

BERENFELD SPRITZER SHECHTER & SHEER LLP
401 EAST LAS OLAS BOULEVARD, SUITE 1090
FT. LAUDERDALE, FL 33301
TELEPHONE (954) 728-3740 FAX (954) 728-3798

MAY 7, 2010

CHILDNET, INC.
313 NORTH STATE ROAD 7
PLANTATION, FL 33317
ATTENTION: EMILIO BENITEZ

DEAR EMILIO:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2008 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2008 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

BERENFELD SPRITZER SHECHTER & SHEER LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	CHILDNET, INC. 313 NORTH STATE ROAD 7 PLANTATION, FL 33317
Prepared by	BERENFELD SPRITZER SHECHTER & SHEER LLP 401 EAST LAS OLAS BOULEVARD, SUITE 1090 FT. LAUDERDALE, FL 33301
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 17, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CHILDNET, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 313 NORTH STATE ROAD 7 City or town, state or country, and ZIP + 4 PLANTATION, FL 33317	D Employer identification number 65-1149351
		E Telephone number (954) 414-6000	G Gross receipts \$ 65,491,941.
		F Name and address of principal officer: DIPAK PAREKH SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.CHILDNET.US	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001 M State of legal domicile: FL	


Part I Summary


	1	Briefly describe the organization's mission or most significant activities: CHILDNET IS AN ORGANIZATION DEVOTED TO THE DEVELOPMENT OF COMMUNITY-BASED SERVICES AND SUPPORT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3 9	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9	
	5	Total number of employees (Part V, line 2a)	5 489	
	6	Total number of volunteers (estimate if necessary)	6 0	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a 0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	67,335,167. 65,491,941.
9		Program service revenue (Part VIII, line 2g)		
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<53,317.> <79,807.>	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,281,850. 65,412,134.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,100,475.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,540,152. 19,524,921.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	45,636,644. 18,457,985.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,176,796. 65,083,381.	
	19	Revenue less expenses. Subtract line 18 from line 12	105,054. 328,753.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 4,503,160. End of Year 7,285,901.	
	21	Total liabilities (Part X, line 26)	4,732,876. 7,186,864.	
	22	Net assets or fund balances. Subtract line 21 from line 20	<229,716.> 99,037.	

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  Date **5/13/10**
DIPAK PAREKH, CFO
 Type or print name and title

Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4	05/11/10		P00348240
BERENFELD SPRITZER SHECHTER & SHEER LLP		EIN ▶ 65-0145922		
401 EAST LAS OLAS BOULEVARD, SUITE 1090		Phone no. ▶ (954) 728-3740		
FT. LAUDERDALE, FL 33301				

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CHILDNET, INC.	Employer identification number 65-1149351
	Number, street, and room or suite no. If a P.O. box, see instructions. 313 NORTH STATE ROAD 7	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PLANTATION, FL 33317	

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

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

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

THE ORGANIZATION

- The books are in the care of **▶ 313 NORTH STATE ROAD 7 - PLANTATION, FL 33317**
 Telephone No. **▶ 954-414-6000** FAX No. **▶ 954-414-6019**
- 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, 2010**
- 5 For calendar year _____, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension

ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. 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.	8c	\$ N/A

Signature and Verification

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

Signature **▶ [Signature]** Title **▶ PRESIDENT/CEO** Date **▶ 2/8/10**

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: CHILDNET'S MISSION IS TO PROTECT BROWARD COUNTY'S ABUSED, ABANDONED AND NEGLECTED CHILDREN, TO ENSURE THEIR SAFETY AND TO PROMPTLY PROVIDE THEM WITH A PERMANENT, LOVING HOME.

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 64,716,322. including grants of \$ 64,901,317.) (Revenue \$ 590,624.) COMMUNITY BASED CARE - TO DELIVER A FULL RANGE OF CHILD PROTECTION SERVICES IN BROWARD COUNTY, INCLUDING CASE MANAGEMENT, SHELTER AND FOSTER CARE, INTERVENTION SERVICES, RECRUITMENT OF ADOPTIVE PARENTS, AND DISBURSEMNT OF ADOPTION SUBSIDIES. SERVED 4,375 CHILDREN FOR CASE MANAGEMENT, SERVED 3,099 CHILDREN FOR FOSTER CARE, SERVED 204 CHILDREN FOR INTERVENTION, FINALIZED 235 ADOPTIONS.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 64,716,322. (Must equal Part IX, Line 25, column (B).)

