

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2009**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> 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	<b>D Employer identification number</b> 65-1149351
		<b>E Telephone number</b> (954) 414-6000	<b>G Gross receipts \$</b> 65,612,149.
		<b>F Name and address of principal officer:</b> EMILIO BENITEZ SAME AS C ABOVE	<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
		<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
		<b>J Website:</b> WWW.CHILDNET.US	
		<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L Year of formation:</b> 2001 <b>M State of legal domicile:</b> FL

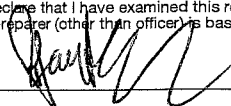
**Part I Summary**

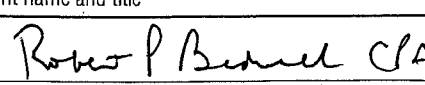
	1 Briefly describe the organization's mission or most significant activities: <b>CHILDNET IS AN ORGANIZATION DEVOTED TO THE DEVELOPMENT OF COMMUNITY-BASED SERVICES AND SUPPORT</b>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of employees (Part V, line 2a)	5	413
	6 Total number of volunteers (estimate if necessary)	6	3
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 65,491,941.	Current Year 65,612,149.
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<79,807.>	<187,549.>
	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)	65,412,134.	65,424,600.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,100,475.	26,357,044.
	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)	19,524,921.	19,724,275.
	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)	18,457,985.	18,824,130.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	65,083,381.	64,905,449.
	19 Revenue less expenses. Subtract line 18 from line 12	328,753.	519,151.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,285,901.	End of Year 9,846,840.
	21 Total liabilities (Part X, line 26)	7,186,864.	9,228,652.
	22 Net assets or fund balances. Subtract line 21 from line 20	99,037.	618,188.

**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: 2/28/11  
**DIPAK PAREKH, CFO**  
 Type or print name and title

<b>Paid Preparer's Use Only</b>	Preparer's signature:  Firm's name (or yours if self-employed), address, and ZIP + 4: CHERRY, BEKAERT & HOLLAND, LLP 401 EAST LAS OLAS BOULEVARD, STE 1090 FT. LAUDERDALE, FL 33301	Date: 02/27/11	Check if self-employed: <input type="checkbox"/>	Preparer's identifying number (see instructions): P01434790 EIN: 56-0574444 Phone no.: 954-556-1720
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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 your return. See instructions.	Name of exempt organization <b>CHILDNET, INC.</b>	Employer identification number <b>65-1149351</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>313 NORTH STATE ROAD 7</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PLANTATION, FL 33317</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) **011**

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

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

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, 2011**.

5 For calendar year \_\_\_\_\_ or other tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**.

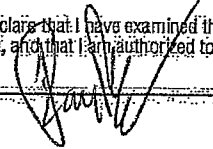
6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period.

7 State in detail why you need the extension:  
**ADDITIONAL TIME 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	\$	0.
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	\$	0.
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification**

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

Signature  Title **CFO** Date **2/10/11**

Part III Statement of Program Service Accomplishments

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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? 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 \$ 64,424,675. including grants of \$ 26,357,044. ) (Revenue \$ ) COMMUNITY BASED CARE - TO DELIVER A FULL RANGE OF CHILD PROTECTION SERVICES IN BROWARD COUNTY DIRECTLY OR INDIRECTLY THROUGH CONTRACTS, WHICH INCLUDES CASE MANAGEMENT, RESIDENTIAL SERVICES, FOSTER CARE MANAGEMENT AND SUPPORT, INTERVENTION SERVICES, RECRUITMENT OF ADOPTIVE PARENTS, AND DISBURSEMENT OF ADOPTION SUBSIDIES. THE LARGEST ACCOMPLISHMENT WAS TO HAVE REDUCED THE NUMBER OF CHILDREN IN OUT-OF-HOME CARE BY 25% OVER THE LAST FEW YEARS.

SERVED 936 CHILDREN FOR FOSTER CARE, FINALIZED 276 ADOPTIONS, REMOVED 1176 CHILDREN WHO WERE RECEIVING ADOPTION SUBSIDIES, SERVED 623 CHILDREN FOR KINSHIP CARE AND SERVED 983 CHILDREN FOR INDEPENDENT LIVING WHICH INCLUDES CHILDREN RECEIVING AFTERCARE SERVICES.

