	Form	990-T	E	Exempt Organ	nization Bus			Tax Return)	OMB No 1545-0687		
		/	_	2018								
		ment of the Treesury Revenue Service		Open to Public Inspection for 501(c)(3) Organizations Only								
	A [Check box if address changed	(Emple	yer identification number oyees' trust, see ctions)								
	B Ex	empt under section] !	59-0192430							
		501(c)(3 DZ)		ited business activity code								
	\sqcap	408(e) 220(e)	Туре	Number, street, and room 482 SOUTH KELLER 1	(366 11	isouctions)						
		408A 530(a)		City or town, state or provi								
	C Bool	k value of all assets										
	- at er	nd of year 87,614,) trust	Other trust								
	H Ente	er the number of the	related									
	trad	le or business here	TRAN	NSPORTATION AND PAR	KING FRINGE DIS	ALLOW		ne, complete Parts I-V.		than one,		
	des	cribe the first in the b	lank spa	ace at the end of the previous	s sentence, complete Pa	rts I and	d II, complete a Sched	lule M for each addition	al trade	or		
	bus	iness, then complete	Parts III	-V.								
	1 Dur	ing the tax year, was	the corp	poration a subsidiary in an af	filiated group or a paren	ıt-subsı	diary controlled group	P [Ye	s X No		
				tifying number of the parent								
				DEBORAH ADKINS, CFO			Tele	phone number 🕨 3	21-39	7-3000		
				de or Business Inco	ome	,	(A) Income	(B) Expense:	8	(C) Net		
ļ	250	GROSS receipts or sale	:S						į			
		Less returns and allov										
12		Gost of mods sold (Schedule A, line 7)										
15		Gross p <u>rof</u> rt. Subtract										
Ш		Capital Gatta het income (attach Schedule D)										
Ö		Net gain tess) (Form 4797, Part II, line 17) (attach Form 4797)										
RECEIVED		Çapıtal l <mark>oss</mark> deduction										
		ncome (Oss) from a										
ł		Rent income (Schedu				6						
<u> </u>	 \$9₫	Unrelated debt-financ	ed incor	ne (Schedule E)		7						
		Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9										
				on 501(c)(7), (9), or (17) orç								
		Exploited exempt activ		, ,		10						
		Advertising income (S		•								
		Other income (See ins				12	• • • • • • • • • • • • • • • • • • • •	<u> </u>	-			
	13	Total. Combine lines	3 throu	gh 12 et Tokon Elecubero	. (0	13		0.				
	Par	Peductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)										
	14	·	icers, di	rectors, and trustees (Sched	lute K)				14			
	15	Salaries and wages		15								
	16	Repairs and maintenance										
	17	Bad debts		17								
	18	•	est (attach schedule) (see instructions)									
0	19	Taxes and licenses	(0		4 \				19			
2020	20		•	e instructions for limitation r	rules)		ايما		20			
	21	Depreciation (attach					21		-			
0	22		aimea or	n Schedule A and elsewhere	on return		22a		22b			
	23	Depletion							23			
EC	24	Contributions to defe		mpensation plans					24 25			
DE	25	Employee benefit programs										
Ω	26 27	Excess exempt expenses (Schedule I)								 		
叫	27	Excess readership costs (Schedule J)										
Ź	28	Other deductions (at							28 29	0.		
Ř	29	Total deductions. A		=	Ince deduction Cubtrees	t line or) from line 12		30	0.		
SCANNED	30			ncome before net operating loss arising in tax years begi					31	<u> </u>		
-0	31 32			ncome. Subtract line 31 fron		ıy ı, 20	no (ace manuchons)		32	0.		
				rwork Reduction Act Notice.			.		' 	Form 990-T (2018)		

