

Form **990**
 Department of the Treasury
 Internal Revenue Service

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)

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

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

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 1485 SEMORAN BLVD NO 1448

City or town, state or country, and ZIP + 4
 WINTER PARK, FL 32792

D Employer identification number
 59-0192430

E Telephone number
 (321) 397-3000

G Gross receipts \$ 117,133,759

F Name and address of principal officer
 BOB WYDRA
 1485 SEMORAN BLVD NO 1448
 WINTER PARK, FL 32792

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

H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.CHSFL.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1964 **M** State of legal domicile FL

Part I Summary

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 INDEPENDENT LIVING SERVICES, COUNSELING, ADOPTION, CASE MANAGEMENT AND PREVENTION PROGRAMS FOR CHILDREN AT RISK OF ABUSE AND NEGLECT AND FAMILIES IN NEED OF SUPPORT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2,561
	6 Total number of volunteers (estimate if necessary)	6	5,855
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	101,717,359	100,805,465
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,590,948	8,668,072
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-472,557	844,036
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	605,789	1,436,479
		110,441,539	111,754,052
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,044,343	6,912,819
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	78,908,533	78,918,282
	16a Professional fundraising fees (Part IX, column (A), line 11e)	58,553	65,952
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,285,987		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,643,655	23,426,768
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	109,655,084	109,323,821	
19 Revenue less expenses Subtract line 18 from line 12	786,455	2,430,231	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	89,202,454	86,597,299
	21 Total liabilities (Part X, line 26)	39,017,974	46,999,605
22 Net assets or fund balances Subtract line 21 from line 20	50,184,480	39,597,694	

Part II Signature Block

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

Sign Here

 Signature of officer

BOB WYDRA CFO
 Type or print name and title

2013-03-21
 Date

Paid Preparer's Use Only

Preparer's signature ▶ THERESA A BURDINE CPA Date

Check if self-employed

Preparer's taxpayer identification number (see instructions) P00362629

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MCGLADREY LLP
 7351 OFFICE PARK PL
 MELBOURNE, FL 32940

EIN ▶ 42-0714325

Phone no ▶ (321) 751-6200

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 38,382,080 including grants of \$ 1,522) (Revenue \$ 1,329,586)
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 15,441

4b (Code) (Expenses \$ 16,602,624 including grants of \$ 21,958) (Revenue \$ 3,378,980)
TARGETED CASE MANAGEMENT AND MENTAL HEALTH SERVICES CHILDREN WITH AN IDENTIFIED MENTAL HEALTH ISSUE RECEIVE AN ARRAY OF SERVICES TO ADDRESS THEIR MENTAL HEALTH CONDITIONS OUR CASE MANAGERS ENSURE ACCESS TO PROGRAMS AND TREATMENT TO IMPROVE OR MANAGE CHILDREN'S MENTAL HEALTH CONDITION WHILE STABILIZING THEIR FAMILY MEMBERS WHILE THE MAJORITY OF THE CHILDREN SERVED LIVE WITH THEIR FAMILIES, SOME OF THOSE RECEIVING SERVICES ARE INVOLVED IN THE STATE DEPENDENCY SYSTEM CHILDREN AND FAMILY MEMBERS SERVED 8,002

4c (Code) (Expenses \$ 9,143,002 including grants of \$ 401,455) (Revenue \$ 1,376,569)
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 884 DAYS OF CARE 74,781

