8)HOME-BASED AND FAMILY-CENTERED SERVICES - IN-HOME SERVICES REINFORCE FAMILY VALUES, APPROPRIATELY RESOLVE FAMILY CONFLICTS AND IMPROVE COMMUNICATION AMONG FAMILY MEMBERS IN THEIR NATURAL ENVIRONMENT. OUR PROGRAMS STRENGTHEN PARENTING SKILLS AND HOUSEHOLD MANAGEMENT, INTEGRATE FAMILIES INTO THEIR COMMUNITIES, AND CREATE STABLE, NURTURING HOMES. THROUGH OUR SUPPORTIVE PROCESS, WE EQUIP PARENTS WITH TOOLS NECESSARY TO COPE WITH THE DAILY STRESSES OF FAMILY LIFE.

CHILDREN AND PARENTS SERVED = 12,165

9)SOCIAL DEVELOPMENT AND PREVENTION SERVICES - ASSESSING NEEDS OF CHILDREN AND FAMILIES, OFTEN IN NEIGHBORHOOD AND SCHOOL SETTINGS,

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

ALLOWS US TO LINK THEM WITH APPROPRIATE PROGRAMS. WE FOCUS ON PERSONAL AND SOCIAL DEVELOPMENT, COMMUNITY RESOURCES PROMOTING SELF-SUFFICIENCY AND FAMILY STABILITY, AND/OR SERVICES THAT STRENGTHEN FAMILIES AND EDUCATE PARENTS TO DECREASE THE LIKELIHOOD OF CHILD ABUSE AND NEGLECT.

CHILDREN, YOUTH AND PARENTS SERVED = 8,042

10) MENTORING - THROUGH OUR MODEL MENTORING PROGRAM, WE MATCH TRAINED VOLUNTEERS WITH CHILDREN AND TEENS WHO HAVE AN INCARCERATED PARENT. ADULT MENTORS OFFER FRIENDSHIP AND ADVICE WHILE SERVING AS POSITIVE ROLE MODELS TO HELP YOUTH DEVELOP TO THEIR FULLEST POTENTIAL. WE ALSO OFFER MENTORING TO TEENS PREPARING TO "AGE OUT" OF FOSTER CARE SO THEY MAY RECEIVE GUIDANCE AND ENCOURAGEMENT FROM VOLUNTEERS DEDICATED TO THEIR SUCCESS. ADDITIONALLY, TEENAGED PARENTS MAY PARTICIPATE IN MENTORING RELATIONSHIPS WITH EXPERIENCED PARENTS AS THEY STRIVE TO IMPROVE THEIR FAMILYS WELLBEING.

CHILDREN AND FAMILIES SERVED = 2,465

MENTOR MATCHES = 684

11) CHILD PROTECTION TEAMS - OUR CHILD PROTECTION TEAMS ASSIST LAW ENFORCEMENT AND THE DEPARTMENT OF CHILDREN AND FAMILIES WITH INVESTIGATIONS OF CHILD ABUSE AND NEGLECT BY PROVIDING COMPREHENSIVE, MULTIDISCIPLINARY ASSESSMENTS OF CHILDREN REPORTEDLY VICTIMIZED. SENSITIVE TO THE TRAUMA CHILDREN HAVE EXPERIENCED, WE OFFER COMFORT AND SECURITY IN OUR TECHNOLOGICALLY ADVANCED, CHILD-FRIENDLY CENTERS. WHILE TRAINED FORENSIC INTERVIEWERS GENTLY TALK WITH TRAUMATIZED CHILDREN, APPROPRIATE PARTIES OBSERVE AT A REMOTE LOCATION; THIS STATE-OF-THE-ART

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SYSTEM PROTECTS THE MAJORITY OF CHILD VICTIMS FROM SHARING THEIR EXPERIENCES MORE THAN ONCE AND ENSURES PRIVACY AND CONFIDENTIALITY. THROUGHOUT THE PROCESS, WE PROVIDE SUPPORT AND RESOURCES WHILE MAKING RECOMMENDATIONS FOR FAMILIES TO ATTAIN PROPER TREATMENT AND SUPPORT TO PREVENT FUTURE CRISES.

