

THE CHILDREN'S HOME SOCIETY OF FLORIDA
1485 SEMORAN BLVD. NO. 1448
WINTER PARK, FL 32792

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027



FORM 990

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

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 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CHILDREN'S HOME SOCIETY OF FLORIDA		D Employer identification number 59-0192430
	Doing Business As		E Telephone number 321-397-3000
	Number and street (or P.O. box if mail is not delivered to street address) 1485 SEMORAN BLVD.	Room/suite 1448	G Gross receipts \$ 113,351,398.
	City or town, state or country, and ZIP + 4 WINTER PARK, FL 32792		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)
F Name and address of principal officer: BOB WYDRA SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.CHSFL.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1964
			M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: CHS HELPS TURN LIVES AROUND BY PROVIDING SHELTER, GROUP AND FOSTER HOMES, TRANSITIONAL AND		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a) 22		
	4 Number of independent voting members of the governing body (Part VI, line 1b) 22		
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 2482		
	6 Total number of volunteers (estimate if necessary) 5940		
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.		
7b Net unrelated business taxable income from Form 990-T, line 34 0.			
Revenue	8 Contributions and grants (Part VIII, line 1h) 95,035,440.	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) 8,465,568.	95,035,440.	101,717,359.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -15,743.	8,465,568.	8,590,948.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 834,268.	-15,743.	-472,557.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 104,319,533.	834,268.	605,789.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,643,566.	5,643,566.	7,044,343.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 73,860,604.	73,860,604.	78,908,533.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 177,767.	177,767.	58,553.
	b Total fundraising expenses (Part IX, column (D), line 25) 3,229,986.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 23,821,269.	23,821,269.	23,643,655.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 103,503,206.	103,503,206.	109,655,084.	
19 Revenue less expenses. Subtract line 18 from line 12 816,327.	816,327.	786,455.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 85,067,431.	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) 43,930,229.	85,067,431.	89,202,454.
	22 Net assets or fund balances. Subtract line 21 from line 20 41,137,202.	43,930,229.	39,017,974.

Part II Signature Block

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

Sign Here	Signature of officer <i>Bob Wydra</i>	Date
	BOB WYDRA, CFO Type or print name and title	
Paid Preparer Use Only	Print/Type preparer's name THERESA A. BURDINE	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ RSM MCGLADREY, LLC	Firm's EIN ▶
	Firm's address ▶ 800 N. MAGNOLIA, SUITE 1700 ORLANDO, FL 32803	Phone no. 407-898-2727

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 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 \$ 36,442,516. including grants of \$ 5,564.) (Revenue \$ 1,283,094.) DEPENDENCY CASE MANAGEMENT: CHILDREN WHO ARE VICTIMS OF ABUSE OR NEGLECT RECEIVE OUR SERVICES FOCUSED ON THE BEST POSSIBLE INDIVIDUAL PLAN FOR EACH CHILD'S FUTURE. WORKING CLOSELY WITH CHILDREN WHO WERE REMOVED FROM THEIR HOMES FOR THEIR OWN PROTECTION, CASE MANAGERS IDENTIFY AND SECURE A WIDE RANGE OF SERVICES, INCLUDING MEDICAL, BEHAVIORAL, SOCIAL AND EDUCATIONAL SERVICES, AS WELL AS PLACEMENT OPPORTUNITIES SUCH AS FOSTER OR KINSHIP CARE, GROUP OR TRANSITIONAL HOME SETTINGS, OR ADOPTION. CASE MANAGERS ALSO WORK CLOSELY WITH CHILDREN IDENTIFIED AS AT-RISK OF ABUSE OR NEGLECT IN ORDER TO ACCESS SERVICES TO ENSURE SAFETY AND WELL-BEING WITHIN THEIR OWN HOMES. CHILDREN AND PARENTS SERVED: 13,811

4b (Code:) (Expenses \$ 17,930,189. including grants of \$ 37,683.) (Revenue \$ 3,162,986.) TARGETED CASE MANAGEMENT: CHILDREN WITH IDENTIFIED MENTAL HEALTH ISSUES, AS DEFINED BY MEDICAID, RECEIVE AN ARRAY OF SERVICES TO ADDRESS THEIR MENTAL HEALTH CONDITIONS. OUR CASE MANAGERS ENSURE ACCESS TO PROGRAMS AND TREATMENT TO IMPROVE OR MANAGE CHILDREN'S MENTAL HEALTH CONDITION WHILE STABILIZING THEIR FAMILY MEMBERS. WHILE THE MAJORITY OF THE CHILDREN SERVED BY OUR TARGETED CASE MANAGERS LIVE WITH THEIR FAMILIES, SOME OF THOSE RECEIVING SERVICES ARE INVOLVED IN THE STATE DEPENDENCY SYSTEM. CHILDREN AND FAMILY MEMBERS SERVED: 2,893

