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PUBLIC DISCLOSURE COPY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

2015

Department of the Treasury
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

Employer identification number

THE CHILDREN'S HOME SOCIETY OF FLORIDA

59-0192430

Name and title of officer

DEBORAH ADKINS

CFO

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>120,172,753.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize RSM US LLP to enter my PIN 92430
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

59530529723

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

THE CHILDREN'S HOME SOCIETY OF FLORIDA
482 S KELLER RD, NO. 3RD FL
ORLANDO, FL 32810-6130

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



FORM 990

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 482 S KELLER RD 3RD FL City or town, state or province, country, and ZIP or foreign postal code ORLANDO, FL 32810-6130 F Name and address of principal officer: DEBORAH ADKINS SAME AS C ABOVE	D Employer identification number 59-0192430 E Telephone number 321-397-3000 G Gross receipts \$ 122,153,848. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CHSFL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1964		M State of legal domicile: FL

Part I Summary

1	Briefly describe the organization's mission or most significant activities: CHS HELPS TURN LIVES AROUND BY PROVIDING SHELTER, GROUP AND FOSTER HOMES, TRANSITIONAL AND	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 17
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5 2775
6	Total number of volunteers (estimate if necessary)	6 4071
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8	Contributions and grants (Part VIII, line 1h)	106,283,854. 106,977,328.
9	Program service revenue (Part VIII, line 2g)	8,495,522. 11,924,095.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	679,180. 541,596.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	955,099. 729,734.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,413,655. 120,172,753.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,542,689. 5,773,065.
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)	86,247,538. 92,408,924.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	629. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,710,927.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,705,968. 27,590,250.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	117,496,824. 125,772,239.
19	Revenue less expenses. Subtract line 18 from line 12	-1,083,169. -5,599,486.
20	Total assets (Part X, line 16)	94,656,877. 89,174,676.
21	Total liabilities (Part X, line 26)	39,258,798. 42,834,599.
22	Net assets or fund balances. Subtract line 21 from line 20	55,398,079. 46,340,077.

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 DEBORAH ADKINS, CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name THERESA A. BURDINE, CPA	Preparer's signature <i>Theresa A. Burdine</i>	Date 5-14-17	Check if self-employed <input type="checkbox"/>	PTIN P00362629
	Firm's name ▶ RSM US LLP				Firm's EIN ▶ 42-0714325
	Firm's address ▶ 7351 OFFICE PARK PL MELBOURNE, FL 32940				Phone no. 321-751-6200

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

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] 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 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 \$ 43,760,936. including grants of \$ 2,524,841.) (Revenue \$ 2,487,679.) 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: 14,245

4b (Code:) (Expenses \$ 16,316,799. including grants of \$ 397,857.) (Revenue \$ 6,175,519.) TARGETED CASE MANAGEMENT: CHILDREN WITH IDENTIFIED MENTAL HEALTH ISSUES, RECEIVE AN ARRAY OF SERVICES TO ADDRESS THEIR MENTAL HEALTH CONDITIONS. OUR CASE MANAGERS ENSURE ACCESS TO PROGRAMS AND TREATMENT TO IMPROVE OR MANAGE CHILDREN'S MENTAL HEALTH CONDITION WHILE STABILIZING THEIR FAMILY MEMBERS. WHILE THE MAJORITY OF THE CHILDREN SERVED LIVE WITH THEIR FAMILIES, SOME OF THOSE RECEIVING SERVICES ARE INVOLVED IN THE STATE DEPENDENCY SYSTEM. CHILDREN AND FAMILY MEMBERS SERVED: 2,209

4c (Code:) (Expenses \$ 8,493,470. including grants of \$ 788,117.) (Revenue \$ 900,839.) 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: 1,208 DAYS OF CARE: 223,927

4d Other program services (Describe in Schedule O.) (Expenses \$ 35,430,549. including grants of \$ 2,062,250.) (Revenue \$ 3,023,679.)

4e Total program service expenses 104,001,754.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
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>		X
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>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>		X
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>	X	
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>		X
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>		X
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>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
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 and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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>		X
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>	X	
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>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with numerical inputs like 345, 0, 2775.