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 Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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; 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as 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 U.S.?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 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 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, questions 3, 4, or 5? <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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a	20	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a	489	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter: N/A		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter: N/A		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?	X	
9b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	a The organization's CEO, Executive Director, or top management official?	X	
15b	b Other officers or key employees of the organization?	X	
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
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **CHILDNET, INC - 954-414-6000**
313 NORTH STATE ROAD 7, PLANTATION, FL 33317

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SAMUEL AMBROSE CHAIRMAN	2.00	X		X				0.	0.	0.
DAVID ZWICK VICE-CHAIRMAN	2.00	X		X				0.	0.	0.
JOEY EPSTEIN TREASURER	2.00	X		X				0.	0.	0.
JEFFREY DWYER DIRECTOR	2.00	X						0.	0.	0.
CANDICE ERICKS DIRECTOR	2.00	X						0.	0.	0.
ROBERT HAEFFNER DIRECTOR	2.00	X						0.	0.	0.
SANDRA HARRIS DIRECTOR	2.00	X						0.	0.	0.
JOE ROGERS DIRECTOR	2.00	X						0.	0.	0.
SIGRID MCCAWLEY DIRECTOR	2.00	X						0.	0.	0.
DIPAK PAREKH CHIEF FINANCIAL OFFICER	40.00			X	X			125,000.	0.	9,269.
DONALD C. PURCE CHIEF OPERATING OFFIER	40.00			X	X			119,423.	0.	986.
SILVIA SMITH-TORRES VICE PRESIDENT OF CLIENT	40.00			X	X			108,000.	0.	6,480.
LARRY REIN VP OF NETWORK DEVELOPMEN	40.00			X	X			128,450.	0.	20,500.
DERRICK ROBERTS GENERAL COUNSEL	40.00			X				98,346.	0.	5,901.
EMILIO BENITEZ PRESIDENT/CEO	40.00			X	X			175,000.	0.	20,500.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total							754,219.	0.	63,636.	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 64901317.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 590,624.				
	g Noncash contributions included in lines 1a-1f: \$	307,401.				
	h Total. Add lines 1a-1f	65491941.				
	Program Service Revenue	2 a	Business Code			
		b				
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		79,807.		
		c Gain or (loss)		<79,807.>		
	d Net gain or (loss)		<79,807.>	<79,807.>		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		65412134.	<79,807.>	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	21,658,597.	21,658,597.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,441,878.	5,441,878.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	754,219.	754,219.		
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	15,682,369.	15,682,369.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	516,038.	514,859.	1,179.	
9 Other employee benefits	1,308,143.	1,305,452.	2,691.	
10 Payroll taxes	1,264,152.	1,262,293.	1,859.	
11 Fees for services (non-employees):				
a Management				
b Legal	139,000.	139,000.		
c Accounting	73,625.	73,625.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	143,531.	135,345.	8,186.	
12 Advertising and promotion				
13 Office expenses	315,609.	313,114.	2,495.	
14 Information technology				
15 Royalties				
16 Occupancy	1,756,814.	1,751,739.	5,075.	
17 Travel	488,178.	488,178.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	38,696.	38,696.		
20 Interest				
21 Payments to affiliates	48,623.	48,623.		
22 Depreciation, depletion, and amortization	366,095.	355,907.	10,188.	
23 Insurance	399,715.	399,359.	356.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONTRACT SERVICES	12,911,035.	12,874,040.	36,995.	
b EQUIPMENT AND LEASES	370,677.	363,183.	7,494.	
c TELEPHONE	292,739.	292,739.		
d DONATIONS	287,275.		287,275.	
e MAINTENANCE AND FUEL	203,614.	200,348.	3,266.	
f All other expenses	622,759.	622,759.		
25 Total functional expenses. Add lines 1 through 24f	65,083,381.	64,716,322.	367,059.	0.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,316,255.	1	4,930,110.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	27,270.	4	30,966.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	674,274.	9	703,522.
	10a	Land, buildings, and equipment: cost basis ...	10a 2,304,188.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,302,703.	10c	1,001,485.
	11	Investments - publicly traded securities		11	
	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	643,670.	15	619,818.
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,503,160.	16	7,285,901.	
Liabilities	17	Accounts payable and accrued expenses	4,127,052.	17	4,612,657.
	18	Grants payable		18	
	19	Deferred revenue		19	1,984,021.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	16,856.	23	19,933.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	588,968.	25	570,253.
	26	Total liabilities. Add lines 17 through 25	4,732,876.	26	7,186,864.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	<1,023,895.>	27	<847,253.>
	28	Temporarily restricted net assets	794,179.	28	946,290.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	<229,716.>	33	99,037.
34	Total liabilities and net assets/fund balances	4,503,160.	34	7,285,901.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to lines 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	
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?	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