4c (Code:) (Expenses \$ 8,746,119. including grants of \$ 374,874.) (Revenue \$ 1,288,085.) GROUP HOME CARE: CHILDREN UNABLE TO LIVE WITH THEIR PARENTS, FAMILY MEMBERS, FOSTER PARENTS OR OTHER CAREGIVERS FIND SAFETY AND ACCEPTANCE IN OUR GROUP HOMES. THESE HAVENS WELCOME CHILDREN AND YOUTH INTO LARGE, LIVELY "FAMILIES" NURTURED BY DEVOTED STAFF MEMBERS WHO HELP THEM HEAL, LEARN AND THRIVE. CHILDREN SERVED: 667 DAYS OF CARE: 89,378

4d Other program services. (Describe in Schedule O.) (Expenses \$ 31,254,935. including grants of \$ 6,626,222.) (Revenue \$ 2,814,745.)

4e Total program service expenses 94,373,759.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <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)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			222,309.	0.	30,060.	
VICTORIA WEBER DIRECTOR - CHAIR	1.00	X					0.	0.	0.	
MARTY RUBIN DIRECTOR - VICE CHAIR	1.00	X					0.	0.	0.	
MIGUEL VIYELLA DIRECTOR	1.00	X					0.	0.	0.	
RICHARD B. ADAMS, JR. DIRECTOR	1.00	X					0.	0.	0.	
ROBERT MOSER 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.	
ERIC JACKSON DIRECTOR	1.00	X					0.	0.	0.	
DALE ROBERT MASON 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 (describe hours for related organizations in Schedule O)	(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.
VALERIE SEIDEL DIRECTOR	1.00	X						0.	0.	0.
JOHN F. WINDHAM DIRECTOR	1.00	X						0.	0.	0.
FRANK GULISANO DIRECTOR	1.00	X						0.	0.	0.
ED H. MOORE DIRECTOR	1.00	X						0.	0.	0.
LARISA F. PERRY DIRECTOR	1.00	X						0.	0.	0.
JAMES E. PATRICK COO	40.00			X				182,706.	0.	28,128.
ROBERT J. WYDRA CFO	40.00			X				119,401.	0.	20,760.
SHELLEY S. KATZ OPERATIONS V.P.	40.00					X		144,257.	0.	20,124.
1b Sub-total								668,673.	0.	99,072.
c Total from continuation sheets to Part VII, Section A								474,465.	0.	55,933.
d Total (add lines 1b and 1c)								1,143,138.	0.	155,005.

2 Total number of individuals (including but not limited to those listed above) 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 or individual 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
IBP TAMPA, LLC P.O. BOX 82555, GOLETTA, GA 93118-2555	RENT	471,445.
TOMORROW 34 LAKEVIEW, LP, 1265 S. SEMORAN BLVD, SUITE 1230, WINTER PARK, FL 32792	RENT	421,760.
BIG BEND COMMUNITY BASE CARE, 525 N. MARTIN LUTHER KING JR BLVD, TALLAHASSEE, MOULTON PROPERTIES, INC.	RENT	278,583.
P.O. BOX 12524, PENSACOLA, FL 32591-2524	RENT	267,838.
BORING REAL ESTATE, LLC P.O. BOX 743, LAKELAND, FL 33802	RENT	155,614.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **7**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	1,954,715.				
	b	Membership dues	1b					
	c	Fundraising events	1c	1,245,331.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	92586989.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,930,324.				
	g	Noncash contributions included in lines 1a-1f: \$		1,580,399.				
	h	Total. Add lines 1a-1f			101717359.			
Program Service Revenue	2 a	MEDICARE/MEDICAID PAYM	Business Code	624100	6,951,270.	6,951,270.		
	b	ADOPTIVE & OTHER SVC F		624100	1,639,678.	1,639,678.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			8,590,948.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			215,525.		215,525.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
			288,666.					
		b Less: rental expenses	288,666.					
		c Rental income or (loss)	0.					
	d	Net rental income or (loss)				0.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			1071548.	187,585.				
		b Less: cost or other basis and sales expenses	1110995.	836,220.				
		c Gain or (loss)	-39,447.	-648635.				
	d	Net gain or (loss)				-688,082.		
	8 a	Gross income from fundraising events (not including \$ 1,245,331. of contributions reported on line 1c). See Part IV, line 18	a		628,867.			
		b Less: direct expenses	b		609,649.			
c		Net income or (loss) from fundraising events			19,218.		19,218.	
9 a	Gross income from gaming activities. See Part IV, line 19	a		120,706.				
	b Less: direct expenses	b		64,329.				
	c	Net income or (loss) from gaming activities			56,377.		56,377.	
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	MISCELLANEOUS		900099	530,194.	530,194.			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d				530,194.			
12	Total revenue. See instructions.				110441539.	9,121,142.	0.-396,962.	