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **NARRIA ROBOTHAM - 321-397-3000**
482 S KELLER RD, 3RD FLOOR, ORLANDO, FL 32810-6130

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VALERIE SEIDEL CHAIR	3.00	X		X				0.	0.	0.
(2) LAURA KOLKMAN VICE CHAIR	3.00	X		X				0.	0.	0.
(3) CHARLES L. CROMER IMMED. PAST CHAIR	3.00	X						0.	0.	0.
(4) RICHARD B. ADAMS JR. MEMBER	3.00	X						0.	0.	0.
(5) SAMUEL P. BELL III MEMBER	3.00	X						0.	0.	0.
(6) AARON BOSSHARDT MEMBER	3.00	X						0.	0.	0.
(7) JEFFREY GORDON MEMBER	3.00	X						0.	0.	0.
(8) FRANK GULISANO MEMBER	3.00	X						0.	0.	0.
(9) ERIC JACKSON MEMBER	3.00	X						0.	0.	0.
(10) TONY JENKINS MEMBER	3.00	X						0.	0.	0.
(11) CATE MERRILL MEMBER	3.00	X						0.	0.	0.
(12) JALAL SHEHADEH MEMBER	3.00	X						0.	0.	0.
(13) MARJORIE REITZ TURNBULL MEMBER	3.00	X						0.	0.	0.
(14) MIGUEL VIYELLA MEMBER	3.00	X						0.	0.	0.
(15) VICTORIA WEBER MEMBER	3.00	X						0.	0.	0.
(16) STEVEN WERNICK MEMBER	3.00	X						0.	0.	0.
(17) DEBORAH ADKINS CFO/TREASURER (AS OF 05/24/16)	40.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHAEL SHAVER PRESIDENT & CEO	40.00			X				264,123.	0.	14,186.
(19) SHELLEY KATZ SECRETARY & COO (THRU 7/16/16)	40.00			X				195,130.	0.	21,075.
(20) ROBERT J. WYDRA JR. TREASURER & CFO (THRU 3/5/16)	40.00			X				170,080.	0.	28,155.
(21) ANTHONY K. SUDLER CHIEF PHILANTROPY OFC. (THRU 7/8/16)	40.00				X			172,599.	0.	24,221.
(22) DEAN A. ARMITAGE VP & CHIEF INFORMATION OFF	40.00					X		151,153.	0.	25,163.
(23) ANDRY E. SWEET CHIEF STRATEGY OPFFICER	40.00					X		165,165.	0.	28,785.
(24) JOAN P. HUGHES ADMIN. V.P. (THRU 8/19/16)	40.00					X		139,265.	0.	18,821.
(25) STEPHEN F. BARDY VP OPERATIONS (THRU 5/14/16)	40.00					X		160,080.	0.	14,216.
(26) AMY L. THOMAS VP OPERATIONS	40.00					X		141,509.	0.	13,349.
1b Sub-total								1,559,104.	0.	187,971.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,559,104.	0.	187,971.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
PSYCHOTHERAPEUTIC ASSOCIATES INC 7710 SW 98TH COURT, MIAMI, FL 33173	MEDICAL SERVICES	153,442.
RSM US LLP 5155 PAYSHERE CIRCLE, CHICAGO, IL 60674	PROFESSIONAL FEES	138,163.
ANAGA PSYCHOTHERAPY CENTER INC., 5001 SW 74TH COURT, STE 104, MIAMI, FL 33155	MEDICAL SERVICES	110,841.