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

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the organizations the organization supports.

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

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

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	62998340.	64716280.	65823542.	67335167.	65491941.	326365270
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 - 3	62998340.	64716280.	65823542.	67335167.	65491941.	326365270
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.						326365270

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	62998340.	64716280.	65823542.	67335167.	65491941.	326365270
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						326365270
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2008 (line 6, column (f) divided by line 11, column (f))	14	100.00 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	100.00 %
16a 33 1/3% support test - 2008. 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 - 2007. 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 - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2008

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

CHILDNET, INC.

65-1149351

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES 1400 WEST COMMERCIAL BLVD. SUITE 200 FORT LAUDERDALE, FL 33309	\$ 64,901,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space
- 2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the 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 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| 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? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		85,113.	29,919.	55,194.
d Equipment		2,219,075.	1,272,784.	946,291.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,001,485.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
FUNDS FOR CLIENTS-SSA BENEFITS	570,253.
DEFERRED LEASE	5,600.
OTHER RECEIVABLES	43,965.
Total. (Column (b) should equal Form 990, Part X, col (B) line 15.) ▶	619,818.

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

(a) Description of liability	(b) Amount
Federal income taxes	
FUNDS DUE TO CLIENTS-SOCIAL SECURITY	570,253.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	570,253.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	65,412,134.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	65,083,381.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	328,753.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	19,545.
9	Total adjustments (net). Add lines 4-8	9	19,545.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	348,298.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	65,504,835.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	12,894.
e	Add lines 2a through 2d	2e	12,894.
3	Subtract line 2e from line 1	3	65,491,941.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	<79,807.>
c	Add lines 4a and 4b	4c	<79,807.>
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	65,412,134.

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

1	Total expenses and losses per audited financial statements	1	65,156,537.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	121,779.
e	Add lines 2a through 2d	2e	121,779.
3	Subtract line 2e from line 1	3	65,034,758.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	48,623.
c	Add lines 4a and 4b	4c	48,623.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	65,083,381.

Part XIV Supplemental Information

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

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET INCOME FROM BROWARD CARES FOR KIDS FOUNDATION, AN AFFILIATE

OF CHILDNET

THAT IS BEING REPORTED ON THE AFFILIATE'S RETURN

"CHILDNET, INC" AND ITS AFFILIATE "BROWARD CARES FOR KIDS FOUNDATION, INC"

FILE SEPARATE TAX RETURNS BUT ARE CONSOLIDATED FOR FINANCIAL STATEMENT

PURPOSES.

Part XIV Supplemental Information (continued)

LINE 2D, PART XII IN THE AMOUNT OF \$12,894 REPRESENTS REVENUES OF \$61,517 FOR THE AFFILIATE THAT ARE BEING REPORTED ON THE AFFILIATE'S RETURN, LESS \$48,623 OF RENTAL INCOME THAT WAS ELIMINATED DURING THE CONSOLIDATION.

LINE 4B, PART XII REPRESENTS THE LOSS OF \$79,807 ON THE DISPOSAL OF ASSETS THAT IS INCLUDED ON THE STATEMENT OF REVENUE IN PART VIII, BUT THAT WAS DEDUCTED AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS.