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 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,044,343.	7,044,343.		
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	611,642.		611,642.	
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	62,929,554.	55,406,983.	6,126,819.	1,395,752.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,505,564.	1,366,027.	107,955.	31,582.
9 Other employee benefits	7,835,520.	7,187,243.	482,110.	166,167.
10 Payroll taxes	6,026,253.	5,291,273.	600,275.	134,705.
11 Fees for services (non-employees):				
a Management				
b Legal	92,415.	62,643.	19,458.	10,314.
c Accounting	181,627.	123,115.	38,242.	20,270.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	58,553.			58,553.
f Investment management fees	124,048.	84,086.	26,118.	13,844.
g Other	1,938,181.	1,353,479.	420,413.	164,289.
12 Advertising and promotion				
13 Office expenses	3,125,722.	2,412,693.	490,007.	223,022.
14 Information technology				
15 Royalties				
16 Occupancy	5,839,372.	5,195,717.	497,109.	146,546.
17 Travel	4,732,911.	4,224,791.	417,305.	90,815.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	221,701.	154,341.	42,603.	24,757.
20 Interest	644,341.	4,528.	614,738.	25,075.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,379,476.	1,009,758.	1,340,079.	29,639.
23 Insurance	880,789.	829,117.	42,210.	9,462.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a MISCELLANEOUS	2,339,783.	1,615,419.	70,707.	653,657.
b EQUIPMENT RENTAL	1,018,079.	950,423.	43,400.	24,256.
c MEMBERSHIP DUES	125,210.	57,780.	60,149.	7,281.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	109,655,084.	94,373,759.	12,051,339.	3,229,986.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	243,140.	1	50,407.	
	2	Savings and temporary cash investments	13,229,783.	2	10,372,142.	
	3	Pledges and grants receivable, net	12,095,580.	3	13,176,531.	
	4	Accounts receivable, net	262,194.	4	156,034.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	1,914,298.	9	2,040,996.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 63,004,124.			
	b	Less: accumulated depreciation	10b 25,694,291.	10c	37,309,833.	
	11	Investments - publicly traded securities	5,208,542.	11	8,708,285.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	13,685,341.	15	17,388,226.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	85,067,431.	16	89,202,454.		
Liabilities	17	Accounts payable and accrued expenses	24,440,418.	17	21,009,178.	
	18	Grants payable		18		
	19	Deferred revenue	1,605,566.	19	765,922.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial 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	17,230,014.	23	16,789,610.	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D	654,231.	25	453,264.	
	26	Total liabilities. Add lines 17 through 25	43,930,229.	26	39,017,974.	
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	27,404,079.	27	32,734,025.	
	28	Temporarily restricted net assets	5,993,756.	28	9,703,201.	
	29	Permanently restricted net assets	7,739,367.	29	7,747,254.	
	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	41,137,202.	33	50,184,480.		
34	Total liabilities and net assets/fund balances	85,067,431.	34	89,202,454.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	110,441,539.
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,655,084.
3	Revenue less expenses. Subtract line 2 from line 1	3	786,455.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,137,202.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	8,260,823.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	50,184,480.

Part XII Financial Statements and Reporting

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

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

Form 990 (2010)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	107082574	105353515	96046037	95035440	101717359	505234925
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	107082574	105353515	96046037	95035440	101717359	505234925
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.						505234925

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	107082574	105353515	96046037	95035440	101717359	505234925
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	751,160.	664,535.	499,645.	458,999.	504,191.	2878530.
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.)	2843043.	2481704.	2073344.	1454286.	1279767.	10132144.
11 Total support. Add lines 7 through 10						518245599
12 Gross receipts from related activities, etc. (see instructions)					42,333,577.	
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 2010 (line 6, column (f) divided by line 11, column (f))	14	97.49 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	97.18 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

▶ **See separate instructions.**

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization THE CHILDREN'S HOME SOCIETY OF FLORIDA	Employer identification number 59-0192430
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010
LHA

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		201,535.												
c	Total lobbying expenditures (add lines 1a and 1b)		201,535.												
d	Other exempt purpose expenditures		109453549.												
e	Total exempt purpose expenditures (add lines 1c and 1d)		109655084.												
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. If zero or less, enter -0-		0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-		0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b					6,000,000.
c	183,126.	183,221.	171,887.	201,535.	739,769.
d	250,000.	250,000.	250,000.	250,000.	1,000,000.
e					1,500,000.
f					

Schedule C (Form 990 or 990-EZ) 2010

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

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

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	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 1i. Also, complete this part for any additional information.