(Code) (Expenses \$ 29,524,743 including grants of \$ 6,487,884) (Revenue \$ 3,422,197)
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 2,252)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 4,5703)EMERGENCY SHELTER ABUSED, NEGLECTED AND ABANDONED CHILDREN FIND LOVE, PROTECTION AND A FULL CIRCLE OF CARE FROM DEVOTED STAFF AND VOLUNTEERS IN WARM, HOME-LIKE TEMPORARY RESIDENCES WE FOCUS ON THE CHILD'S SECURITY, MEDICAL, EMOTIONAL, BEHAVIORAL AND SOCIAL NEEDS WHILE WORKING WITH FOSTER, ADOPTIVE AND BIRTH FAMILIES TO IDENTIFY SAFE, APPROPRIATE PERMANENT HOMES CHILDREN SERVED 432 DAYS OF CARE 10,7554)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 7,8415)EARLY EDUCATION AND CARE OUR LICENSED CHILDCARE CENTERS ENCOURAGE SOCIAL, DEVELOPMENTAL AND ACADEMIC GROWTH IN CHILDREN WHILE STRENGTHENING FAMILY RELATIONSHIPS SOME OF OUR SPECIALIZED PROGRAMS FOCUS ON CHILDREN WITH UNIQUE MEDICAL NEEDS OR THOSE WHOSE FAMILIES HAVE COURT BUSINESS OTHERS FOCUS ON PREPARING YOUNG CHILDREN, MANY OF WHOM ARE FROM STRUGGLING FAMILIES, FOR SCHOLASTIC SUCCESS ALL PROVIDE CHILDREN WITH A SAFE ENVIRONMENT WHILE PROMOTING SELF-SUFFICIENCY IN PARENTS CHILDREN AND FAMILY MEMBERS SERVED 1,9956)EARLY STEPS FAMILIES WITH INFANTS OR TODDLERS WHO HAVE DISABILITIES OR DEVELOPMENT DELAYS GAIN HOPE AND SUPPORT FROM SERVICES THAT ENHANCE THEIR CHILD'S DEVELOPMENT EVALUATION AND PLANNING LEAD TO INDIVIDUALIZED PROGRAMS THAT INCLUDE PHYSICAL AND SPEECH THERAPY, VISION AND HEARING SERVICES, NUTRITIONAL PLANS, NURSING AND MEDICAL SERVICES, ASSISTIVE TECHNOLOGY, FAMILY COUNSELING AND TRANSPORTATION CHILDREN AND PARENTS SERVED 1,6727)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 12,5598)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 9,8309)SOCIAL DEVELOPMENT AND PREVENTION SERVICES WE ASSESS CHILDREN AND FAMILIES, OFTEN IN COMMUNITY, NEIGHBORHOOD AND SCHOOL SETTINGS, SO THAT WE MAY LINK THEM WITH RESOURCES AND PROGRAMS TO MEET INDIVIDUAL FAMILY NEEDS OUR FOCUS IS ON PERSONAL AND SOCIAL DEVELOPMENT, SELF-SUFFICIENCY AND FAMILY STABILITY, STRENGTHENING FAMILIES AND EDUCATING PARENTS IN ORDER TO DECREASE THE POSSIBILITY OF CHILD ABUSE AND NEGLECT CHILDREN, YOUTH AND PARENTS SERVED 1,82010)MENTORING THROUGH OUR MODEL PROGRAM, WE MATCH TRAINED VOLUNTEER MENTORS WITH CHILDREN AND TEENS WHO HAVE ONE OR MORE INCARCERATED PARENT ADULT MENTORS SERVE AS POSITIVE ROLE MODELS, OFFER ADVICE AND DEMONSTRATE DEPENDABILITY TO HELP YOUTH TO DEVELOP TO THEIR FULLEST POTENTIAL TEENS IN FOSTER CARE, WHO WERE NOT ADOPTED OR REUNITED WITH THEIR OWN FAMILIES, ALSO BENEFIT FROM THE GUIDANCE AND ENCOURAGEMENT OF VOLUNTEER MENTORS WHO ARE DEDICATED TO THEIR SUCCESS ADDITIONALLY, TEEN PARENTS MAY PARTICIPATE IN MENTORING RELATIONSHIPS WITH EXPERIENCED PARENTS WHILE LEARNING TO BECOME STRONG, CARING PARENTS FOCUSED ON THEIR CHILD'S WELL-BEING CHILDREN AND FAMILIES SERVED 55811)CHILD PROTECTION TEAMS ASSISTING LAW ENFORCEMENT AND THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES WITH CHILD ABUSE AND NEGLECT INVESTIGATIONS, OUR CHILD PROTECTION TEAMS PROVIDE COMPREHENSIVE, MULTI-DISCIPLINARY ASSESSMENTS OF CHILDREN WHO MAY HAVE BEEN VICTIMIZED TRAINED FORENSIC INTERVIEWERS IN OUR SECURE, CHILD-FRIENDLY CENTERS ARE SENSITIVE TO THE TRAUMA THESE CHILDREN MAY HAVE EXPERIENCED AND USE STATE-OF-THE-ART TECHNOLOGY TO MINIMIZE ADDITIONAL TRAUMA THIS ENABLES APPROPRIATE PARTIES TO OBSERVE THE INTERVIEWS REMOTELY WHICH PROTECTS MOST VICTIMS FROM SUFFERING THE EMOTIONAL PAIN OF ADDITIONAL INTERVIEWS STAFF MEMBERS ENSURE PRIVACY AND CONFIDENTIALITY, OFFER COMFORT, AND MAKE RECOMMENDATIONS FOR PROPER TREATMENT AND SUPPORT FOR YOUNG VICTIMS AND THEIR FAMILY MEMBERS CHILDREN SERVED 3,10812) VOLUNTEERS OUR COMPASSIONATE, DEDICATED VOLUNTEERS ARE INTEGRAL TO OUR EFFORTS TO TRANSFORM THE LIVES OF CHILDREN AND FAMILIES DONATING VALUABLE TIME AND TALENT, DEVOTED INDIVIDUALS HELP WITH HOMEWORK, MENTOR YOUTH, ORGANIZE AND SUPPORT FUNDRAISING ACTIVITIES, PARTICIPATE IN BOARD MEETINGS AND STRATEGIC PLANNING SESSIONS, AND ADVOCATE TO ELECTED OFFICIALS REGARDING ISSUES THAT IMPACT CHILDREN AND FAMILIES EACH VOLUNTEER IS CRITICAL TO OUR SUCCESS AND TO THE HOPE AND HEALING WE PROVIDE TO OUR COMMUNITIES INDIVIDUAL VOLUNTEERS 5,85513)ADOPTION WE FIND FOREVER FAMILIES FOR CHILDREN THROUGH PUBLIC (FOSTER CARE), PRIVATE AND INTERNATIONAL ADOPTION BECAUSE WE FIND PARENTS FOR CHILDREN, NOT CHILDREN FOR PARENTS, WE MATCH THE INDIVIDUAL NEEDS OF THE CHILD WITH THE FAMILY WHOSE PARENTING POTENTIAL BEST SUITS THAT CHILD TO PROVIDE CHILDREN WITH LOVING HOMES FOR LIFE, WE ALSO SERVE ADOPTIVE FAMILIES WITH POST-PLACEMENT SERVICES AND SUPPORT ADOPTIONS AND SUPPORT 2,74314)REUNITING FAMILIES AS THE ONLY ADOPTION PROVIDER IN FLORIDA THAT PROMISES CONFIDENTIAL LIFETIME MAINTENANCE OF ADOPTION RECORDS, WE ALLOW BIRTH PARENTS AND ADOPTEEES TO ACCESS AND UPDATE MEDICAL AND BACKGROUND INFORMATION AND, IF BOTH PARTIES CONSENT, THE OPPORTUNITY TO REUNITE REUNIFICATION OFTEN PROVIDES CLOSURE AND ANSWERS FOR BIRTH PARENTS, ADOPTEEES AND ADOPTIVE PARENTS INQUIRIES RECEIVED 816 CLIENTS SERVED 13715) EVANS COMMUNITY SCHOOL IS A COMMUNITY PARTNERSHIP INITIATIVE FOR A COMMON CAUSE, STUDENT SUCCESS IN SCHOOL AND IN LIFE LED BY ITS FOUNDING PARTNERS, ORANGE COUNTY PUBLIC SCHOOLS, CHILDREN'S HOME SOCIETY OF CENTRAL FLORIDA AND THE UNIVERSITY OF CENTRAL FLORIDA, EVANS COMMUNITY SCHOOL UNITES THE MOST IMPORTANT INFLUENCES ON A CHILD'S LIFE- SCHOOL, FAMILY AND COMMUNITY TO CREATE A COMPREHENSIVE SUPPORT SYSTEM FOCUSED ON STUDENT ACHIEVEMENT AND WELL BEING FOCUSED ON THE EDUCATION AND SUCCESS OF THE STUDENTS, THE COMMUNITY SCHOOL EMPOWERS PARENTS TO TAKE CHARGE OF THEIR CHILDREN'S EDUCATION AND THEIR COMMUNITY RESULTING IN IMPROVED SAFETY, WELLNESS, WELL-BEING, ECONOMIC GROWTH, STRONGER FAMILY RELATIONSHIPS AND ENHANCED QUALITY OF LIFE FOR STUDENTS AND THEIR COMMUNITY SERVICES ARE OPEN TO THE ENTIRE SCHOOL POPULATION AND THEIR FAMILIES CLIENTS TO BE SERVED 2,365