LINE 2D, PART XIII IN THE AMOUNT OF \$121,779, REPRESENTS EXPENSES OF \$41,972 FOR THE AFFILIATE THAT ARE DEDUCTED ON THE AFFILIATE'S RETURN, AND THE LOSS OF \$79,807 FROM THE DISPOSAL OF ASSETS THAT WAS DEDUCTED AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS BUT INCLUDED AS A LOSS ON THE STATEMENT OF REVENUES FOR PURPOSE OF THE TAX RETURN.

LINE 4D, PART XIII IN THE AMOUNT OF \$ 48,623 RELATES TO RENTAL EXPENSE PAID FROM CHILDNET TO THE AFFILIATE THAT WAS ELIMINATED DURING CONSOLIDATION.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047
2008

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

Open to Public
Inspection

Name of the organization: **CHILDNET, INC.** Employer identification number: **65-1149351**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4 KIDS OF SOUTH FLORIDA 827 SOUTH STATE RD 7 # B NORTH LAUDERDALE, FL 33068	61-1416525	501(C)3	795,618.	0.			FOSTER HOME MANAGEMENT AND CHILDCARE
4 KIDS SPIRIT OF SUCCESS 827 SOUTH STATE RD 7 # B NORTH LAUDERDALE, FL 33068	61-1416525	501(C)3	168,307.	0.			FOSTER HOME-MANAGEMENT AND CHILDCARE
AGENCY FOR COMMUNITY TREATMENT 4612 N. 56TH STREET TAMPA, FL 33610	59-1860626	501(C)3	865,535.	0.			RESIDENTIAL GROUP CARE AND EMERGENCY TEEN RESPIRE
ALTERNATE FAMILY CARE 10001 OAKLAND PARK BLVD # 200 SUNRISE, FL 33351	59-2708404		343,956.	0.			RESIDENTIAL FAMILY CARE
ANGEL'S SAFE HAVEN 2005 BAHAMA DRIVE MIRAMAR, FL 33023	41-2030220		300.	0.			RESIDENTIAL GROUP CARE
ARNETTE HOUSE INC 2310 NE 24TH STREET OCALA, FL 34470	59-2119445		12,210.	0.			RESIDENTIAL GROUP CARE

2 Enter total number of section 501(c)(3) and government organizations: **32.**

3 Enter total number of other organizations: **27.**

CHILDNET, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
NON CASH ASSISTANCE TO THE CHILDREN IN CARE	2000	0.	307,401.FMV	FMV	CLOTHING, FOOD AND TOYS FOR THE CHILDREN IN CARE
ASSISTANCE AND GRANTS TO FOSTER PARENTS	653	5,134,477.	0.		

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

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION CURRENTLY MONITORS THE USE OF GRANT FUNDS ON AN ANNUAL BASIS. MONITORING INVOLVES OBTAINING THE QUARTERLY AND ANNUAL FINANCIAL STATEMENTS FROM ALL CONTRACTED PROVIDERS AND CONDUCTING A FINANCIAL STATEMENT ANALYSIS. THIS ANALYSIS YIELDS THE VARIOUS SOLVENCY, LIQUIDITY, DEBT RATIOS AND GOING CONCERN ISSUES.

THE FINANCE DEPARTMENT IS ALSO A MEMBER OF THE COLLABORATIVE FUNDERS MONITORING TEAM. THE TEAM IS COMPROMISED OF VARIOUS FUNDERS THAT MONITORS THE USE OF GRANT FUNDS BY SELECTING AND TESTING EXPENDITURES TO ENSURE

