

**Filing Instructions**

**CHILDNET, INC.**

**Exempt Organization Tax Return**

**Taxable Year Ended June 30, 2005**

**Date Due:** February 15, 2006

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/05 shows no balance due. The return should be signed and dated on Page 6 by an officer representing the organization.

**Mail To:** Internal Revenue Service Center  
Ogden, UT 84201-0027

If a private delivery service is used, mail to:  
OSPC  
1973 N. Rulon White Blvd.  
Ogden, UT 84404

**Other:** Initial and date the copy of the return, and retain it for your records.

Form **990**

OMB No. 1545-0047

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

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

For the 2004 calendar year, or tax year beginning **7/01/04**, and ending **6/30/05**

- Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
**CHILDNET, INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1400 W. COMMERCIAL BLVD**

City or town, state or country, and ZIP + 4  
**FORT LAUDERDALE FL 33309**

**D** Employer identification no.  
**65-1149351**

**E** Telephone number

**F** Accounting method:  Cash  Accrual  Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included?  Yes  No (If "No," att. a list. See instr.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website: ▶ **N/A**

**J** Organization type (check only one) ▶  501(c)( **3** ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **62,998,340**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)

R e v e n u e	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>38,730</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>62,959,610</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>62,476,606</b> noncash \$ <b>521,734</b> )	<b>1d</b>		<b>62,998,340</b>	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			
	<b>5</b> Dividends and interest from securities	<b>5</b>			
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>			
<b>7</b> Other investment income (describe ▶ )	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	<b>8a</b>			
	(B) Other	<b>8b</b>	<b>52,962</b>		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8c</b>	<b>-52,962</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>	<b>SEE STMT 1</b>	<b>-52,962</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>				
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8c, 9c, 10c, and 11)	<b>12</b>		<b>62,945,378</b>		
E x p e n s e	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		<b>63,500,549</b>	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		<b>36,956</b>	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		<b>63,537,505</b>	
A s s e t s	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		<b>-592,127</b>	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		<b>1,196,665</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>			
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		<b>604,538</b>	

**TAXPAYER'S COPY  
 PREPARED BY  
 GOLDSTEIN, ZUGMAN  
 WEINSTEIN & POOLE, LLC  
 CERTIFIED PUBLIC ACCOUNTANTS  
 FORT LAUDERDALE, FLORIDA**

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)				
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc.	15,996,138	15,996,138		
26	Other salaries and wages	74,877	74,877		
27	Pension plan contributions	521,607	521,607		
28	Other employee benefits	1,378,170	1,378,170		
29	Payroll taxes	1,191,709	1,191,709		
30	Professional fundraising fees				
31	Accounting fees	57,000	57,000		
32	Legal fees	65,127	65,127		
33	Supplies	315,788	300,508	15,280	
34	Telephone	568,145	568,145		
35	Postage and shipping	86,450	86,450		
36	Occupancy	1,449,617	1,449,617		
37	Equipment rental and maintenance	127,164	126,820	344	
38	Printing and publications	25,404	25,404		
39	Travel	432,411	416,277	16,134	
40	Conferences, conventions, and meetings	110,897	106,510	4,387	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	334,551	334,092	459	
43a	Other expenses not covered above (itemize): a				
43b	<b>SEE STATEMENT 2</b>	40,802,450	40,802,098	352	
43c	c				
43d	d				
43e	e				
44	<b>Total functional expenses</b> (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	63,537,505	63,500,549	36,956	0

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See page 25 of the instructions.)

What is the organization's primary exempt purpose?

**SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a	<b>SEE STATEMENT 4</b>	(Grants and allocations \$ _____)	63,433,447
b	<b>SEE STATEMENT 5</b>	(Grants and allocations \$ _____)	67,102
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		63,500,549

**Part IV Balance Sheets** (See page 25 of the instructions.)

Note:		(A)		(B)
Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		Beginning of year		End of year
45	Cash-non-interest-bearing	3,157,996	45	269,798
46	Savings and temporary cash investments		46	
47a	Accounts receivable		47a	
b	Less: allowance for doubtful accounts		47b	47c
48a	Pledges receivable		48a	
b	Less: allowance for doubtful accounts		48b	48c
49	Grants receivable	2,827,755	49	2,989,706
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)		51a	
b	Less: allowance for doubtful accounts		51b	51c
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	359,460	53	406,424
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment: basis		55a	
b	Less: accumulated depreciation (attach schedule)		55b	55c
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	1,958,211	57a	
b	Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 6</b>	529,821	57b	57c
58	Other assets (describe <b>SEE STATEMENT 7</b> )	1,449,899	58	1,428,390
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	7,795,110	59	5,570,387
60	Accounts payable and accrued expenses	5,754,231	60	3,013,474
61	Grants payable		61	
62	Deferred revenue		62	19,795
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe <b>SEE STATEMENT 8</b> )	844,214	65	1,932,580
66	<b>Total liabilities</b> (add lines 60 through 65)	6,598,445	66	4,965,849
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>				
67	Unrestricted	-251,395	67	-822,472
68	Temporarily restricted	1,448,060	68	1,427,010
69	Permanently restricted		69	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,196,665	73	604,538
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	7,795,110	74	5,570,387

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
Total revenue, gains, and other support per audited financial statements	a 62,998,340	a Total expenses and losses per audited financial statements	a 63,590,467
b Amounts included on line a but not on line 12, Form 990:		b Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):		(4) Other (specify):	
..... \$		..... \$	
Add amounts on lines (1) through (4)	b	Add amounts on lines (1) through (4)	b
c Line a minus line b	c 62,998,340	c Line a minus line b	c 63,590,467
d Amounts included on line 12, Form 990 but not on line a:		d Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):		(2) Other (specify):	
..... <b>SEE STMT 9</b>		..... <b>SEE STMT 10</b>	
..... \$ -52,962		..... \$ -52,962	
Add amounts on lines (1) and (2)	d -52,962	Add amounts on lines (1) and (2)	d -52,962
Total revenue per line 12, Form 990 (line c plus line d)	e 62,945,378	e Total expenses per line 17, Form 990 (line c plus line d)	e 63,537,505

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contrib. to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 11				

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  Yes  No  
 If "Yes," attach schedule-see page 28 of the instructions.

**Part VI Other Information** (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <b>BROWARD CARES FOR KIDS FOUND. INC.</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	N/A
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <b>NONE</b>		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	273
	The books are in care of <b>CHILDNET, INC.</b>		Telephone no. <b>954-202-3800</b>
	Located at <b>FORT LAUDERDALE, FL</b>		ZIP + 4 <b>33309</b>
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-52,962
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	-52,962
105 Total (add line 104, columns (B), (D), and (E))					-52,962

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

Signature of officer: *[Signature]* Date: 12/31/06

Type or print name and title: CFO

Preparer's signature: *[Signature]* Date: 1/10/06

Check if self-employed:

Preparer's SSN or PTIN (See Gen. Instr. W): P00028676

Firm's name (or yours if self-employed), address, and ZIP + 4: GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE, LLC  
4875 N FEDERAL HWY, 4TH FLOOR  
FT. LAUDERDALE, FL 33308-4610

EIN: 20-0453834

Phone no.: 954-351-9000

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2004**

**Supplementary Information-(See separate instructions.)**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

CHILDNET, INC.