RELATIVE TO ALL LOBBYING ACTIVITIES: PROPOSED LEGISLATION IS REVIEWED

FOR ITS IMPACT ON CHILDREN AND FAMILIES IN FLORIDA. THE REVIEW INCLUDES

DISCUSSIONS WITH LEGISLATIVE AIDES, STAFF OF THE FLORIDA DEPARTMENT OF

CHILDREN AND FAMILIES AND OTHER RELEVANT SOURCES. AS APPROPRIATE,

CONTACT IS MADE WITH LEGISLATORS, LEGISLATIVE AIDES AND STAFF OF THE

DEPARTMENT OF CHILDREN AND FAMILIES. THE TOTAL AMOUNT REPORTED IS FOR

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<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 education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax 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, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- Number of states where property subject to conservation easement is located ▶
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$	_____
(ii) Assets included in Form 990, Part X	▶ \$	_____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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:

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

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

b If "Yes" to 3a(i), 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 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) Accumulated depreciation	(d) Book value
1a Land		5,011,252.		5,011,252.
b Buildings		36,588,780.	9,235,585.	27,353,195.
c Leasehold improvements		1,329,990.	809,627.	520,363.
d Equipment		11,520,415.	9,481,681.	2,038,734.
e Other		8,553,687.	6,167,398.	2,386,289.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,309,833.

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

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

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1) GOODWILL	535,565.
(2) BENEFICIAL INTEREST IN THE NET ASSETS OF THE CHS	
(3) FOUNDATION, INC.	16,852,661.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	17,388,226.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) HELD IN CUSTODY FOR OTHERS	420,830.
(3) OBLIGATION UNDER CAPITAL LEASE	32,434.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	453,264.

2. FIN 48 (ASC 740) Footnote. 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 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	110,441,539.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	109,655,084.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	786,455.
4	Net unrealized gains (losses) on investments	4	953,167.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	7,307,656.
9	Total adjustments (net). Add lines 4 through 8	9	8,260,823.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	9,047,278.

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	113,321,309.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	953,167.
b	Donated services and use of facilities	2b	315,324.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,268,491.
3	Subtract line 2e from line 1	3	112,052,818.
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	-1,611,279.
c	Add lines 4a and 4b	4c	-1,611,279.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	110,441,539.

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

1	Total expenses and losses per audited financial statements	1	111,581,687.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	315,324.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,611,279.
e	Add lines 2a through 2d	2e	1,926,603.
3	Subtract line 2e from line 1	3	109,655,084.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	109,655,084.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2: FIN 48 STATEMENT: MANAGEMENT ASSESSED WHETHER THERE

WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX

LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING

RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. CHS

FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. GENERALLY, CHS IS NO

LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAXING

AUTHORITIES FOR YEARS BEFORE JUNE 30, 2008.

Part XIV Supplemental Information (continued)

PART XI, LINE 8:

UNREALIZED GAIN/LOSS OF INTEREST RATE SWAP (\$576,181)

PENSION EXPENSE (\$3,186,074)

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

(\$3,545,401)

PART XII, LINE 4B:

LOSS ON SALE OF FIXED ASSETS (\$648,635)

FUNDRAISING EVENT EXPENSE (\$609,649)

GAMING ACTIVITIES EXPENSE (\$64,329)

DIRECT EXPENSE OF RENTAL (\$288,666)

PART XIII, LINE 2D:

LOSS ON SALE OF FIXED ASSETS \$648,635

FUNDRAISING EVENT EXPENSE \$609,649

GAMING ACTIVITIES EXPENSE \$64,329

DIRECT EXPENSE OF RENTAL \$288,666

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ULTIMATE DINNER PARTY (event type)	CARING CHEFS (event type)	38 (total number)	
Revenue	1	194,409.	153,595.	1,526,194.	1,874,198.
	2	180,219.	97,255.	967,857.	1,245,331.
	3	14,190.	56,340.	558,337.	628,867.
Direct Expenses	4			4,369.	4,369.
	5	1,722.	6,300.	28,675.	36,697.
	6			61,119.	61,119.
	7				
	8				
	9	40,697.	21,881.	444,886.	507,464.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Combine line 3, column (d), and line 10 ▶				19,218.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			120,706.
Direct Expenses	2			2,000.	2,000.
	3			40,669.	40,669.
	4				
	5			21,660.	21,660.
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 50.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(64,329)
8	Net gaming income summary. Combine line 1, column d, and line 7 ▶				56,377.