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 \$ 64,424,675.

**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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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>		N/A
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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 <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, 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 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	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		17
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b		0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
	1c		
<b>2a</b>	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		413
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
<b>4a</b>	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
	4a		
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	7a		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7b		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	8		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
	9a		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	N/A
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	N/A

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body .....		
<b>1b</b> Enter the number of voting members that are independent .....		
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b> Does the organization have members or stockholders? .....		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? .....		X
<b>b</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? .....		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. ....		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b> Does the organization have a written whistleblower policy? .....	X	
<b>14</b> Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official .....	X	
<b>b</b> Other officers or key employees of the organization .....	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) .....		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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.
JOSEPH ROGERS VICE-CHAIRMAN	2.00	X		X				0.	0.	0.
JOEY EPSTEIN TREASURER	2.00	X		X				0.	0.	0.
SANDRA HARRIS SECRETARY	2.00	X						0.	0.	0.
CANDICE ERICKS DIRECTOR	2.00	X						0.	0.	0.
DAVE KUSTIN DIRECTOR	2.00	X						0.	0.	0.
DAVID ZWICK DIRECTOR	2.00	X						0.	0.	0.
JEFFREY C. DWYER DIRECTOR	2.00	X						0.	0.	0.
PAUL S. FIGG DIRECTOR	2.00	X						0.	0.	0.
ROBERT HAEFFNER DIRECTOR	2.00	X						0.	0.	0.
SIGRID MCCAWLEY DIRECTOR	2.00	X						0.	0.	0.
DIPAK PAREKH CHIEF FINANCIAL OFFICER	40.00			X				125,000.	0.	12,500.
DONALD C. PURCE CHIEF OPERATING OFFICER	40.00			X				140,192.	0.	3,832.
SILVIA SMITH-TORRES VP OF CLIENT SERVICES	40.00			X	X			112,154.	0.	6,729.
LARRY REIN VP OF NETWORK DEVELOPMENT	40.00			X	X			133,702.	0.	20,300.
DERRICK ROBERTS GENERAL COUNSEL	40.00			X	X			102,128.	0.	5,891.
EMILIO BENITEZ PRESIDENT/CEO	40.00			X				181,731.	0.	20,833.





Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	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	65350291.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	261,858.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			65612149.			
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		187,549.				
	c	Gain or (loss)		<187549.>				
	d	Net gain or (loss)			<187,549.>	<187,549.>		
	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. See instructions.			65424600.	<187,549.>	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	21,197,696.	21,197,696.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,159,348.	5,159,348.		
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	794,907.	794,907.		
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	15,423,589.	15,372,589.	51,000.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	576,387.	574,042.	2,345.	
9 Other employee benefits	1,682,309.	1,674,378.	7,931.	
10 Payroll taxes	1,247,083.	1,243,207.	3,876.	
11 Fees for services (non-employees):				
a Management				
b Legal	33,117.	33,117.		
c Accounting	78,028.	78,028.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	248,082.	248,082.		
12 Advertising and promotion				
13 Office expenses	175,262.	175,262.		
14 Information technology	64,697.	64,697.		
15 Royalties				
16 Occupancy	987,636.	987,636.		
17 Travel	377,044.	377,044.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	106,754.	106,674.	80.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	302,503.	266,965.	35,538.	
23 Insurance	353,196.	353,196.		
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 <b>CONTRACT SERVICES</b>	14,302,766.	14,193,903.	108,863.	
b <b>EQUIPMENT AND LEASES</b>	403,530.	392,363.	11,167.	
c <b>TELEPHONE</b>	295,524.	295,524.		
d <b>DONATIONS</b>	258,847.		258,847.	
e <b>MAINTENANCE AND FUEL</b>	227,951.	226,824.	1,127.	
f All other expenses	609,193.	609,193.		
25 <b>Total functional expenses.</b> Add lines 1 through 24f	64,905,449.	64,424,675.	480,774.	0.
26 <b>Joint costs.</b> 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 .....	4,930,110.	1	2,979,374.
	2	Savings and temporary cash investments .....		2	3,960,787.
	3	Pledges and grants receivable, net .....		3	
	4	Accounts receivable, net .....	30,966.	4	143,093.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	703,522.	9	642,053.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 2,353,111.		
	b	Less: accumulated depreciation .....	10b 921,536.		
	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 .....	619,818.	15	689,958.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	7,285,901.	16	9,846,840.	
Liabilities	17	Accounts payable and accrued expenses .....	4,612,657.	17	3,933,779.
	18	Grants payable .....		18	
	19	Deferred revenue .....	1,984,021.	19	4,722,443.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	19,933.	23	11,057.
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....	570,253.	25	561,373.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	7,186,864.	26	9,228,652.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	<847,253.>	27	<800,640.>
	28	Temporarily restricted net assets .....	946,290.	28	1,418,828.
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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	<b>Total net assets or fund balances .....</b>	99,037.	33	618,188.	
34	<b>Total liabilities and net assets/fund balances .....</b>	7,285,901.	34	9,846,840.	