65-1149351

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. ben. plans & deferred comp.	(e) Expense account and other allowances
SYLVIA SMITH-TORRES 1400 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309	VP CLIENT SUPPORT SV 40	74,827	11,618	0
NEIKO SHEA 1400 W COMMERCIAL FORT LAUDERDALE FL 33309	DIR SERVICE ACCORD 40	68,158	12,380	0
MONICA PORRATTA 1400 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309	VP CLIENT MGMT SVC 40	73,240	4,239	0
LILA CAVASOS 1400 W COMMERCIAL FORT LAUDERDALE FL 33309	DIR. CONTRACTS/LICEN 40	69,274	6,328	0
JOSE CARMONA 1400 W COMMERCIAL BLVD FORT LAUDERDALE FL 33309	IT DIRECTOR 40	69,274	4,406	0
Total number of other employees paid over \$50,000 ▶	20			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
GOLDSTEIN, ZUGMAN, WEINSTEIN & POOLE 4875 N. FEDERAL HWY, 4TH FL FORT LAUDERDALE FL 33308		57,000
Total number of others receiving over \$50,000 for professional services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2004



**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE STATEMENT 12</b>	X	
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

- 3 organization is not a private foundation because it is: (Please check only **ONE** applicable box.)
- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
  - 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
  - 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
  - 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
  - 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
  - 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
  - 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
  - 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
  - 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	48,328,918	3,708,345	31,876		52,069,139
<b>16</b> Membership fees received					0
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					0
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
<b>23</b> Total of lines 15 through 22	48,328,918	3,708,345	31,876		52,069,139
<b>24</b> Line 23 minus line 17	48,328,918	3,708,345	31,876		52,069,139
Enter 1% of line 23	483,289	37,083	319		

<b>Organizations described on lines 10 or 11:</b>	a	Enter 2% of amount in column (e), line 24	26a	1,041,383
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts			26b	
<b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)			26c	52,069,139
<b>d</b> Add: Amounts from column (e) for lines:	18	19	26d	
	22	26b	26e	52,069,139
<b>e</b> Public support (line 26c minus line 26d total)			26f	100.0000%
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))				

**27 Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:

(2003)	(2002)	(2001)	(2000)	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:				N/A
(2003)	(2002)	(2001)	(2000)	
<b>c</b> Add: Amounts from column (e) for lines:	15	16	27c	
	17	20	27d	
		21	27e	
<b>d</b> Add: Line 27a total.		and line 27b total	27f	
<b>e</b> Public support (line 27c total minus line 27d total)			27g	%
<b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)			27h	%
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))				
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)

Table with 4 columns: Question, N/A, Yes, No. Rows include questions 29, 30, 31, 32 (a-d), 33 (a-h), 34a, 34b, and 35.

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	<b>If the amount on line 40 is-</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is-</b>		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots nontaxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence 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 c through h.)
  - c Media advertisements
  - d Mailings to members, legislators, or the public
  - e Publications, or published or broadcast statements
  - f Grants to other organizations for lobbying purposes
  - g Direct contact with legislators, their staffs, government officials, or a legislative body
  - h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule A (Form 990 or 990-EZ) 2004

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Summary table with columns Yes, No and rows 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), c. All 'No' boxes are checked (X).

Main table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X) (checked)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

**Federal Statements**

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
SCRAPPED IMPROVEMENTS			VARIOUS	VARIOUS	\$	\$ 52,962	\$	\$ -52,962
PURCHASE					\$	\$ 52,962	\$	\$ -52,962
TOTAL					\$ 0	\$ 52,962	\$ 0	\$ -52,962

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
WORKERS' COMPENSATION	136,077	136,077		
EMPLOYEE TRAINING/RECRUITMENT	102,603	102,251	352	
INSURANCE	523,704	523,704		
CONTRACT SERVICES	39,754,754	39,754,754		
DATA COMMUNICATIONS	43,566	43,566		
OTHER PROFESSIONAL FEES	31,980	31,980		
DUES & SUBSCRIPTIONS	72,140	72,140		
JANITORIAL/MAINTENANCE	118,725	118,725		
EMPLOYEE ASSISTANCE PLAN	18,901	18,901		
TOTAL	<u>\$40,802,450</u>	<u>\$40,802,098</u>	<u>\$ 352</u>	<u>\$ 0</u>

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

THE DELIVERY OF COMMUNITY BASED CHILD PROTECTION SERVICES AND THE MANAGEMENT OF THE FOSTER CARE SYSTEM IN BROWARD COUNTY.