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 **12**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	1,694,742.				
	b Membership dues	1b					
	c Fundraising events	1c	1,872,829.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	96,099,872.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,309,885.				
	g Noncash contributions included in lines 1a-1f: \$		1,996,234.				
	h Total. Add lines 1a-1f		106,977,328.				
	Program Service Revenue	2 a MEDICARE/MEDICAID PAYMENTS	Business Code	624100	11,229,097.	11,229,097.	
b ADOPTIVE & OTHER SVC FEES			624100	694,998.	694,998.		
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				11,924,095.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			478,248.		478,248.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	583,563.				
		(ii) Personal					
		b Less: rental expenses	583,563.				
		c Rental income or (loss)	0.				
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	672,228.				
		(ii) Other	209,860.				
		b Less: cost or other basis and sales expenses	630,439.	188,301.			
		c Gain or (loss)	41,789.	21,559.			
	d Net gain or (loss)			63,348.		63,348.	
	8 a Gross income from fundraising events (not including \$ 1,872,829. of contributions reported on line 1c). See Part IV, line 18	a	610,617.				
		b Less: direct expenses	471,644.				
c Net income or (loss) from fundraising events				138,973.		138,973.	
9 a Gross income from gaming activities. See Part IV, line 19	a	34,288.					
	b Less: direct expenses	107,148.					
	c Net income or (loss) from gaming activities			-72,860.		-72,860.	
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	663,621.	663,621.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			663,621.				
12 Total revenue. See instructions.			120,172,753.	12,587,716.	0.	607,709.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,773,065.	5,773,065.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	893,345.		893,345.	
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	74,189,195.	64,503,214.	7,288,494.	2,397,487.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,849,560.	3,420,227.	299,422.	129,911.
9 Other employee benefits	6,998,012.	6,217,538.	544,312.	236,162.
10 Payroll taxes	6,478,812.	5,763,730.	525,325.	189,757.
11 Fees for services (non-employees):				
a Management				
b Legal	217,903.	114,676.	80,046.	23,181.
c Accounting	152,132.	80,063.	55,885.	16,184.
d Lobbying	70,415.	70,415.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	71,128.		71,128.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,741,316.	1,550,758.	862,851.	327,707.
12 Advertising and promotion				
13 Office expenses	2,836,954.	1,979,931.	669,745.	187,278.
14 Information technology				
15 Royalties				
16 Occupancy	4,894,678.	4,331,245.	418,969.	144,464.
17 Travel	5,332,595.	4,884,197.	344,043.	104,355.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	336,837.	191,757.	124,085.	20,995.
20 Interest	569,135.		569,065.	70.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,650,930.	652,707.	1,950,357.	47,866.
23 Insurance	1,094,578.	1,032,123.	46,632.	15,823.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	3,475,502.	984,691.	2,055,785.	435,026.
b CONTRIBUTED GOODS	2,004,898.	1,645,429.	3,399.	356,070.
c EQUIPMENT RENTAL	905,411.	666,623.	171,091.	67,697.
d MEMBERSHIP DUES	235,838.	139,365.	85,579.	10,894.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	125,772,239.	104,001,754.	17,059,558.	4,710,927.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	90,192.	1	96,772.	
	2 Savings and temporary cash investments	4,130,650.	2	4,238,021.	
	3 Pledges and grants receivable, net	16,021,484.	3	13,578,459.	
	4 Accounts receivable, net	672,839.	4	-16,667.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	2,041,260.	9	1,936,198.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 71,752,882.			
	b Less: accumulated depreciation	10b 36,873,025.	10c	34,879,857.	
	11 Investments - publicly traded securities	11,951,096.	11	11,891,646.	
	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	23,268,630.	15	22,570,390.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	94,656,877.	16	89,174,676.		
Liabilities	17 Accounts payable and accrued expenses	20,793,065.	17	25,385,994.	
	18 Grants payable		18		
	19 Deferred revenue	1,757,176.	19	1,158,300.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	16,419,610.	23	16,069,610.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	288,947.	25	220,695.	
	26 Total liabilities. Add lines 17 through 25	39,258,798.	26	42,834,599.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	32,642,003.	27	24,171,667.	
	28 Temporarily restricted net assets	13,328,463.	28	12,411,920.	
	29 Permanently restricted net assets	9,427,613.	29	9,756,490.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	55,398,079.	33	46,340,077.		
34 Total liabilities and net assets/fund balances	94,656,877.	34	89,174,676.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	120,172,753.
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,772,239.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,599,486.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,398,079.
5	Net unrealized gains (losses) on investments	5	-503,938.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,954,578.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	46,340,077.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2015)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	101,182,428.	99,038,652.	102,055,065.	106,283,854.	106,977,328.	515,537,327.
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	101,182,428.	99,038,652.	102,055,065.	106,283,854.	106,977,328.	515,537,327.
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.						515,537,327.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	101,182,428.	99,038,652.	102,055,065.	106,283,854.	106,977,328.	515,537,327.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	668,347.	773,411.	845,459.	1,074,043.	1,061,811.	4,423,071.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,665,592.	2,855,431.	2,125,594.	1,491,935.	1,308,526.	9,447,078.
11 Total support. Add lines 7 through 10						529,407,476.
12 Gross receipts from related activities, etc. (see instructions)					12	45,268,467.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	97.38 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	97.46 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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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)	209,714.													
c	Total lobbying expenditures (add lines 1a and 1b)	209,714.													
d	Other exempt purpose expenditures	125,562,524.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	125,772,238.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	217,978.	221,987.	212,138.	209,714.	861,817.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE C, PAGE 2, PART II