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

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

b If "No," explain: SEE SCHEDULE O

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

b If "Yes," explain:

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: J2 PUBLIC RELATIONS LLC

(I) ADDRESS OF FUNDRAISER: 2150 OYSTER BAR DRIVE, VERO BEACH, FL 32963

(I) NAME OF FUNDRAISER: THE ALEXIS AGENCY

(I) ADDRESS OF FUNDRAISER: 1201 19TH PLACE, B-401, VERO BEACH, FL 32960

SCHEDULE G, PART I, LINE 2B, COLUMN (V): CONSULTING SERVICES PROVIDED TO

Part III Continuation of Grants and Other Assistance to Individuals in the United States (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	357.	31,340.	0.		
CLOTHING AND PERSONAL NEEDS	2,464.	189,879.	0.		
TRANSPORTATION	656.	34,665.	0.		
RECREATIONAL ACTIVITIES	3,059.	113,116.	0.		
LEGAL ASSISTANCE	247.	44,414.	0.		
OUTREACH ACTIVITIES	719.	32,823.	0.		
PROGRAM EDUCATIONAL SUPPLIES	629.	224,385.	0.		
OTHER ASSISTANCE ON BEHALF OF CLIENTS	1,266.	211,298.	0.		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

Part I Questions Regarding Compensation

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

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

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

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, with respect to the filing organization or a related organization:

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

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

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

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

- a** The organization?
- b** Any related organization?

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

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

- a** The organization?
- b** Any related organization?

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2010

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID A. BUNDY	211,612.	0.	10,697.	20,360.	10,005.	252,674.	0.
	0.	0.	0.	0.	0.	0.	0.
2 JAMES E. PATRICK	172,167.	0.	10,539.	16,944.	11,475.	211,125.	0.
	0.	0.	0.	0.	0.	0.	0.
3 SHELLEY S. KATZ	134,440.	0.	9,817.	13,060.	7,269.	164,586.	0.
	0.	0.	0.	0.	0.	0.	0.
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.
 Attach to Form 990. See separate instructions.

CMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number
59-0192430

Part I Bond Issues

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

Part II Proceeds

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

Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?											
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X									

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?		X						
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		310,477.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	1,203	729,226.	FAIR MARKET VALUE
26 Other ▶ (TOYS)	X	803	401,160.	FAIR MARKET VALUE
27 Other ▶ (SUPPLIES)	X	390	103,628.	FAIR MARKET VALUE
28 Other ▶ (CLOTHING/TOYS)	X	103	35,909.	FAIR MARKET VALUE

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

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:

INDEPENDENT LIVING SERVICES, COUNSELING, ADOPTION, CASE MANAGEMENT AND
PREVENTION PROGRAMS FOR ABUSED AND NEGLECTED CHILDREN AND FAMILIES IN
NEED OF SUPPORT.

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

1) FAMILY VISITATION: MAINTAINING FAMILY CONNECTIONS WHILE CHILDREN ARE
IN FOSTER CARE IS CRITICAL TO THEIR DEVELOPMENT AND WELL-BEING, AS WELL
AS TO PROMOTING REUNIFICATION AND GROWING HEALTHY FAMILY RELATIONSHIPS.
WE OFFER NUMEROUS VENUES FOR FAMILIES AND CHILDREN TO SPEND SUPERVISED
TIME TOGETHER IN A SAFE, FRIENDLY ATMOSPHERE. OUR TRAINED STAFF AND
VOLUNTEERS MONITOR AND/OR SUPERVISE ALL FAMILY VISITS AND PROVIDE ROLE
MODELING FOR POSITIVE FAMILY INTERACTIONS.

CHILDREN AND PARENTS SERVED: 2,679

2) RUNAWAY AND HOMELESS YOUTH: WE REACH RUNAWAY AND HOMELESS YOUTH
THROUGH COMMUNITY AND SCHOOL OUTREACH PROGRAMS TO PROMOTE SAFETY AND
ALTERNATIVES TO RUNNING AWAY THROUGH THE SAFE PLACE PROGRAM. YOUTH
BECOME AWARE OF AND FAMILIAR WITH THE ICONIC SAFE PLACE SIGN DISPLAYED
IN COMMUNITY BUSINESSES AND LEARN ABOUT OUR TRANSPORTATION SERVICE TO
RUNAWAY SHELTERS OFFERING TEMPORARY HOUSING, COUNSELING AND SERVICES
SUCH AS FOOD PANTRIES, CLOTHING CLOSET, AND HEALTH AND PERSONAL HYGIENE
PRODUCTS.