Form 990-T	(2018)	THE CHILDREN'S HOME SOCIETY OF FLORIDA 59	-0192	430		F	Page 2				
Part III Total Unrelated Business Taxable Income											
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		83			0.				
34		ints paid for disallowed fringes		84							
35	Deduc	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	14444	35							
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	······								
-		33 and 34	- 0	36							
37		file deduction (Generally \$1,000, but see line 37 instructions for exceptions)		37		1,0	000.				
38		lated business taxable lacome. Subtract line 37 from line 36. If line 37 is greater than line 36,				<u> </u>					
-		the smaller of zero or line 36		da l			٥.				
Part I		Tex Computation									
39		nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	—	89			0.				
		Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from:									
40	Tax rate schedule or Schedule D (Form 1041)										
41		tex. See instructions		41	•						
		native minimum tax (trusts only)		42							
43	Teva	n Honcompliant Facility Income. See instructions		·							
44	Total	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	• • •	44			٥,				
Part V	/ 1	Tax and Payments									
		gn tax credit (corporations attach Form 1118; trusts attach Form 1116)									
ь	Other	credits (see instructions)									
-	Gener	ral business credit. Attach Form 3800		1 11							
4	Credit	t for prior year minimum tax (attach Form 8801 or 8827)		[]]							
-		credits. Add lines 45a through 45d		450							
48				46			0.				
47	Other	ract line 45e from line 44 taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ethach ech	octule)	47							
				48			0.				
49		tax. Add lines 46 and 47 (see instructions) net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.				
50 a	Down	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 ents: A 2017 overpayment credited to 2018 estimated tax payments 508 22									
	2010	celimented the payments	920.								
p		estimated tax payments 506 22 special separated with Form 6868 506 506									
-											
đ	Port	3" of Barrier 100; part of the more at our of (000 met about) ,									
•	DRCKT	up withholding (see instructions)									
	CIEUI	it for small employer health insurance premiums (attach Form 8941)		111							
9	Other	Form 4136 Other Total 50g									
	T-4-1	Porm 4130 10001 10001		- -		22.9	920.				
51		payments. Add lines 50a through 50g		52							
52 50		tue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53		_					
58		payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54		22 5	920.				
54		the amount of line 54 you want; Credited to 2019 estimated tax	<	0 65			920.				
Part \	71 S	Statements Regarding Certain Activities and Other Information (see instructions)		(1							
		y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Tv	'es	No				
5,8		a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			<u> </u>	-	1				
		EN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				- 1	1				
							x				
27	here	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	12		-	┪	×				
57		s, see instructions for other forms the organization may have to file.	,	•••• •••	· -	寸					
58		the amount of tax-exempt interest received or accrued during the tax year >\$				ı	1				
	Lbs	oter panelines of persons. I declare that I have examined this return, including ecoorganying achedules and statements, and to the best of m	y knowle	dge and beli	d, d is true,						
Sign	cor	rrect, and complete. Declaration of preparer fother than texpayer) is based on all information of which preparer has any knowledge.	_								
Here		CHIP PINANCIAL OPPICER			iscuss this rel hown below (r		· ·				
		Signature of officer Date // Title	,		X Yes	Ė	No				
		Print/Type preparer's name Preparey's signature Date Check	_	f PTIN							
Paid			_								
		TULIANA KREUL Juliana Und 7/10/2020 SETT- ETT	,,	P01	204534						
Prepa Use C			EIN 🕨	42	-071432	5					
-30 C	-i iiy	7351 OFFICE PARK PL.									
			na. 3	21-751-	6200						

Page 3

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Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of yea	r		6		
2 Purchases	Purchases 2				ıbtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs			7	line 2		7	l		
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes	No	
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		·	
5 Total. Add lines 1 through 4b	_ 5			the organization?				.,	
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)	
1. Description of property									
(1)						-			
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	than	of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	conne nd 2(b)	cted with the income in (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Officiated Det	ot-rinanceu	income (see	Instru	ctions)		3. Deductions directly con	nostad	with or allocable	
			2	. Gross income from		to debt-finance	ed pro	perty	
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	s
(1)									
(2)									
(3)				_					
(4)								-	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%		· · · ·	\Box		
(3)				%					
(4)		-	1	%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (I	
Totals				•	1	C			0.
Total dividends-received deductions in	ncluded in columi	n 8				•	$\overline{}$		0.

, j, ^

Schedule F - Interest, A	Annuities, Roya	alties, ar	nd Rents	From Co	ntrolle	d Organiza	tion	see in:	struction	ns)
			Exempt	Controlled O	rganızatı	ons				
1. Name of controlled organizat	ıden	Employer identification number				ments made includ		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)									o	
(2)			1				 			· · · ·
(3)			†				_			
(4)				-						
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated inc	ome (lose)	0 Total	of specified payr	nante	10. Part of colu	mn Q the	t is included	11 0	eductions directly connected
7. 10.2010 11001110	(see instruction		9. 10tal	made	liento	in the controll	ing orgai	nization's	wit	h income in column 10
(1)				•						
(2)										
(3)										
(4)										
						Add colun Enter here and line 8, c		a 1, Part I, A)		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals	_				<u> </u>			0.		0
Schedule G - Investme		Section	501(c)(7	'), (9), or (⁻	17) Org	anization				
(see insti	ription of income			2. Amount of	income	3. Deductio directly conne (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)		-			 -	(Bitabili bolios	-			(cor o plas cor 4)
(2)										
(3)				-						
(4)				 				<u> </u>		
				Enter here and o Part I, line 9, co	lumn (A)			•		Enter here and on page 1 Part I, line 9, column (B)
Totals Schedule I - Exploited	Evommt A etivit	v Incom	o Other	Thom Adv	0.	- Incomo				0
(see instru	•	y incom	e, Other	IIIaii Auv	ei tisiii	g income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction velated ss income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	that led	attribut	censes table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		1								
(2)		<u> </u>		<u> </u>						
(3)								1		
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I,), col (B)							Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisir	na Income (see		0.					·		0
Part I Income From I			•	solidated	Rasis					
			u oo	Jonauloa	D 45.5					
1. Name of periodical	2. Gross advertisin income	, I	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circule		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										<u> </u>
(2)]
(3)]
(4)					<u>+</u>					1
		\exists								
Totals (carry to Part II, line (5))	•	0.	() <u>.</u>						0
										Farm 990-T (2016

Form 990-T (2018) THE CHILDREN'S HOME SOCIETY OF FLORIDA [Part'li] Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)				-		
(3)						
(4)						
Totals from Part I	 0.	0.	9, 1			0
	 Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)