CHILDREN SERVED = 4,714

12) VOLUNTEERS - OUR COMPASSIONATE, DEDICATED VOLUNTEERS ARE INTRICATE PIECES OF THE PUZZLE THAT TRANSFORMS THE LIVES OF CHILDREN AND FAMILIES. GENEROUS INDIVIDUALS DONATE VALUABLE TIME AND TALENT TO HELP CHS PROVIDE QUALITY CARE AND SERVICES THROUGHOUT THE STATE. OUR DEVOTED VOLUNTEERS HELP YOUTH WITH HOMEWORK, MENTOR CHILDREN AND TEENS, ORGANIZE AND SUPPORT FUNDRAISING EVENTS, PARTICIPATE IN BOARD MEETINGS AND STRATEGIC PLANNING SESSIONS, SOLICIT CONTRIBUTIONS, AND ADVOCATE TO ELECTED OFFICIALS FOR FUNDING AND SUPPORT. EACH VOLUNTEER IS CRITICAL TO OUR SUCCESS, ENABLING US TO CONTINUE PROVIDING CHILDREN AND FAMILIES WITH HOPE FOR A BRIGHTER TOMORROW.

INDIVIDUAL VOLUNTEERS WILL BE APPROX 6,500

EXPENSES \$ 36145830. INCLUDING GRANTS OF \$ 3262787. REVENUE \$ 2336085.

FORM 990, PART VI, SECTION A, LINE 10: ONCE A DRAFT OF THE RETURN IS RECEIVED BY CHS, THE CONTROLLER REVIEWS THE RETURN FOR ACCURACY AGAINST BOTH THE AUDITED FINANCIALS AND THE GENERAL LEDGER. IF NO DISCREPANCIES ARE FOUND THE DRAFT IS THEN REVIEWED BY THE CFO. ONCE THE CFO HAS COMPLETED HIS REVIEW, THE DRAFT IS SUBMITTED TO THE CEO, COO AND BOARD OF DIRECTORS FOR THEIR REVIEW. THE CFO ALSO REVIEWS THE 990 WITH THE AUDIT COMMITTEE OF

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

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THE BOARD. AFTER BOARD APPROVAL, THE RETURN IS FINALIZED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C: NEW BOARD MEMBERS ARE PROVIDED A CONFLICT OF INTEREST POLICY STATEMENT TO READ, DISCLOSE ANY CONFLICTING ITEMS AND SIGN. IF THERE ARE ITEMS THAT RESULT IN A CONFLICT OF INTEREST DURING THE COURSE OF THEIR BOARD MEMBERSHIP, BOARD MEMBERS RECUSE THEMSELVES FROM THAT DISCUSSION AND VOTE. GOING FORWARD, EACH MEMBER WILL BE GIVEN A CONFLICT OF INTEREST POLICY STATEMENT ANNUALLY TO READ, DISCLOSE ANY CONFLICTING ITEMS AND SIGN.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATIONS 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.

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

SCHEDULE G, PART III, LINE 9B, EXPLANATION:

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
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SCHEDULE O
(Form 990)

Department of the Treasury
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Supplemental Information to Form 990

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Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

FORM 990, SCHEDULE K, PART I, LINE A, COLUMN (F)

DESCRIPTION OF PURPOSE

THE CHILDREN'S HOME SOCIETY OF FLORIDA PROJECT - SERIES 2008

A) TO PAY-OFF PORTION OF LINE OF CREDIT USED TO PAY COSTS ASSOCIATED WITH THE NAPLES CHILDCARE CENTERS;

B) TO REIMBURSE BANK OF AMERICA, N.A. FOR A PORTION OF LETTER OF CREDIT DRAWN TO REDEEM THE OUTSTANDING SERIES 2002 BONDS;

C) TO REPAY REGIONS BANK LOAN USED TO FINANCE A PORTION OF LOAN ASSOCIATED WITH VERO BEACH PROJECT;

D) TO FINANCE CONSTRUCTION OF THE BUCKNER INDEPENDENT LIVING FACILITY AND THE TREASURE COAST YOUTH TRANSITION CENTER.

Part V Transactions With Related Organizations

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		
c Gift, grant, or capital contribution from other organization(s)		
d Loans or loan guarantees to or for other organization(s)		
e Loans or loan guarantees by other organization(s)		
f Sale of assets to other organization(s)		
g Purchase of assets from other organization(s)		
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		
j Lease of facilities, equipment, or other assets from other organization(s)		
k Performance of services or membership or fundraising solicitations for other organization(s)		
l Performance of services or membership or fundraising solicitations by other organization(s)		
m Sharing of facilities, equipment, mailing lists, or other assets		
n Sharing of paid employees		
o Reimbursement paid to other organization for expenses		
p Reimbursement paid by other organization for expenses		
q Other transfer of cash or property to other organization(s)		
r Other transfer of cash or property from other organization(s)		

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.

(1)	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
1			
2			
3			
4			
5			
6			

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

THE CHILDREN'S HOME SOCIETY OF FLORIDA

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	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>104592009</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	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 2008 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

I authorize RSM MCGLADREY, INC. to enter my PIN 32792
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 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 2008 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 ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 59466729723
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4183, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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