YOUTH REACHED: 127,745

3) EMERGENCY SHELTER: ABUSED, NEGLECTED AND ABANDONED CHILDREN FIND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

LOVE, PROTECTION AND A FULL CIRCLE OF CARE FROM DEVOTED STAFF AND VOLUNTEERS IN WARM, HOME-LIKE TEMPORARY RESIDENCES. WE FOCUS ON THE CHILD'S SECURITY, MEDICAL, EMOTIONAL, BEHAVIORAL AND SOCIAL NEEDS WHILE WORKING WITH FOSTER, ADOPTIVE AND BIRTH FAMILIES TO IDENTIFY SAFE, APPROPRIATE PERMANENT HOMES.

CHILDREN SERVED: 499 DAYS OF CARE: 9,412

4) INDEPENDENT AND TRANSITIONAL LIVING: TEENS LIVING IN FOSTER CARE WHO ARE NOT ADOPTED OR REUNITED WITH THEIR FAMILIES MUST LEAVE FOSTER CARE AT THE AGE OF 18 WITHOUT A TRADITIONAL NETWORK OF SUPPORT AND FAMILY. OUR FORMAL TRAINING PROGRAM HELPS PREPARE YOUTH TO LIVE SAFELY AND SELF-SUFFICIENTLY BY PROMOTING CONTINUING EDUCATION AND LIFE-PLANNING FOR INDIVIDUAL SUCCESS AND GROWTH. IN ADDITION TO COUNSELING AND CASE MANAGEMENT, OUR MONITORED TRANSITIONAL LIVING ARRANGEMENTS TEACH TEENS SOUND DECISION-MAKING, BUDGETING, JOB SKILLS, DAILY LIVING AND HOUSEHOLD RESPONSIBILITIES.

YOUTH SERVED: 1,693

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

CHILDREN AND FAMILY MEMBERS SERVED: 4,359

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

6)EARLY STEPS: FAMILIES WITH INFANTS OR TODDLERS WHO HAVE DISABILITIES OR DEVELOPMENT DELAYS GAIN HOPE AND SUPPORT FROM SERVICES THAT ENHANCE THEIR CHILD'S DEVELOPMENT. EVALUATION AND PLANNING LEAD TO INDIVIDUALIZED PROGRAMS THAT INCLUDE PHYSICAL AND SPEECH THERAPY, VISION AND HEARING SERVICES, NUTRITIONAL PLANS, NURSING AND MEDICAL SERVICES, ASSISTIVE TECHNOLOGY, FAMILY COUNSELING AND TRANSPORTATION. CHILDREN AND PARENTS SERVED: 3,650

7)HEALTHY CHILD DEVELOPMENT: OUR VOLUNTARY HOME-VISITING PROGRAMS, HEALTHY START AND HEALTHY FAMILIES, SUPPORT AND GUIDE EXPECTANT AND NEW MOTHERS, AS WELL AS FAMILIES WITH YOUNG CHILDREN. WE PROMOTE POSITIVE PARENTING SKILLS AND CHILD HEALTH AND DEVELOPMENT THROUGH EMOTIONAL SUPPORT, PARENTAL EDUCATION AND REFERRALS TO ADDITIONAL COMMUNITY RESOURCES. BY GROWING STRONG FAMILY RELATIONSHIPS AND PARENTING SKILLS, WE STRIVE TO PREVENT CHILD ABUSE AND NEGLECT. CHILDREN AND PARENTS SERVED: 8,018

8)HOME-BASED AND FAMILY-CENTERED SERVICES: OUR IN-HOME SERVICES HELP FAMILIES IN THEIR NATURAL ENVIRONMENT BY REINFORCING POSITIVE FAMILY VALUES, HELPING TO APPROPRIATELY RESOLVE FAMILY CONFLICTS AND IMPROVING COMMUNICATION BETWEEN FAMILY MEMBERS. BY STRENGTHENING PARENTING AND HOUSEHOLD MANAGEMENT SKILLS, OUR PROGRAMS CREATE STABLE, NURTURING FAMILIES THAT ARE BETTER INTEGRATED INTO THEIR COMMUNITIES. FURTHER WE EQUIP PARENTS WITH COPING TECHNIQUES TO HELP THEM MANAGE THE PRESSURE OF FAMILY LIFE. CHILDREN AND PARENTS SERVED: 11,006