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

Part IV Supplemental Information (continued)

CHILDREN AND FAMILIES. THE TOTAL AMOUNT REPORTED IS FOR ALL LOBBYING EXPENSES.

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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" on 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 XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		4,827,402.		4,827,402.
b Buildings		41,330,997.	14,440,928.	26,890,069.
c Leasehold improvements		1,314,788.	1,102,608.	212,180.
d Equipment		13,214,773.	11,980,669.	1,234,104.
e Other		11,064,922.	9,348,820.	1,716,102.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				34,879,857.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) GOODWILL	401,980.
(2) BENEFICIAL INTEREST IN THE NET ASSETS OF THE CHS	
(3) FOUNDATION, INC.	22,168,410.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	22,570,390.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) HELD IN CUSTODY FOR OTHERS	220,695.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	220,695.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	121,607,776.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	336,016.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,162,355.
e	Add lines 2a through 2d	2e	1,498,371.
3	Subtract line 2e from line 1	3	120,109,405.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	63,348.
c	Add lines 4a and 4b	4c	63,348.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	120,172,753.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	127,249,051.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	336,016.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,162,355.
e	Add lines 2a through 2d	2e	1,498,371.
3	Subtract line 2e from line 1	3	125,750,680.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	21,559.
c	Add lines 4a and 4b	4c	21,559.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	125,772,239.

Part XIII Supplemental Information.

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

PART X, LINE 2:

FIN 48 STATEMENT: MANAGEMENT ASSESSED WHETHER THERE WERE ANY UNCERTAIN TAX POSITIONS WHICH MAY GIVE RISE TO INCOME TAX LIABILITIES AND DETERMINED THAT THERE WERE NO SUCH MATTERS REQUIRING RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS. CHS FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION. GENERALLY, CHS IS NO LONGER SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE JUNE 30, 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSE 578,792.

DIRECT RENTAL EXPENSE 583,563.

Part XIII Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D 1,162,355.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF FIXED ASSETS 21,559.

REALIZED GAIN ON SALE OF INVESTMENTS 41,789.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 63,348.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSE 578,792.

DIRECT EXPENSE OF RENTAL 583,563.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,162,355.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GAIN ON SALE OF FIXED ASSETS 21,559.

SCHEDULE D, PART IX, LINE 2

BENEFICIAL INTEREST IN THE NET ASSETS OF THE CHS FOUNDATION, INC. - TOTAL OF \$22,168,410 CONSISTS OF:

\$ 21,306,397 FOR CHS FOUNDATION

\$ 862,013 FOR COMMUNITY FOUNDATION OF TAMPA BAY, INC.

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ULTIMATE DINNER PARTY (event type)	AN EVENING OF HOPE GALA (event type)	30 (total number)		
1	Gross receipts	322,000.	271,877.	1,889,569.	2,483,446.	
2	Less: Contributions	300,600.	104,577.	1,467,652.	1,872,829.	
3	Gross income (line 1 minus line 2)	21,400.	167,300.	421,917.	610,617.	
Direct Expenses	4	Cash prizes		100.	100.	
	5	Noncash prizes		13,534.	16,385.	
	6	Rent/facility costs	19,803.	12,094.	58,628.	90,525.
	7	Food and beverages	1,906.	64,607.	129,940.	196,453.
	8	Entertainment		11,747.	15,061.	26,808.
	9	Other direct expenses	7,423.	5,000.	46,969.	59,392.
10	Direct expense summary. Add lines 4 through 9 in column (d)				389,663.	
11	Net income summary. Subtract line 10 from line 3, column (d)				220,954.	