**Statement 4 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**

CHILDNET USES THESE FUNDS TO DELIVER A FULL RANGE OF CHILD PROTECTION SERVICES IN BROWARD COUNTY. AMONG OTHERS, SPECIFIC SERVICES INCLUDE CASE MANAGEMENT, SHELTER AND FOSTER CARE, INTERVENTION SERVICES AIMED AT PREVENTING REMOVAL OF CHILDREN FROM THEIR HOMES, RECRUITMENT OF ADOPTIVE PARENTS, AND DISBURSEMENT OF ADOPTION SUBSIDIES. CHILDNET THROUGH ITS SUB-CONTRACTORS PROVIDED SERVICES THAT LINKED FAMILIES TO BEHAVIORAL HEALTH SERVICES AND RESOURCES FOLLOWING CHILD ABUSE INVESTIGATIONS WHICH DID NOT LEAD TO CHILDREN ENTERING THE DEPENDENCY SYSTEM. THE AIM OF THESE SERVICES IS TO AVERT A FUTURE REMOVAL OF THE CHILDREN IN QUESTION. CHILDNET PROVIDED SERVICES THAT INCLUDED FOSTER PARENT RECRUITMENT, TRAINING, AND ONGOING SUPPORTIVE SERVICES. CHILDNET RECRUITED TWENTY-FIVE NEW FOSTER HOMES DEDICATED TO SERVING TEENS AND MAINTAINED STABLE PLACEMENTS FOR THIRTY TEENAGED YOUTH.

**Statement 5 - Form 990, Part III, Line b - Statement of Program Service Accomplishments**

CHILDNET ENTERED INTO A CONTRACT WITH CHILDREN'S SERVICES COUNCIL FOR THE FISCAL YEAR ENDING JUNE 30, 2005. THE CONTRACT WAS TO PROVIDE FAMILIES WITH THE ABILITY TO DEVELOP AND ACQUIRE RESOURCES NEEDED TO REDUCE RISK FACTORS RELATED TO CHILD ABUSE AND NEGLECT AND TO PROVIDE SUPPORT FOR PARTICIPANTS TO SUSTAIN HEALTHY FAMILIES.

**Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$ 1,645,169	\$ 195,270	\$ 1,958,211	\$ 529,821
TOTAL	\$ 1,645,169	\$ 195,270	\$ 1,958,211	\$ 529,821

**Statement 7 - Form 990, Part IV, Line 58 - Other Assets**

Description	Beginning of Year	End of Year
FUNDS DUE TO CLIENTS-SOCIAL SECURITY DUE FROM BROWARD CARES FOR KIDS FOUNDATION, INC.	\$	\$ 475,328
		741
TOTAL	\$ 0	\$ 476,069

**Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities**

Description	Beginning of Year	End of Year
ACCRUED SALARIES AND ANNUAL LEAVE	\$ 844,214	\$ 1,457,252
FUNDS DUE TO CLIENTS-SOCIAL SECURITY		475,328
TOTAL	\$ 844,214	\$ 1,932,580