9)SOCIAL DEVELOPMENT AND PREVENTION SERVICES: WE ASSESS CHILDREN AND

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01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

FAMILIES, OFTEN IN COMMUNITY, NEIGHBORHOOD AND SCHOOL SETTINGS, SO THAT WE MAY LINK THEM WITH RESOURCES AND PROGRAMS TO MEET INDIVIDUAL FAMILY NEEDS. OUR FOCUS IS ON PERSONAL AND SOCIAL DEVELOPMENT, SELF-SUFFICIENCY AND FAMILY STABILITY, STRENGTHENING FAMILIES AND EDUCATING PARENTS IN ORDER TO DECREASE THE POSSIBILITY OF CHILD ABUSE AND NEGLECT.

CHILDREN, YOUTH AND PARENTS SERVED: 12,087

10) MENTORING: THROUGH OUR MODEL PROGRAM, WE MATCH TRAINED VOLUNTEER MENTORS WITH CHILDREN AND TEENS WHO HAVE ONE OR MORE INCARCERATED PARENTS. ADULT MENTORS SERVE AS POSITIVE ROLE MODELS, OFFER ADVICE AND DEMONSTRATE DEPENDABILITY TO HELP YOUTH TO DEVELOP TO THEIR FULLEST POTENTIAL. TEENS IN FOSTER CARE, WHO WERE NOT ADOPTED OR REUNITED WITH THEIR OWN FAMILIES, ALSO BENEFIT FROM THE GUIDANCE AND ENCOURAGEMENT OF VOLUNTEER MENTORS WHO ARE DEDICATED TO THEIR SUCCESS. ADDITIONALLY, TEEN PARENTS MAY PARTICIPATE IN MENTORING RELATIONSHIPS WITH EXPERIENCED PARENTS WHILE LEARNING TO BECOME STRONG, CARING PARENTS FOCUSED ON THEIR CHILD'S WELL-BEING.

CHILDREN AND FAMILIES SERVED: 1,478 MENTOR MATCHES: 739

11) CHILD PROTECTION TEAMS: ASSISTING LAW ENFORCEMENT AND THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES WITH CHILD ABUSE AND NEGLECT INVESTIGATIONS, OUR CHILD PROTECTION TEAMS PROVIDE COMPREHENSIVE, MULTI-DISCIPLINARY ASSESSMENTS OF CHILDREN WHO MAY HAVE BEEN VICTIMIZED. TRAINED FORENSIC INTERVIEWERS IN OUR SECURE, CHILD-FRIENDLY CENTERS ARE SENSITIVE TO THE TRAUMA THESE CHILDREN MAY HAVE EXPERIENCED AND USE STATE-OF-THE-ART TECHNOLOGY TO MINIMIZE ADDITIONAL TRAUMA. THIS ENABLES APPROPRIATE PARTIES TO OBSERVE THE

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

INTERVIEWS REMOTELY WHICH PROTECTS MOST VICTIMS FROM SUFFERING THE EMOTIONAL PAIN OF ADDITIONAL INTERVIEWS. STAFF MEMBERS ENSURE PRIVACY AND CONFIDENTIALITY, OFFER COMFORT, AND MAKE RECOMMENDATIONS FOR PROPER TREATMENT AND SUPPORT FOR YOUNG VICTIMS AND THEIR FAMILY MEMBERS.

CHILDREN SERVED: 4,759

12) VOLUNTEERS: OUR COMPASSIONATE, DEDICATED VOLUNTEERS ARE INTEGRAL TO OUR EFFORTS TO TRANSFORM THE LIVES OF CHILDREN AND FAMILIES. DONATING VALUABLE TIME AND TALENT, DEVOTED INDIVIDUALS HELP WITH HOMEWORK, MENTOR YOUTH, ORGANIZE AND SUPPORT FUNDRAISING ACTIVITIES, PARTICIPATE IN BOARD MEETINGS AND STRATEGIC PLANNING SESSIONS, AND ADVOCATE TO ELECTED OFFICIALS REGARDING ISSUES THAT IMPACT CHILDREN AND FAMILIES. EACH VOLUNTEER IS CRITICAL TO OUR SUCCESS AND TO THE HOPE AND HEALING WE PROVIDE TO OUR COMMUNITIES.

INDIVIDUAL VOLUNTEERS: 6,021

13) ADOPTION: WE FIND FOREVER FAMILIES FOR CHILDREN THROUGH PUBLIC (FOSTER CARE), PRIVATE AND INTERNATIONAL ADOPTION. BECAUSE WE FIND PARENTS FOR CHILDREN, NOT CHILDREN FOR PARENTS, WE MATCH THE INDIVIDUAL NEEDS OF THE CHILD WITH THE FAMILY WHOSE PARENTING POTENTIAL BEST SUITS THAT CHILD. TO PROVIDE CHILDREN WITH LOVING HOMES FOR LIFE, WE ALSO SERVE ADOPTIVE FAMILIES WITH POST-PLACEMENT SERVICES AND SUPPORT.