4d Other program services (Describe in Schedule O)
(Expenses \$ 29,524,743 including grants of \$ 6,487,884) (Revenue \$ 3,422,197)

4e Total program service expenses \$ 93,652,449

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
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>		No
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>	Yes	
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>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
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>		No
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>		No
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>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>		No
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>	Yes	
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>		No
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>		No
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>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
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>	Yes	
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>	Yes	
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>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part II and IV.</i>		No
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 U S? <i>If "Yes," complete Schedule F, Part III and IV.</i>		No
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>	Yes	
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>	Yes	
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>	Yes	
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules *(continued)*

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>	21		No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, questions 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>	23	Yes	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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>	26		No
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>	27		No
28 Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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>	32		No
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>	33	Yes	
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>	34		No
35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b 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>	35b		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>	36		No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a-14b regarding Form 1096, W-2G, Form W-3, federal employment tax returns, unrelated business gross income, prohibited tax shelter transactions, annual gross receipts, deductible contributions, sponsoring organizations, and charitable trusts.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (19), 1b (19), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website, Another's website, Upon request.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JENNIFER CAMPBELL, 1485 S SEMORAN BLVD STE 1448, WINTER PARK, FL 32792, (321) 397-3000.

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,211,878	0	162,882	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LAKE WORTH WEST RESIDENT PLANNING GROUP 4730 MAIN ST LAKE WORTH, FL 33461	SUB-CONTRACTOR PROGRAM SERVICES	416,114
CBC OF CENTRAL FLORIDA 4001 PELEE ST STE 200 ORLANDO, FL 32817	RENT	398,128
TAMPA IBP LLC C/O CBRE PO BOX 82555 GOLETTA, GA 931182555	RENT	349,828
NEW BEGINNINGS COMMUNITY DEVELOPMENT CEN PO BOX 10175 RIVERA BEACH, FL 33419	SUB-CONTRACTOR PROGRAM SERVICES	283,021
BIG BEND COMMUNITY BASE CARE 525 N MARTIN LUTHER KING JR BLVD TALLAHASSEE, FL 32301	RENT	261,153