**Statement 9 - Form 990, Part IV-A - Other Revenue Included on Return**

Description	Amount
LOSS ON DISPOSAL OF ASSETS	\$ -52,962
TOTAL	\$ -52,962

**Statement 10 - Form 990, Part IV-B - Other Expenses Included on Return**

Description	Amount
LOSS ON DISPOSAL OF ASSETS	\$ -52,962
TOTAL	\$ -52,962



# Federal Statements

## Statement 11 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
PETER BALITSARIS	1400 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	1400 W. COMMERCIAL BLVD. PRESIDENT/CE	40	125,000	14,265	0	
PETER GREENHOUGH	1400 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	1400 W. COMMERCIAL BLVD. VP FIN & ADM	40	101,500	10,070	0	
LARRY REIN	1400 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	1400 W. COMMERCIAL BLVD. VP NETWORK D	40	106,575	15,526	0	
BARBARA MOSS	1400 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	1400 W. COMMERCIAL BLVD. C.O.O.	40	101,500	7,486	0	
ROBERT ISRAEL	1400 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	1400 W. COMMERCIAL BLVD. VP CLIENT SE	40	111,904	12,775	0	
DERRICK ROBERTS	1400 W. COMMERCIAL BLVD. FORT LAUDERDALE FL 33309	1400 W. COMMERCIAL BLVD. GEN. COUNSEL	40	89,526	10,041	0	
VIRGINA MILLER	614 S. FEDERAL HIGHWAY FORT LAUDERDALE FL 33301	614 S. FEDERAL HIGHWAY CHAIRMAN		0	0	0	
SHANE STRUM	555 S. ANDREWS AVENUE FORT LAUDERDALE FL 33069	555 S. ANDREWS AVENUE VICE CHAIRMA		0	0	0	
HOWARD BAKALAR, ESQ	840 S.W. 81ST AVENUE NORTH LAUDERDALE FL 33068	840 S.W. 81ST AVENUE SECRETARY		0	0	0	
BARBARA WEINSTEIN	840 S.W. 81ST AVENUE NORTH LAUDERDALE FL 33068	840 S.W. 81ST AVENUE BOARD MEMBER		0	0	0	
EMILIO BENITEZ, ESQ	600 S. ANDREWS AVENUE FORT LAUDERDALE FL 33301	600 S. ANDREWS AVENUE BOARD MEMBER		0	0	0	
MARIA SAN JUAN	100 S.E. 3RD AVENUE FORT LAUDERDALE FL 33394	100 S.E. 3RD AVENUE BOARD MEMBER		0	0	0	
LESLIE TWORGER	1427 PONCE DE LEON DRIVE FORT LAUDERDALE FL 33316	1427 PONCE DE LEON DRIVE BOARD MEMBER		0	0	0	
VIRLEE STEPELTON	5110 N. FEDERAL HIGHWAY FORT LAUDERDALE FL 33308	5110 N. FEDERAL HIGHWAY BOARD MEMBER		0	0	0	
SANDRA HARRIS	115 S. ANDREWS AVENUE FORT LAUDERDALE FL 33301	115 S. ANDREWS AVENUE BOARD MEMBER		0	0	0	
S. BRITT SIKES	2100 SW 71ST. TERRACE DAVIE FL 33317	2100 SW 71ST. TERRACE BOARD MEMBER		0	0	0	
JIM MCKINLEY	545 N. ANDREWS AVE FORT LAUDERDALE FL 33301	545 N. ANDREWS AVE TREASURER		0	0	0	
JOHN HART	2925 MEADOW LANE WESTON FL 33331	2925 MEADOW LANE BOARD MEMBER		0	0	0	

### Federal Statements

#### Statement 11 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	Address	City, State, Zip	Title	Average Hours	Compensation	Benefits	Expenses
JOEY EPSTEIN		100 NE 3RD AVE. FORT LAUDERDALE FL 33301	BOARD MEMBER		0	0	0
LEONARD K. SAMUELS		350 EAST LAS OLAS BLVD. FORT LAUDERDALE FL 33301	BOARD MEMBER		0	0	0

Statement 12 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp

SEE PART V, FORM 990

Form **8868**  
(Rev. December 2004)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

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

Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>CHILDNET, INC.</b>	Employer identification number <b>65-1149351</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1400 W. COMMERCIAL BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>FORT LAUDERDALE FL 33309</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

The books are in the care of ▶ \_\_\_\_\_

Telephone No. ▶ \_\_\_\_\_ 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 will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **2/15/06** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **7/01/04**, and ending **6/30/05**

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

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

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.