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes			100.	100.
	3	Noncash prizes			48,640.	48,640.
	4	Rent/facility costs			48,258.	48,258.
	5	Other direct expenses			10,150.	10,150.
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 60.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				107,148.	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				<72,860.>	

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

a Is the organization licensed to conduct 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 conduct 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 conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DAYCARE	314.	60,479.	0.		
CLOTHING AND PERSONAL NEEDS	2,059.	215,911.	0.		
TRANSPORTATION	1,030.	52,601.	0.		
RECREATIONAL ACTIVITIES	5,458.	205,266.	0.		
LEGAL ASSISTANCE	47.	11,263.	0.		
OUTREACH ACTIVITIES	713.	34,560.	0.		
PROGRAM EDUCATIONAL SUPPLIES	493.	138,435.	0.		
OTHER ASSISTANCE ON BEHALF OF CLIENTS	2,399.	342,979.	0.		

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

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 on 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on 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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL SHAVER PRESIDENT & CEO	(i)	254,274.	0.	9,849.	7,868.	6,318.	278,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SHELLEY KATZ SECRETARY & COO (THRU 7/16/16)	(i)	184,920.	0.	10,210.	18,000.	3,075.	216,205.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROBERT J. WYDRA JR. TREASURER & CFO (THRU 3/5/16)	(i)	169,909.	0.	171.	17,982.	10,173.	198,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANTHONY K. SUDLER CHIEF PHILANTROPY OFC. (THRU 7/8/16)	(i)	162,480.	0.	10,119.	18,000.	6,221.	196,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DEAN A. ARMITAGE VP & CHIEF INFORMATION OFF	(i)	150,911.	0.	242.	15,089.	10,074.	176,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDRY E. SWEET CHIEF STRATEGY OFFICER	(i)	155,401.	0.	9,764.	17,498.	11,287.	193,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOAN P. HUGHES ADMIN. V.P. (THRU 8/19/16)	(i)	139,115.	0.	150.	17,880.	941.	158,086.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) STEPHEN F. BARDY VP OPERATIONS (THRU 5/14/16)	(i)	150,246.	0.	9,834.	13,000.	1,216.	174,296.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) AMY L. THOMAS VP OPERATIONS	(i)	133,821.	0.	7,688.	11,346.	2,003.	154,858.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Multiple horizontal lines for supplemental information.

Supplemental Information on Tax-Exempt Bonds

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

▶ **Attach to Form 990.** ▶ **Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.**

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

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A PALM BEACH COUNTY, FL	59-6000785	696547EZ7	04/01/08	16,680,000.	SEE SCHEDULE K, PART VI		X		X		X
B											
C											
D											

Part II Proceeds										
	A		B		C		D			
	Yes	No	Yes	No	Yes	No	Yes	No		
1 Amount of bonds retired	2,470,000.									
2 Amount of bonds legally defeased										
3 Total proceeds of issue										
4 Gross proceeds in reserve funds										
5 Capitalized interest from proceeds										
6 Proceeds in refunding escrows										
7 Issuance costs from proceeds										
8 Credit enhancement from proceeds										
9 Working capital expenditures from proceeds										
10 Capital expenditures from proceeds										
11 Other spent proceeds										
12 Other unspent proceeds										
13 Year of substantial completion										
14 Were the bonds issued as part of a current refunding issue?		X								
15 Were the bonds issued as part of an advance refunding issue?		X								
16 Has the final allocation of proceeds been made?	X									
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use										
	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 of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X							
b Name of provider	BANK OF NEW YORK MEL							
c Term of hedge	30.0000000							
d Was the hedge superintegrated?		X						
e Was the hedge terminated?		X						

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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 NAPLES CHILDCARE CENTERS;
 (B) TO REIMBURSE BANK OF AMERICA, N.A. FOR A PORTION OF LOAN ASSOCIATED WITH VERO BEACH PROJECT;
 (C) TO REPAY REGIONS BANK LOAN USED TO FINANCE A PORTION OF LOAN ASSOCIATED WITH VERO BEACH PROJECT;
 (D) TO FINANCE CONSTRUCTION OF THE BUCKNER INDEPENDENT LIVING FACILITY AND THE TREASURE COAST YOUTH TRANSITION CENTER.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,520,225.	FAIR MARKET VALUE
6 Cars and other vehicles	X	1	2,240.	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	1,774	282,548.	FAIR MARKET VALUE
26 Other ▶ (TOYS)	X	370	186,240.	FAIR MARKET VALUE
27 Other ▶ (MISCELLANEOUS)	X	13	4,981.	FAIR MARKET VALUE
28 Other ▶ ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