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

SCHEDULE I-1
 (Form 990)
 Department of the Treasury
 Internal Revenue Service

Employer identification number
65-1149351

Name of the organization
CHILDNET, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKWOOD FLORIDA 901 7TH AVE SOUTH ST PETERSBURG, FL 33705	26-2287919	501(C)3	272,689.	0.			RESIDENTIAL GROUP CARE
BROWARD CHILDREN'S CENTER 200 SE 19TH AVE POMPANO BEACH, FL 33060	59-1378244	501(C)3	800.	0.			CHILDCARE
BROWARD COUNTY SEXUAL ASSAULT TREATMENT CENTER - 400 NE 4TH STREET - FORT LAUDERDALE, FL 33301			8,779.	0.			SEXUAL HEALTH TREATMENT
CAMELOT COMMUNITY CARE INC. PO BOX 850001 ORLANDO, FL 32885-0303	31-1659302	501(C)3	767,851.	0.			THERAPEUTIC INTERVENTION EMERGENCY SERVICES
CATALANO'S NURSES REGISTRY INC 7522 WILES ROAD STE. 211 CORAL SPRINGS, FL 33067	59-1303456		6,234.	0.			NURSING
CHILDREN'S HARBOR 19425 SW 58TH MANOR PEMBROKE PINES, FL 33332	31-1471766	501(C)3	784,503.	0.			RESIDENTIAL GROUP CARE AND MATERNITY
CHILDREN'S HOME SOCIETY OF FLORIDA 325 CROTON ROAD MELBOURNE, FL 32935	59-0192430	501(C)3	1,907,948.	0.			SHELTER PROGRAM, FOSTER HOME MANAGEMENT AND ADOPTION AND PERMANENCY SUPPORT
CHILDREN'S PLACE 2840 6TH AVENUE SOUTH LAKE WORTH, FL 33461	59-1935485		391,230.	0.			SHELTER PROGRAM, FOSTER HOME MANAGEMENT ADOPTION AND PERMANENCY SUPPORT

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

Employer identification number
65-1149351

Name of the organization
CHILDNET, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOICES CHILDREN AND FAMILIES CONSORTIUM - 2300 NW 6TH STREET - POMPANO BEACH, FL 33069	59-2357179	501(C)3	352,637.	0.			RESIDENTIAL GROUP CARE
CHRYSALIS CENTER 3521 W BROWARD BLVD FORT LAUDERDALE, FL 33312	20-1966531	501(C)3	2,449,213.	0.			RESIDENTIAL GROUP CARE
CITRUS HEALTH NETWORK 4175 WEST 20TH STREET HIALEAH, FL 33012	59-1865751		44,343.	0.			RESIDENTIAL GROUP CARE
DEVEREAUX-BREVARD 5850 TG LEE BLVD ORLANDO, FL 32822	23-1390618	501(C)3	596,530.	0.			ENHANCED FOSTER CARE AND RESIDENTIAL GROUP CARE
DIVINE GROUP HOME USA INC 1121 NW 75TH AVENUE PLANTATION, FL 33313	74-3102436		83,848.	0.			RESIDENTIAL GROUP CARE
ECKERD YOUTH ALTERNATIVE INC PO BOX 7450 CLEARWATER, FL 33758	59-2551416	501(C)3	144,234.	0.			RESIDENTIAL GROUP CARE
ERIC & SHERRENA'S GROUP HOME 10285 NW 31ST COURT SUNRISE, FL 33351	20-2122014		20,587.	0.			RESIDENTIAL GROUP CARE
FAMILY CENTRAL INC 840 SW 81ST AVE. NORTH LAUDERDALE, FL 33068	59-1487190	501(C)3	95,875.	0.			NURTURING PARENTING PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations
 3 Enter total number of other organizations

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).Employer identification number
65-1149351

Name of the organization

CHILDNET, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLORIDA BAPTIST CHILDREN'S HOME 7748 SW 95TH TERRACE MIAMI, FL 33175	59-0657326	501(C)3	69,577.	0.			FOSTER HOME MANAGEMENT
FRIENDS OF CHILDREN 3500 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319	65-0376540	501(C)3	895,172.	0.			GROUP HOME PROGRAMS AND RESIDENTIAL GROUP CARE
G & C GROUP HOME LLC 1551 NW 81ST AVENUE PEMBROKE PINES, FL 33024	41-2230989		51,040.	0.			RESIDENTIAL GROUP CARE
GALLAGHER FOSTER HOME 48 HENDRICKS ISLE FORT LAUDERDALE, FL 33301	20-4925507		20,341.	0.			RESIDENTIAL GROUP CARE
GUARDIAN ANGEL HOME CARE 1207 SW 81ST TERRACE NORTH LAUDERDALE, FL 33068	20-5598541		100,524.	0.			RESIDENTIAL GROUP CARE
GUTSTADT GROUP HOME 11150 HARBOUR YATCH COURT # C FORT MEYERS, FL 33908	26-1440423		247,033.	0.			RESIDENTIAL GROUP CARE
HAVEN 21441 BOCA RIO ROAD BOCA RATON, FL 33433	51-1708452	501(C)3	374,996.	0.			RESIDENTIAL GROUP CARE
HENDERSON MENTAL HEALTH 4740 N. STATE RD 7 # 201 FORT LAUDERDALE, FL 33319	59-0711167	501(C)3	1,533,959.	0.			PLACEMENT PARTNERSHIP PROGRAM