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_

b Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. \_\_\_\_\_

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2009)



**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	64716280.	65823542.	67335167.	65491941.	65858248.	329225178
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	64716280.	65823542.	67335167.	65491941.	65858248.	329225178
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.						329225178

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 .....	64716280.	65823542.	67335167.	65491941.	65858248.	329225178
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 .....						329225178
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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	14	100.00	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 .....	15	100.00	%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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"/>

**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**

N/A

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

N/A

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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**

N/A

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

N/A

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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, or 990-PF.

OMB No. 1545-0047

**2009**

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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>CHILDNET, INC.</b>	Employer identification number <b>65-1149351</b>
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ <u>65,350,291.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CHILDNET, INC.

65-1149351

**Part II Noncash Property** (see instructions)

*N/A*

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization <b>CHILDNET, INC.</b>	Employer identification number <b>65-1149351</b>
---	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ **N/A**

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

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. N/A

	(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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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 a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

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

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) *N/A*

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10. *N/A*

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

2 Provide the estimated percentage of the 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?  Yes  No

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,353,111.	921,536.	1,431,575.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) **1,431,575.**



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	65,424,600.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	64,905,449.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	519,151.
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	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	519,151.

**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	65,858,248.
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	246,099.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	246,099.
3	Subtract line 2e from line 1	3	65,612,149.
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	<187,549.>
c	Add lines 4a and 4b	4c	<187,549.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	65,424,600.

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

1	Total expenses and losses per audited financial statements	1	65,339,097.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	246,099.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	187,549.
e	Add lines 2a through 2d	2e	433,648.
3	Subtract line 2e from line 1	3	64,905,449.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	64,905,449.

**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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

LINE 4B, PART XII REPRESENTS THE LOSS OF \$187,549 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 REPRESENTS THE LOSS OF \$187,549 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 ON THE 2009 FORM 990.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

**2009**

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.

<b>Part II Grants and Other Assistance to Governments and Organizations in the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶									
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	905,729.	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	125,768.	0.			FOSTER HOME MANAGEMENT AND CHILDCARE		
AGENCY FOR COMMUNITY TREATMENT 4612 N.56TH STREET TAMPA, FL 33610	59-1860626	501(C)3	935,953.	0.			RESIDENTIAL GROUP CARE AND EMERGENCY TEEN RESPITE		
ALTERNATE FAMILY CARE 10001 OAKLAND PARK BLVD # 200 SUNRISE, FL 33351	59-2708404		358,973.	0.			RESIDENTIAL GROUP CARE		
BROOKWOOD FLORIDA 901 7TH AVE SOUTH ST PETERSBURG, FL 33705	26-2287919	501(C)3	192,889.	0.			RESIDENTIAL GROUP CARE		
CAMELOT COMMUNITY CARE INC. PO BOX 850001 ORLANDO, FL 32885-0303	31-1659302	501(C)3	755,637.	0.			THERAPEUTIC INTERVENTION EMERGENCY SERVICES		