FINALIZED ADOPTIONS: 841

14) REUNITING FAMILIES: AS THE ONLY ADOPTION PROVIDER IN FLORIDA THAT PROMISES CONFIDENTIAL LIFETIME MAINTENANCE OF ADOPTION RECORDS, WE ALLOW BIRTH PARENTS AND ADOPTees TO ACCESS AND UPDATE MEDICAL AND BACKGROUND INFORMATION AND, IF BOTH PARTIES CONSENT, THE OPPORTUNITY TO

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

REUNITE. REUNIFICATION OFTEN PROVIDES CLOSURE AND ANSWERS FOR BIRTH PARENTS, ADOPTEES AND ADOPTIVE PARENTS.

INQUIRIES RECEIVED: 816 CLIENTS SERVED: 152

EXPENSES \$ 31,254,935. INCL GRANTS OF \$ 6,626,222. REVENUE \$ 2,814,745.

FORM 990, PART VI, SECTION B, LINE 11: ONCE A DRAFT RETURN IS RECEIVED BY CHS, THE CONTROLLER REVIEWS THE RETURN FOR ACCURACY AGAINST BOTH THE AUDITED FINANCIALS AND THE GENERAL LEDGER. IF NO DISCREPENCIES ARE FOUND THE DRAFT IS THEN REVIEWED BY THE CFO. ONCE THE CFO HAS COMPLETED HIS REVIEW, THE DRAFT IS SUBMITTED TO THE CEO, COO AND BOARD OF DIRECTORS FOR THEIR REVIEW. THE CFO ALSO REVIEWS THE 990 WITH THE AUDIT COMMITTEE OF THE BOARD. AFTER BOARD APPROVAL, THE RETURN IS FINALIZED FOR FILING.

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

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

032212
01-24-11

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	953,167.
UNREALIZED GAIN/LOSS ON INTEREST RATE SWAP	576,181.
RET. PLAN - CONTINGENT OBLIGATION	3,186,074.
CHANGE IN BENEFICIAL INTEREST IN THE NET ASSETS OF CHS FOUNDATION, INC.	3,545,401.
TOTAL TO FORM 990, PART XI, LINE 5	8,260,823.

FORM 990 PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CENTENNIAL HOLDINGS COLLIER CHILD CARE, LLC - 26-0843609, 1485 S. SEMORAN BLVD, STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	139,860.	1,717,856.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CHILDREN'S HOME EARLY LEARNING INITIATIVES, LLC - 26-0854969, 1485 S. SEMORAN BLVD, STE 1448, WINTER PARK, FL 32792	HEALTH CARE & SOCIAL ASSISTANCE (DAYCARE)	FLORIDA	1,050,958.	597,836.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
ECIL CAPITAL, LLC - 20-5272172 1485 S. SEMORAN BLVD, STE 1448 WINTER PARK, FL 32792	RENTAL & LEASING	FLORIDA	102,990.	321,448.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (BUCKNER), LLC - 27-1439340, 1485 S. SEMORAN BLVD, STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	85,718.	2,613,163.	THE CHILDREN'S HOME SOCIETY OF FLORIDA

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (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.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization THE CHILDREN'S HOME SOCIETY OF FLORIDA	Employer identification number 59-0192430
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. if a P.O. box, see instructions. 1485 SEMORAN BLVD., NO. 1448	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WINTER PARK, FL 32792	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JENNIFER PARKER

- The books are in the care of ▶ **1485 S. SEMORAN BLVD, STE 1448 - WINTER PARK, FL 32792**
 Telephone No. ▶ **321-397-3000** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization	Employer identification number	
	THE CHILDREN'S HOME SOCIETY OF FLORIDA	59-0192430	
	Number, street, and room or suite no. If a P.O. box, see instructions.	1485 SEMORAN BLVD., NO. 1448	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	WINTER PARK, FL 32792	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

JENNIFER PARKER

- The books are in the care of **▶ 1485 S. SEMORAN BLVD, STE 1448 - WINTER PARK, FL 32792**
Telephone No. **▶ 321-397-3000** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2012

5 For calendar year , or other tax year beginning JUL 1, 2010, and ending JUN 30, 2011

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$ 0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ 0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** Title **▶ CFO** Date **▶**