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	1,980,253				
	b	Membership dues 1b					
	c	Fundraising events 1c	1,218,500				
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	91,770,466				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	5,836,246				
	g	Noncash contributions included in lines 1a-1f \$ <u>1,693,177</u>					
	h	Total. Add lines 1a-1f ▶		100,805,465			
Program Service Revenue			Business Code				
	2a	MEDICARE/MEDICAID PAYM	624100	7,194,283	7,194,283		
	b	ADOPTIVE & OTHER SVC F	624100	1,473,789	1,473,789		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		8,668,072				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		243,403		243,403	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
			Gross rents	424,944			
		b	Less rental expenses	424,944			
		c	Rental income or (loss)	0			
	d	Net rental income or (loss) ▶		0			
	7a	(i) Securities		(ii) Other			
			Gross amount from sales of assets other than inventory	4,740,411	208,909		
		b	Less cost or other basis and sales expenses	3,998,724	349,963		
		c	Gain or (loss)	741,687	-141,054		
	d	Net gain or (loss) ▶		600,633		600,633	
	8a	Gross income from fundraising events (not including \$ <u>1,218,500</u> of contributions reported on line 1c) See Part IV, line 18					
	a		900,621				
b	Less direct expenses b	514,491					
c	Net income or (loss) from fundraising events . . ▶		386,130		386,130		
9a	Gross income from gaming activities See Part IV, line 19						
a		302,674					
b	Less direct expenses b	91,585					
c	Net income or (loss) from gaming activities . . ▶		211,089		211,089		
10a	Gross sales of inventory, less returns and allowances						
a							
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
		Business Code					
11a	MISCELLANEOUS	900099	839,260	839,260			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		839,260				
12	Total revenue. See Instructions ▶		111,754,052	9,507,332	0	1,441,255	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	6,912,819	6,912,819		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	643,640		643,640	
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	64,194,967	56,181,186	6,398,927	1,614,854
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	78,505	69,540	7,403	1,562
9	Other employee benefits	7,771,242	6,963,220	651,662	156,360
10	Payroll taxes	6,229,928	5,539,144	550,974	139,810
11	Fees for services (non-employees)				
a	Management				
b	Legal	68,287	49,978	14,449	3,860
c	Accounting	165,159	120,876	34,946	9,337
d	Lobbying	85,540	85,540		
e	Professional fundraising See Part IV, line 17	65,952			65,952
f	Investment management fees	39,749		39,749	
g	Other	1,947,142	1,479,493	412,714	54,935
12	Advertising and promotion				
13	Office expenses	3,290,071	2,482,491	502,970	304,610
14	Information technology				
15	Royalties				
16	Occupancy	5,736,992	5,214,380	406,815	115,797
17	Travel	4,741,494	4,230,507	412,689	98,298
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	228,304	174,746	36,511	17,047
20	Interest	625,252	794	624,277	181
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,486,753	1,108,234	1,340,955	37,564
23	Insurance	1,035,826	976,226	47,575	12,025
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	2,254,680	1,523,174	115,311	616,195
b	EQUIPMENT RENTAL	540,842	449,342	64,116	27,384
c	MEMBERSHIP DUES	180,677	90,759	79,702	10,216
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	109,323,821	93,652,449	12,385,385	3,285,987
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)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	50,407	1	62,859
	2 Savings and temporary cash investments	10,372,142	2	7,468,550
	3 Pledges and grants receivable, net	13,176,531	3	14,437,948
	4 Accounts receivable, net	156,034	4	924,825
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,040,996	9	1,917,814
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	63,667,147		
	b Less accumulated depreciation	27,902,889	10c	35,764,258
	11 Investments—publicly traded securities	8,708,285	11	9,097,525
	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	17,388,226	15	16,923,520
16 Total assets. Add lines 1 through 15 (must equal line 34)	89,202,454	16	86,597,299	
Liabilities	17 Accounts payable and accrued expenses	21,009,178	17	27,907,960
	18 Grants payable		18	
	19 Deferred revenue	765,922	19	1,486,280
	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	16,789,610	23	17,249,610
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	453,264	25	355,755
	26 Total liabilities. Add lines 17 through 25	39,017,974	26	46,999,605
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	32,734,025	27	22,589,918
	28 Temporarily restricted net assets	9,703,201	28	9,180,372
	29 Permanently restricted net assets	7,747,254	29	7,827,404
	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	50,184,480	33	39,597,694	
34 Total liabilities and net assets/fund balances	89,202,454	34	86,597,299	

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	111,754,052
2	Total expenses (must equal Part IX, column (A), line 25)	2	109,323,821
3	Revenue less expenses Subtract line 2 from line 1	3	2,430,231
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	50,184,480
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-13,017,017
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	39,597,694

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?		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
2d	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 type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number

59-0192430

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	105,353,515	96,046,037	95,035,440	101,717,359	101,182,428	499,334,779
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	105,353,515	96,046,037	95,035,440	101,717,359	101,182,428	499,334,779
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						499,334,779

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	105,353,515	96,046,037	95,035,440	101,717,359	101,182,428	499,334,779
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	664,535	499,645	458,999	504,191	668,347	2,795,717
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	2,481,704	2,073,344	1,454,286	1,279,767	1,665,592	8,954,693
11 Total support (Add lines 7 through 10)						511,085,189
12 Gross receipts from related activities, etc (See instructions)					12	41,236,884

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

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	97.700 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97.490 %

16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

Facts And Circumstances Test

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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.

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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, line 35c (Proxy Tax), then

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

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

Employer identification number

59-0192430

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

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office 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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	222,849													
c	Total lobbying expenditures (add lines 1a and 1b)	222,849													
d	Other exempt purpose expenditures	119,287,401													
e	Total exempt purpose expenditures (add lines 1c and 1d)	119,510,250													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	183,221	171,887	201,535	222,849	779,492
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

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

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

- a** Public exhibition
- 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

	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 Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Term endowment ▶

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		4,914,852		4,914,852
b Buildings		36,515,069	10,153,900	26,361,169
c Leasehold improvements		1,367,593	924,820	442,773
d Equipment		11,966,210	10,225,057	1,741,153
e Other		8,903,423	6,599,112	2,304,311
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				35,764,258