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

Name of the organization
CHILDNET, INC.
Employer identification number
65-1149351

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIS HOUSE INC 20000 NW 47TH AVENUE OPA LOCKA, FL 33055	65-0145994	501(C)3	27,375.	0.			HELPING CHILDREN AND FAMILIES THROUGH RESIDENTIAL, FOSTER AND ADOPTION SERVICES
INSTITUTE FOR FAMILY CENTERED SERVICES - PO BOX 71266 - RICHMOND, VA 23255	54-1503721		57,259.	0.			FAMILY PRESERVATION
JAFCO EMERGENCY SHELTER 4200 N. UNIVERSITY DRIVE SUNRISE, FL 33351	20-0898587	501(C)3	422,138.	0.			EMERGENCY SHELTER CARE COORDINATED FAMILY SERVICES AND COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT
KIDS IN DISTRESS 819 NE 26TH STREET FORT LAUDERDALE, FL 33305	59-1927289	501(C)3	2,621,510.	0.			LEGAL AID SERVICES
LEGAL AID SERVICES OF BROWARD COUNTY - 491 N. STATE ROAD 7 - PLANTATION, FL 33317	59-1547191	501(C)3	41,293.	0.			LEGAL AID SERVICES
LIL' RASCALS ACADEMY 10092 W OAKLAND PK BLVD SUNRISE, FL 33351	65-0907422		3,090.	0.			LEGAL AID SERVICES
LUTHERAN SERVICES FL INC 3627 A. WEST WATERS AVENUE TAMPA, FL 33614	59-2198911	501(C)3	370,174.	0.			LEGAL AID SERVICES
MARIE'S TENDER LOVING CARE HOME 7771 NW 20TH COURT SUNRISE, FL 33322	16-1638908		300.	0.			RESIDENTIAL GROUP HOME

2 Enter total number of Section 501(c)(3) and government organizations
3 Enter total number of other organizations
832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2008

SCHEDULE I-1
(Form 990)

 Department of the Treasury
 Internal Revenue Service

 Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

 2008
 Open to Public
 Inspection

Name of the organization

CHILDNET, INC.

 Employer identification number
65-1149351
Part I: Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAXIM HEALTHCARE SVC 12559 COLLECTIONS CNTR DR CHICAGO, IL 60693	52-4590951		10,420.	0.			HEALTHCARE
MENTAL HEALTH ASSOC OF BROWARD 7146 W OAKLAND PK BLVD LAUDERHILL, FL 33313	59-0816448	501(C)3	250,023.	0.			PARENT EDUCATION SERVICES
MENTOR NETWORK 600 NORTH PINE ISLAND ROAD # 230 PLANTATION, FL 33324	42-8933910		547,081.	0.			ENHANCED FOSTER CARE
METRO MERCY HOUSE INC 22200 SW 152ND AVENUE MIAMI, FL 33170	20-0970070	501(C)3	240.	0.			PROVIDES MATERNAL HOME CARE SERVICES FOR PREGNANT ADOLESCENT GIRLS
MINORITY DEVELOPMENT EMPOWERMENT 3075 W. OAKLAND PARK BLVD # 205 OAKLAND PARK, FL 33311	65-0693623	501(C)3	418,328.	0.			FAMILY SUPPORT LIAISON AND FAMILY REUNIFICATION & STRENGTHENING SERVICES & YOUTH INTERVENTION
MON COEUR SUZETTE GROUP HOME 6419 SW 19TH STREET MIRAMAR, FL 33023	20-1135360		300.	0.			RESIDENTIAL GROUP CARE
MONA'S GROUP HOME # 1 1409 NW 7TH TERRACE FORT LAUDERDALE, FL 33311	59-1544186		300.	0.			RESIDENTIAL GROUP CARE
MOUNT BETHEL HUMAN SERVICES CORP 1021 NW 6TH STREET FORT LAUDERDALE, FL 33311	65-0441414		238,989.	0.			NEIGHBORHOOD PARTNERSHIP

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Part II and Part III, Schedule I (Form 990).