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

INDEPENDENT LIVING SERVICES, COUNSELING, ADOPTION, CASE MANAGEMENT AND
PREVENTION PROGRAMS FOR CHILDREN AT RISK OF ABUSE AND NEGLECT, AND
FAMILIES IN NEED OF SUPPORT.

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

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

CHILDREN AND PARENTS SERVED: 1,364

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

YOUTH REACHED: 379

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

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization THE CHILDREN'S HOME SOCIETY OF FLORIDA	Employer identification number 59-0192430
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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: 475 DAYS OF CARE: 19,601

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

YOUTH SERVED: 780

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

CHILDREN AND FAMILY MEMBERS SERVED: 1,690

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

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59-0192430

6) EARLY STEPS: FAMILIES WITH INFANTS OR TODDLERS WHO HAVE DISABILITIES OR DEVELOPMENT DELAYS GAIN HOPE AND SUPPORT FROM SERVICES THAT ENHANCE THEIR CHILD'S DEVELOPMENT. EVALUATION AND PLANNING LEAD TO INDIVIDUALIZED PROGRAMS THAT INCLUDE PHYSICAL AND SPEECH THERAPY, VISION AND HEARING SERVICES, NUTRITIONAL PLANS, NURSING AND MEDICAL SERVICES, ASSISTIVE TECHNOLOGY, FAMILY COUNSELING AND TRANSPORTATION. CHILDREN AND PARENTS SERVED: 1,601

7) HEALTHY CHILD DEVELOPMENT: OUR VOLUNTARY HOME-VISITING PROGRAMS, HEALTHY START AND HEALTHY FAMILIES, SUPPORT AND GUIDE EXPECTANT AND NEW MOTHERS, AS WELL AS FAMILIES WITH YOUNG CHILDREN. WE PROMOTE POSITIVE PARENTING SKILLS AND CHILD HEALTH AND DEVELOPMENT THROUGH EMOTIONAL SUPPORT, PARENTAL EDUCATION AND REFERRALS TO ADDITIONAL COMMUNITY RESOURCES. BY GROWING STRONG FAMILY RELATIONSHIPS AND PARENTING SKILLS, WE STRIVE TO PREVENT CHILD ABUSE AND NEGLECT. CHILDREN AND PARENTS SERVED: 8,159

8) HOME-BASED AND FAMILY-CENTERED SERVICES: OUR IN-HOME SERVICES HELP FAMILIES IN THEIR NATURAL ENVIRONMENT BY REINFORCING POSITIVE FAMILY VALUES, HELPING TO APPROPRIATELY RESOLVE FAMILY CONFLICTS AND IMPROVING COMMUNICATION BETWEEN FAMILY MEMBERS. BY STRENGTHENING PARENTING AND HOUSEHOLD MANAGEMENT SKILLS, OUR PROGRAMS CREATE STABLE, NURTURING FAMILIES THAT ARE BETTER INTEGRATED INTO THEIR COMMUNITIES. FURTHER WE EQUIP PARENTS WITH COPING TECHNIQUES TO HELP THEM MANAGE THE PRESSURE OF FAMILY LIFE. CHILDREN AND PARENTS SERVED: 311

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

Name of the organization

THE CHILDREN'S HOME SOCIETY OF FLORIDA

Employer identification number

59-0192430

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

CHILDREN, YOUTH AND PARENTS SERVED: 16,533

10) 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: 169

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

Name of the organization THE CHILDREN'S HOME SOCIETY OF FLORIDA	Employer identification number 59-0192430
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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: 3,985

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

INDIVIDUAL VOLUNTEERS: 4,071

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

ADOPTIONS AND SUPPORT: 2,518

14) 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

Name of the organization THE CHILDREN'S HOME SOCIETY OF FLORIDA	Employer identification number 59-0192430
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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 SERVED: 399

EXPENSES \$ 35,430,549. INCL GRANTS OF \$ 2,062,250. REVENUE \$ 3,023,679.