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	111,754,052
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	109,323,821
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,430,231
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-13,017,017
9	Total adjustments (net) Add lines 4 - 8	9	-13,017,017
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-10,586,786

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	112,471,970
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	297,953
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	297,953
3	Subtract line 2e from line 1	3	112,174,017
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	-419,965
c	Add lines 4a and 4b	4c	-419,965
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	111,754,052

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

1	Total expenses and losses per audited financial statements	1	110,715,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	297,953
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	1,172,073
e	Add lines 2a through 2d	2e	1,470,026
3	Subtract line 2e from line 1	3	109,245,316
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	78,505
c	Add lines 4a and 4b	4c	78,505
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	109,323,821

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	FIN 48 STATEMENT MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS CHS FILES TAX RETURNS IN THE U S FEDERAL JURISDICTION GENERALLY, CHS IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE JUNE 30, 2009
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS ON INTEREST RATE SWAP -2,194,862 CHANGE IN BENEFICIAL INTEREST IN THE NET ASSETS OF CHS FOUNDATION, INC 12,909 PY LOSS ON DISPOSAL OF FIXED ASSETS -648,635 RETIREMENT PLAN - CONTINGENT OBLIGATION -10,186,429 TOTAL TO SCHEDULE D, PART XI, LINE 8 -13,017,017
		PART XII, LINE 4B FUNDRAISING EVENT EXPENSE - (\$514,490) GAMING ACTIVITIES EXPENSE - (\$91,585) DIRECT EXPENSE OF RENTAL - (\$424,944) LOSS ON SALE OF FIXED ASSETS - (\$141,054) GAIN ON SALE OF INVESTMENT - \$741,686 FUNDRAISING REVENUE ADJUSTMENT - \$10,422 PART XIII, LINE 2D LOSS ON SALE OF FIXED ASSETS - \$141,054 FUNDRAISING EVENT EXPENSE - \$514,490 GAMING ACTIVITIES EXPENSE - \$91,585 DIRECT EXPENSE OF RENTAL - \$424,944

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open to Public
Inspection**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

Employer identification number

59-0192430

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
J2 PUBLIC RELATIONS LLC 2150 OYSTER BAR DRIVE VERO BEACH, FL 32963	CONSULTING		No	0	44,000	-44,000
G MEDIA GROUP 3733 SW 149 AVE MIAMI, FL 33185	CONSULTING/ADVERTISEMENTS/MAILINGS		No	0	25,014	-25,014
Total					69,014	-69,014

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

FL

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>ULTIMATE DINNER PARTY</u> (event type)	<u>CARING CHEFS</u> (event type)	<u>41</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	248,600	160,815	1,470,416	1,879,831
	2 Less Charitable contributions	235,500	105,745	877,255	1,218,500
	3 Gross income (line 1 minus line 2)	13,100	55,070	593,161	661,331
Direct Expenses	4 Cash prizes			1,513	1,513
	5 Non-cash prizes			7,617	7,617
	6 Rent/facility costs			177,599	177,599
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	40,552	24,482	262,728	327,762
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(514,491)
11 Net income summary Combine lines 3 and 10 in column (d) ▶				146,840	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1 Gross revenue			302,674
Direct Expenses	2 Cash prizes			1,000	1,000
	3 Non-cash prizes			9,017	9,017
	4 Rent/facility costs			21,497	21,497
	5 Other direct expenses			60,071	60,071
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <u>49.000</u> % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(91,585)	
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				211,089	

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer

Employee

Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

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

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
Attach to Form 990

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 59-0192430

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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

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

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

Identifier	Return Reference	Explanation

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

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
FINANCIAL ASSISTANCE TO CLIENTS	5201	1,002,094			
FOOD, CHS FACILITIES	12036	621,532			
RESIDENTIAL SUPPLIES, CHS FACILITIES	2821	183,113			
MEDICAL AND DENTAL FEES	7254	2,639,510			
FOSTER CARE BOARD PAYMENTS	399	1,475,484			
DAYCARE	398	35,981			
CLOTHING AND PERSONAL NEEDS	2451	188,752			
TRANSPORTATION	817	69,509			
RECREATIONAL ACTIVITIES	5554	255,471			
LEGAL ASSISTANCE	212	38,267			
OUTREACH ACTIVITIES	502	20,083			
PROGRAM EDUCATIONAL SUPPLIES	586	209,315			
OTHER ASSISTANCE ON BEHALF OF CLIENTS	992	173,708			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

Employer identification number

59-0192430

Part I Questions Regarding Compensation

Yes No

- 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 idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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?

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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	(i)	216,654	0	10,697	20,905	11,343	259,599	0
	(ii)	0	0	0	0	0	0	0
(2) JAMES E PATRICK	(i)	176,920	0	10,569	17,404	12,600	217,493	0
	(ii)	0	0	0	0	0	0	0
(3) ROBERT J WYDRA	(i)	128,709	0	91	8,056	14,287	151,143	0
	(ii)	0	0	0	0	0	0	0
(4) SHELLEY S KATZ	(i)	138,963	0	9,827	13,364	5,848	168,002	0
	(ii)	0	0	0	0	0	0	0
(5) ANTHONY SUDLER	(i)	133,715	0	8,906	2,197	12,433	157,251	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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**Schedule K
(Form 990)**

OMB No 1545-0047

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 Schedule O (Form 990).**

2011

▶ **Attach to Form 990. ▶ See separate instructions.**

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Employer identification number
59-0192430

Part I Bond Issues

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

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired				
2 Amount of bonds defeased				
3 Total proceeds of issue				
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrow				
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				
	Yes	No	Yes	No
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

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
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?		X						
b If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 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 hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a 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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Employer identification number

59-0192430

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, etc.