Employer identification number
65-1149351

CHILDNET, INC.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL YOUTH ADVOCATE PROG 1801 WATERMARK DRIVE # 200 COLUMBUS OH 43215	34-1404302	501(C)3	174,767.	0.		ENHANCED FOSTER CARE	
OUR MOTHER'S HOME 7438 CARRIER RD FORT MYERS FL 33912	65-0510103		18,540.	0.		TRANSITION FROM FOSTER CARE TO SELF SUFFICIENCY	
PROJECT TOUCH INC 3541 SW 144 AVENUE MIRAMAR FL 33027	65-1108058	501(C)3	313,571.	0.		NEW LIGHTHOUSE GROUP HOME	
REYNA GROUP HOME 8960 RALEIGH STREET HOLLYWOOD FL 33024	27-0047003	501(C)3	264,429.	0.		RESIDENTIAL GROUP HOME	
SHIBOR GROUP HOME INC # 2 6641 SW 8TH STREET PEMBROKE PINES FL 33023	65-0977464		300.	0.		FOSTER HOME	
SOS CHILDRENS' VILLAGE 3681 NW 59TH PLACE COCONUT CREEK FL 33073	65-0080301	501(C)3	1,850,200.	0.		LONG TERM RESIDENTIAL GROUP CARE	
SP BEHAVIORAL LLC DB SANDYPINES 11301 SE TEQUESTA TERR TEQUESTA FL 33469	20-5202539		1,800.	0.		PSYCHIATRIC RESIDENTIAL TREATMENT	
ST. AUGUSTINE YOUTH SER 50 SACAGOSSA STREET ST AUGUSTINE FL 32084	59-2925271	501(C)3	31,801.	0.		LITTLE BOYS AND BIG BOYS HOUSE	

2 Enter total number of Section 501(c)(3) and government organizations
 3 Enter total number of other organizations

Continuation Sheet for Schedule I (Form 990)
Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Name of the organization

Employer identification number

65-1149351

CHILDNET, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE INTENSIVE RESIDENTIAL SVC 6604 HARNEY ROAD SUITE 1 TAMPA, FL 33610	59-3430635		7,440.	0.			RESIDENTIAL TREATMENT PROGRAM AND BOARDING SCHOOL
THE TWELVE FOR CHILDREN 1881 NE 26TH STREET # 221 WILTON MANORS, FL 33305	34-1970957	501(C)3	300,886.	0.			ENHANCED FOSTER CARE
TROY FOUNDATION 2300 W SAMPLE RD # 313 POMPANO BEACH, FL 33073	59-2357179	501(C)3	161,984.	0.			ENHANCED FOSTER CARE
WEST FOSTER HOME 416 NE 27TH DRIVE WILTON MANORS, FL 33334	26-4418877		45,149.	0.			RESIDENTIAL GROUP CARE
OMEGA HOME ALTERNATE FAMILY CARE 10001 W. OAKLAND PARK BLVD SUNRISE, FL 33051			72,951.	0.			TRAUMA RESOLUTION

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part IV Supplemental Information

FUNDS ARE BEING EXPENSED BASED UPON CONTRACTED GUIDELINES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: KIDS IN DISTRESS

(H) PURPOSE OF GRANT OR ASSISTANCE: COORDINATED FAMILY SERVICES AND
COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT REUNIFICATION

NAME OF ORGANIZATION OR GOVERNMENT: MINORITY DEVELOPMENT EMPOWERMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY SUPPORT LIASION AND FAMILY
REUNIFICATION & STRENGTHENING SERVICES & YOUTH INTERVENTION PROGRAM