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.

Name of the organization THE CHILDREN'S HOME SOCIETY OF FLORIDA	Employer identification number 59-0192430
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FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S DIRECTOR OF COMPENSATION GATHERS ALL APPROPRIATE DATA AND PROVIDES THIS TO THE BOARD OF DIRECTORS FOR THEIR USE IN REVIEWING AND APPROVING COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D).

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON INTEREST RATE SWAP	-1,125,409.
RETIREMENT PLAN - CONTINGENT OBLIGATION	-2,313,970.
CHANGE IN BENEFICIAL INTEREST IN THE NET ASSETS OF CHS FOUNDATION, INC.	484,801.
TOTAL TO FORM 990, PART XI, LINE 9	-2,954,578.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

FORM 990, SCHEDULE G, PART III, LINE 9B

THE ORGANIZATION HELD RAFFLE GAMES WHICH WERE CONDUCTED WITHIN FLORIDA CODE. THE CASINO EVENTS HELD WAS NOT A REAL CASINO BUT A FUNNY MONEY GAME.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

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 (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CENTENNIAL HOLDINGS, LLC - 20-3043440 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	480,447.	7,628,091.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (TREASURE COAST), LLC - 20-3174241, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	58,319.	1,829,864.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (SOUTHWEST), LLC - 20-8659039, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	11,412.	375,968.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (NORTH CENTRAL), LLC - 20-5272140, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	236,577.	3,319,258.	THE CHILDREN'S HOME SOCIETY OF FLORIDA

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 entity?	
						Yes	No

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

Schedule R (Form 990) 2015

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CENTENNIAL HOLDINGS COLLIER CHILD CARE, LLC - 26-0843609, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	93,249.	1,436,772.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CHILDREN'S HOME EARLY LEARNING INITIATIVES, LLC - 26-0854969, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HEALTH CARE & SOCIAL ASSISTANCE (DAYCARE)	FLORIDA	558,476.	513,946.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
ECIL CAPITAL, LLC - 20-5272172 1485 S. SEMORAN BLVD. STE 1448 WINTER PARK, FL 32792	RENTAL & LEASING	FLORIDA	69,007.	215,271.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (BUCKNER), LLC - 27-1439340, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	151,874.	4,048,337.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (NORTH COASTAL), LLC - 27-1440010, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	35,998.	473,660.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (MID FLORIDA), LLC - 27-1440006, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	14,576.	330,915.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (BREVARD), LLC - 27-1439172, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	0.	0.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (CENTRAL FLORIDA), LLC - 27-1439606, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	35,737.	468,181.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (EMERALD COAST), LLC - 27-1439711, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	13,585.	251,817.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (GULF COAST), LLC - 27-1439869, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	54,560.	991,274.	THE CHILDREN'S HOME SOCIETY OF FLORIDA

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CENTENNIAL HOLDINGS (INTERCOASTAL), LLC - 27-1439865, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	43,905.	1,174,776.	THE CHILDREN'S HOME SOCIETY OF FLORIDA
CENTENNIAL HOLDINGS (SOUTHEASTERN), LLC - 27-1440100, 1485 S. SEMORAN BLVD. STE 1448, WINTER PARK, FL 32792	HOLDS REAL PROPERTY	FLORIDA	221,249.	4,261,988.	THE CHILDREN'S HOME SOCIETY OF FLORIDA

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. THE CHILDREN'S HOME SOCIETY OF FLORIDA	Employer identification number (EIN) or 59-0192430
	Number, street, and room or suite no. If a P.O. box, see instructions. 482 S KELLER RD, NO. 3RD FL	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ORLANDO, FL 32810-6130	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

NARRIA ROBOTHAM

• The books are in the care of **482 S KELLER RD, 3RD FLOOR - ORLANDO, FL 32810-6130**
Telephone No. **321-397-3000** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2017.

5 For calendar year _____, or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

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

7 State in detail why you need the extension
ADDITIONAL TIME & INFORMATION IS NEEDED TO COMPLETE AN ACCURATE RETURN

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

Signature and Verification must be completed for Part II only.

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

Signature Title Date

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