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

Table with 3 columns: Question, Yes, No. Rows include 30a (property holding period), 31 (gift acceptance policy), 32a (third parties), 33 (revenue reporting).

Part II

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

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

Employer identification number

59-0192430

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	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 DISCREPANCIES ARE FOUND THE DRAFT IS THEN REVIEWED BY THE CFO ONCE THE CFO HAS COMPLETED HIS REVIEW, THE DRAFT IS SUBMITTED TO THE CEO, COO AND BOARD OF DIRECTORS FOR THEIR REVIEW THE CFO ALSO REVIEWS THE 990 WITH THE AUDIT COMMITTEE OF THE BOARD AFTER BOARD APPROVAL, THE RETURN IS FINALIZED FOR FILING
	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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	LOSS ON INTEREST RATE SWAP -2,194,862 CHANGE IN BENEFICIAL INTEREST IN THE NET ASSETS OF CHS FOUNDATION, INC 12,909 PY LOSS ON DISPOSAL OF FIXED ASSETS -648,635 RETIREMENT PLAN - CONTINGENT OBLIGATION -10,186,429 TOTAL TO FORM 990, PART XI, LINE 5 - 13,017,017
AUDIT COMMITTEE	FORM 990, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR
DESCRIPTION OF PURPOSE	FORM 990, SCHEDULE K, PART I, LINE A, COLUMN (F)	THE CHILDREN'S HOME SOCIETY OF FLORIDA PROJECT - SERIES 2008 A) TO PAY-OFF PORTION OF LINE OF CREDIT USED TO PAY COSTS ASSOCIATED WITH THE NAPLES CHILDCARE CENTERS, B) TO REIMBURSE BANK OF AMERICA, N A FOR A PORTION OF LOAN ASSOCIATED WITH VERO BEACH PROJECT, C) TO REPAY REGIONS BANK LOAN USED TO FINANCE A PORTION OF LOAN ASSOCIATED WITH VERO BEACH PROJECT, D) TO FINANCE CONSTRUCTION OF THE BUCKNER INDEPENDENT LIVING FACILITY AND THE TREASURE COAST YOUTH TRANSITION CENTER
LICENSE TO OPERATE GAMING ACTIVITIES	FORM 990, SCHEDULE G, PART III, LINE 9B	THE ORGANIZATION HELD RAFFLE GAMES WHICH WERE CONDUCTED WITHIN FLORIDA CODE THE CASINO EVENT HELD WAS NOT A REAL CASINO BUT A FUNNY MONEY GAME

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on 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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

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

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

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

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)			

Part VII Supplemental Information

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

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2011**

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income (\$)	(e) End-of-year assets (\$)	(f) Direct Controlling Entity
CENTENNIAL HOLDINGS LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-3043440	HOLDS REAL PROPERTY	FL	435,629	8,435,118	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (TREASURE COAST) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-3174241	HOLDS REAL PROPERTY	FL	58,631	2,135,813	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (SOUTHWEST) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-8659039	HOLDS REAL PROPERTY	FL	10,658	397,880	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (NORTH CENTRAL) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-5272140	HOLDS REAL PROPERTY	FL	237,662	2,958,599	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS COLLIER CHILD CARE LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 26-0843609	HOLDS REAL PROPERTY	FL	93,997	1,698,610	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CHILDREN'S HOME EARLY LEARNING INITIATIVES LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 26-0854969	HEALTH CARE & SOCIAL ASSISTANCE (DAYCARE)	FL	1,281,124	896,540	THE CHILDREN'S HOME SOCIETY OF FLORIDA
ECIL CAPITAL LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 20-5272172	RENTAL & LEASING	FL	104,550	301,867	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (BUCKNER) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439340	HOLDS REAL PROPERTY	FL	91,620	2,629,438	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (NORTH COASTAL) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1440010	HOLDS REAL PROPERTY	FL	9,320	267,629	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (MID FLORIDA) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1440006	HOLDS REAL PROPERTY	FL	0	342,424	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (BREVARD) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439172	HOLDS REAL PROPERTY	FL	0	0	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (CENTRAL FLORIDA) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439606	HOLDS REAL PROPERTY	FL	0	0	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (EMERALD COAST) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439711	HOLDS REAL PROPERTY	FL	0	0	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (GULF COAST) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439869	HOLDS REAL PROPERTY	FL	0	0	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (INTERCOASTAL) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1439865	HOLDS REAL PROPERTY	FL	0	0	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (SOUTHEASTERN) LLC 1485 S SEMORAN BLVD STE 1448 WINTER PARK, FL 32792 27-1440100	HOLDS REAL PROPERTY	FL	0	0	THE CHILDREN'S HOME SOCIETY OF FLORIDA

Additional Data**Software ID:****Software Version:****EIN:** 59-0192430**Name:** THE CHILDREN'S HOME SOCIETY OF FLORIDA**Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)****4d. Other program services**

(Code) (Expenses \$ 29,524,743 including grants of \$ 6,487,884) (Revenue \$ 3,422,197)