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2008

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

Part I Questions Regarding Compensation

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

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

	Yes	No
1b		
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Name of the organization **CHILDNET, INC.** Employer identification number **65-1149351**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		126,665.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	12	27,260.	FAIR MARKET VALUE
20 Drugs and medical supplies	X	2	2,336.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TOYS)	X	69	109,561.	FAIR MARKET VALUE
26 Other (GIFT CERTIFIC)	X	1	24,000.	PURCHASE PRICE
27 Other (FURNITURE)	X	6	8,350.	FAIR MARKET VALUE
28 Other (PARTIES FOR K)	X	3	2,500.	FAIR MARKET VALUE

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2008

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

PART I, OTHER TYPES OF PROPERTY:

GIFT CERTIFICATES-VARIOUS LESSONS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 2
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2200.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

GIFT CERTIFICATES

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 20
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2108.
- (D) METHOD OF DETERMINING REVENUE: PURCHASE PRICE

RENT

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 10
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHOOL SUPPLIES

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 4
- (C) REVENUE REPORTED ON FORM 990, PART VIII \$ 795.
- (D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

CRUISE TICKETS

- (A) CHECK IF APPLICABLE = X
- (B) NUMBER OF CONTRIBUTORS = 3

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

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 626.

(D) METHOD OF DETERMINING REVENUE: PURCHASE PRICE

Lined area for supplemental information.

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

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

FOR CHILDREN AND FAMILIES SERVED BY THE BROWARD COUNTY CHILD PROTECTION AND FOSTER CARE SYSTEM. CHILDNET'S MISSION IS TO DEVELOP AND MANAGE A COMPREHENSIVE, COMMUNITY-BASED, COORDINATED SYSTEM OF CARE FOR ABUSED, NEGLECTED, AND ABANDONED CHILDREN AND THEIR FAMILIES AND FOR CHILDREN AND FAMILIES WHO ARE AT RISK OF MALTREATMENT AND/OR PLACEMENT IN THE FOSTER CARE SYSTEM.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS REVIEWED BY THE CEO AND CFO OF THE ORGANIZATION AS WELL AS THE BOARD PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH COMMUNICATION.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE CEO IS SET AND REVIEWED BY THE BOARD OF DIRECTORS. KEY EMPLOYEE SALARIES ARE SET AND REVIEWED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC THROUGH THEIR WEBSITE THE AUDITED FINANCIAL STATEMENTS AS WELL AS FORMS 990 AND GOVERNING DOCUMENTS, BUT DOES NOT MAKE AVAILABLE TO THE PUBLIC THE CONFLICT OF INTEREST POLICY, ONLY UPON REQUEST.

FORM 990, PART XI, LINE 2C: THE PROCESS FOR SELECTING A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF

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

Schedule O (Form 990) 2008

832211
12-18-08

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

INDEPENDENT ACCOUNTANTS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990, PART VI, SECTION A, LINE 9A: CHILDNET INC IS AFFILIATED WITH BROWARD CARES FOR KIDS FOUNDATION INC, AN ORGANIZATION CREATED TO BE THE FUNDRAISING ARM OF CHILDNET AND TO PROVIDE ALTERNATIVE SOURCES OF FUNDING WHICH WILL FACILITATE THE IMPLEMENTATION OF SERVICES NOT CURRENTLY ELIGIBLE FROM STATE AND FEDERAL FUNDING TO CHILDNET.

PART IX, LINE 24 F: OTHER EXPENSES IN THE AMOUNT OF \$ 622,759 INCLUDE THE FOLLOWING:

WORKERS COMPENSATION: \$143,636, POSTAGE AND STORAGE: \$97,486, STAFF TRAINING AND RECRUITMENT: \$185,308, DUES AND SUBSCRIPTIONS: \$19,059, DATA COMMUNICATION: \$177,270.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
 Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization: **CHILDNET, INC.**
 Employer identification number: **65-1149351**

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(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
BROWARD CARES FOR KIDS FOUNDATION, INC - 20-2273948, 313 NORTH STATE ROAD 7, PLANTATION, FL 33317	FUNDRAISING	FLORIDA	501(C)(3)	170(B)(1)(A) (V)CHILDNET, INC	

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(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? Yes No
							Yes	No		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) FAMILY CENTRAL	I	95,875.
(2)		
(3)		
(4)		
(5)		
(6)		