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 2,2522)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 4,5703) EMERGENCY SHELTER ABUSED, NEGLECTED AND ABANDONED CHILDREN FIND LOVE, PROTECTION AND A FULL CIRCLE OF CARE FROM DEVOTED STAFF AND VOLUNTEERS IN WARM, HOME-LIKE TEMPORARY RESIDENCES WE FOCUS ON THE CHILD'S SECURITY, MEDICAL, EMOTIONAL, BEHAVIORAL AND SOCIAL NEEDS WHILE WORKING WITH FOSTER, ADOPTIVE AND BIRTH FAMILIES TO IDENTIFY SAFE, APPROPRIATE PERMANENT HOMES CHILDREN SERVED 432 DAYS OF CARE 10,7554) 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 7,8415)EARLY EDUCATION AND CARE OUR LICENSED CHILDCARE CENTERS ENCOURAGE SOCIAL, DEVELOPMENTAL AND ACADEMIC GROWTH IN CHILDREN WHILE STRENGTHENING FAMILY RELATIONSHIPS SOME OF OUR SPECIALIZED PROGRAMS FOCUS ON CHILDREN WITH UNIQUE MEDICAL NEEDS OR THOSE WHOSE FAMILIES HAVE COURT BUSINESS OTHERS FOCUS ON PREPARING YOUNG CHILDREN, MANY OF WHOM ARE FROM STRUGGLING FAMILIES, FOR SCHOLASTIC SUCCESS ALL PROVIDE CHILDREN WITH A SAFE ENVIRONMENT WHILE PROMOTING SELF-SUFFICIENCY IN PARENTS CHILDREN AND FAMILY MEMBERS SERVED 1,9956) EARLY STEPS FAMILIES WITH INFANTS OR TODDLERS WHO HAVE DISABILITIES OR DEVELOPMENT DELAYS GAIN HOPE AND SUPPORT FROM SERVICES THAT ENHANCE THEIR CHILD'S DEVELOPMENT EVALUATION AND PLANNING LEAD TO INDIVIDUALIZED PROGRAMS THAT INCLUDE PHYSICAL AND SPEECH THERAPY, VISION AND HEARING SERVICES, NUTRITIONAL PLANS, NURSING AND MEDICAL SERVICES, ASSISTIVE TECHNOLOGY, FAMILY COUNSELING AND TRANSPORTATION CHILDREN AND PARENTS SERVED 1,6727)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 12,5598)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 9,8309)SOCIAL DEVELOPMENT AND PREVENTION SERVICES WE ASSESS CHILDREN AND FAMILIES, OFTEN IN COMMUNITY, NEIGHBORHOOD AND SCHOOL SETTINGS, SO THAT WE MAY LINK THEM WITH RESOURCES AND PROGRAMS TO MEET INDIVIDUAL FAMILY NEEDS OUR FOCUS IS ON PERSONAL AND SOCIAL DEVELOPMENT, SELF-SUFFICIENCY AND FAMILY STABILITY, STRENGTHENING FAMILIES AND EDUCATING PARENTS IN ORDER TO DECREASE THE POSSIBILITY OF CHILD ABUSE AND NEGLECT CHILDREN, YOUTH AND PARENTS SERVED 1,82010)MENTORING THROUGH OUR MODEL PROGRAM, WE MATCH TRAINED VOLUNTEER MENTORS WITH CHILDREN AND TEENS WHO HAVE ONE OR MORE INCARCERATED PARENT ADULT MENTORS SERVE AS POSITIVE ROLE MODELS, OFFER ADVICE AND DEMONSTRATE DEPENDABILITY TO HELP YOUTH TO DEVELOP TO THEIR FULLEST POTENTIAL TEENS IN FOSTER CARE, WHO WERE NOT ADOPTED OR REUNITED WITH THEIR OWN FAMILIES, ALSO BENEFIT FROM THE GUIDANCE AND ENCOURAGEMENT OF VOLUNTEER MENTORS WHO ARE DEDICATED TO THEIR SUCCESS ADDITIONALLY, TEEN PARENTS MAY PARTICIPATE IN MENTORING RELATIONSHIPS WITH EXPERIENCED PARENTS WHILE LEARNING TO BECOME STRONG, CARING PARENTS FOCUSED ON THEIR CHILD'S WELL-BEING CHILDREN AND FAMILIES SERVED 55811)CHILD PROTECTION TEAMS ASSISTING LAW ENFORCEMENT AND THE FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES WITH CHILD ABUSE AND NEGLECT INVESTIGATIONS, OUR CHILD PROTECTION TEAMS PROVIDE COMPREHENSIVE, MULTI-DISCIPLINARY ASSESSMENTS OF CHILDREN WHO MAY HAVE BEEN VICTIMIZED TRAINED FORENSIC INTERVIEWERS IN OUR SECURE, CHILD-FRIENDLY CENTERS ARE SENSITIVE TO THE TRAUMA THESE CHILDREN MAY HAVE EXPERIENCED AND USE STATE-OF-THE-ART TECHNOLOGY TO MINIMIZE ADDITIONAL TRAUMA THIS ENABLES APPROPRIATE PARTIES TO OBSERVE THE INTERVIEWS REMOTELY WHICH PROTECTS MOST VICTIMS FROM SUFFERING THE EMOTIONAL PAIN OF ADDITIONAL INTERVIEWS STAFF MEMBERS ENSURE PRIVACY AND CONFIDENTIALITY, OFFER COMFORT, AND MAKE RECOMMENDATIONS FOR PROPER TREATMENT AND SUPPORT FOR YOUNG VICTIMS AND THEIR FAMILY MEMBERS CHILDREN SERVED 3,10812)VOLUNTEERS OUR COMPASSIONATE, DEDICATED VOLUNTEERS ARE INTEGRAL TO OUR EFFORTS TO TRANSFORM THE LIVES OF CHILDREN AND FAMILIES DONATING VALUABLE TIME AND TALENT, DEVOTED INDIVIDUALS HELP WITH HOMEWORK, MENTOR YOUTH, ORGANIZE AND SUPPORT FUNDRAISING ACTIVITIES, PARTICIPATE IN BOARD MEETINGS AND STRATEGIC PLANNING SESSIONS, AND ADVOCATE TO ELECTED OFFICIALS REGARDING ISSUES THAT IMPACT CHILDREN AND FAMILIES EACH VOLUNTEER IS CRITICAL TO OUR SUCCESS AND TO THE HOPE AND HEALING WE PROVIDE TO OUR COMMUNITIES INDIVIDUAL VOLUNTEERS 5,85513)ADOPTION WE FIND FOREVER FAMILIES FOR CHILDREN THROUGH PUBLIC (FOSTER CARE), PRIVATE AND INTERNATIONAL ADOPTION BECAUSE WE FIND PARENTS FOR CHILDREN, NOT CHILDREN FOR PARENTS, WE MATCH THE INDIVIDUAL NEEDS OF THE CHILD WITH THE FAMILY WHOSE PARENTING POTENTIAL BEST SUITS THAT CHILD TO PROVIDE CHILDREN WITH LOVING HOMES FOR LIFE, WE ALSO SERVE ADOPTIVE FAMILIES WITH POST-PLACEMENT SERVICES AND SUPPORT ADOPTIONS AND SUPPORT 2,74314)REUNITING FAMILIES AS THE ONLY ADOPTION PROVIDER IN FLORIDA THAT PROMISES CONFIDENTIAL LIFETIME MAINTENANCE OF ADOPTION RECORDS, WE ALLOW BIRTH PARENTS AND ADOPTES TO ACCESS AND UPDATE MEDICAL AND BACKGROUND INFORMATION AND, IF BOTH PARTIES CONSENT, THE OPPORTUNITY TO REUNITE REUNIFICATION OFTEN PROVIDES CLOSURE AND ANSWERS FOR BIRTH PARENTS, ADOPTES AND ADOPTIVE PARENTS INQUIRIES RECEIVED 816 CLIENTS SERVED 13715) EVANS COMMUNITY SCHOOL IS A COMMUNITY PARTNERSHIP INITIATIVE FOR A COMMON CAUSE, STUDENT SUCCESS IN SCHOOL AND IN LIFE LED BY ITS FOUNDING PARTNERS, ORANGE COUNTY PUBLIC SCHOOLS, CHILDREN'S HOME SOCIETY OF CENTRAL FLORIDA AND THE UNIVERSITY OF CENTRAL FLORIDA, EVANS COMMUNITY SCHOOL UNITES THE MOST IMPORTANT INFLUENCES ON A CHILD'S LIFE-SCHOOL, FAMILY AND COMMUNITY TO CREATE A COMPREHENSIVE SUPPORT SYSTEM FOCUSED ON STUDENT ACHIEVEMENT AND WELL BEING FOCUSED ON THE EDUCATION AND SUCCESS OF THE STUDENTS, THE COMMUNITY SCHOOL EMPOWERS PARENTS TO TAKE CHARGE OF THEIR CHILDREN'S EDUCATION AND THEIR COMMUNITY RESULTING IN IMPROVED SAFETY, WELLNESS, WELL-BEING, ECONOMIC GROWTH, STRONGER FAMILY RELATIONSHIPS AND ENHANCED QUALITY OF LIFE FOR STUDENTS AND THEIR COMMUNITY SERVICES ARE OPEN TO THE ENTIRE SCHOOL POPULATION AND THEIR FAMILIES CLIENTS TO BE SERVED 2,365

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

(A) Name and Title	(B) Average hours per week	(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			
VICTORIA WEBER DIRECTOR	1 00	X						0	0	0
MARTY RUBIN DIRECTOR - 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 - VICE CHAIR	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
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
DAN DIGIACOMO DIRECTOR	1 00	X						0	0	0
LAURA KOLKMAN DIRECTOR	1 00	X						0	0	0
SEAN PITTMAN ESQ DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
JALAL SHEHADEH DIRECTOR	1 00	X						0	0	0
DAVID A BUNDY PRESIDENT	40 00			X				227,351	0	31,944
JAMES E PATRICK COO	40 00			X				187,489	0	29,699
ROBERT J WYDRA CFO	40 00			X				128,800	0	22,142
SHELLEY S KATZ OPERATIONS V P	40 00					X		148,790	0	19,000
JACQUELINE E GONZALEZ EXECUTIVE DIR II	40 00					X		124,565	0	12,315
ANDRY E SWEET OPERATIONS VP	40 00					X		125,309	0	19,316
JOAN P HUGHES ADMINISTRATION V P	40 00					X		126,953	0	14,016
ANTHONY SUDLER CHIEF PHILANTHROPY OFFICER	40 00					X		142,621	0	14,450