**2** Enter total number of section 501(c)(3) and government organizations **35.**

**3** Enter total number of other organizations **14.**

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

Schedule I (Form 990) 2009

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and 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
ASSISTANCE AND GRANTS TO FOSTER PARENTS	591	5,159,348.	0.	FMV	

**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 COMPRISED OF VARIOUS FUNDERS THAT MONITORS THE USE OF GRANT FUNDS BY SELECTING AND TESTING EXPENDITURES TO ENSURE FUNDS

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

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

Part II Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II.)									
(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		
CATALANO'S NURSES REGISTRY INC 7522 WILES ROAD STE. 211 CORAL SPRINGS, FL 33067	59-1303456		21,706.	0.			NURSING		
CHILDREN'S HARBOR 19425 SW 58TH MANOR PEMBROKE PINES, FL 33332	31-1471766	501(C)3	617,349.	0.			RESIDENTIAL GROUP CARE AND MATERNITY		
CHILDREN'S HOME SOCIETY OF FLORIDA 325 CROTON ROAD MELBOURNE, FL 32935	59-0192430	501(C)3	1,618,732.	0.			SHELTER PROGRAM, FOSTER HOME MANAGEMENT AND ADOPTION AND PERMANENCY SUPPORT		
CHILDREN'S PLACE 2840 6TH AVENUE SOUTH LAKE WORTH, FL 33461	59-1935485		296,440.	0.			SHELTER PROGRAM, FOSTER HOME MANAGEMENT ADOPTION AND PERMANENCY SUPPORT		
CHOICES CHILDREN AND FAMILIES CONSORTIUM - 2300 NW 6TH STREET - POMPANO BEACH, FL 33069	59-2357179	501(C)3	390,735.	0.			RESIDENTIAL GROUP CARE		
CHRYSALIS CENTER 3521 W BROWARD BLVD FORT LAUDERDALE, FL 33312	20-1966531	501(C)3	2,479,692.	0.			RESIDENTIAL GROUP CARE		
CITRUS HEALTH NETWORK 4175 WEST 20TH STREET HIALEAH, FL 33012	59-1865751	501(C)3	222,996.	0.			RESIDENTIAL GROUP CARE		
DEVEREAUX-BREVARD 5850 TG LEE BLVD ORLANDO, FL 32822	23-1390618	501(C)3	527,497.	0.			ENHANCED FOSTER CARE AND RESIDENTIAL GROUP CARE		

**Schedule I-1 (Form 990) 2009**

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

**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 Schedule I (Form 990), Part II or Part III.**

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 United States (Schedule I (Form 990), Part II)							
(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
DIVINE GROUP HOME USA INC 1121 NW 75TH AVENUE PLANTATION, FL 33313	74-3102436		58,950.	0.			RESIDENTIAL GROUP CARE
ECKERD YOUTH ALTERNATIVE INC PO BOX 7450 CLEARWATER, FL 33758	59-2551416	501(C)3	188,142.	0.			RESIDENTIAL GROUP CARE
FAMILY CENTRAL INC 840 SW 81ST AVE. NORTH LAUDERDALE, FL 33068	59-1487190	501(C)3	96,633.	0.			NURTURING PARENTING PROGRAM
FLORIDA BAPTIST CHILDREN'S HOME 7748 SW 95TH TERRACE MIAMI, FL 33175	59-0657326	501(C)3	79,914.	0.			FOSTER HOME MANAGEMENT
FRIENDS OF CHILDREN 3500 N. STATE ROAD 7 LAUDERDALE LAKES, FL 33319	65-0376540	501(C)3	662,485.	0.			GROUP HOME PROGRAMS AND RESIDENTIAL GROUP CARE
GALLAGHER FOSTER HOME 48 HENDRICKS ISLE FORT LAUDERDALE, FL 33301	20-4925507		82,135.	0.			RESIDENTIAL GROUP CARE
GUTSTADT GROUP HOME 11150 HARBOUR YATCH COURT # C FORT MEYERS, FL 33908	26-1440423		156,223.	0.			RESIDENTIAL GROUP CARE
HAVEN 21441 BOCA RIO ROAD BOCA RATON, FL 33433	51-1708452	501(C)3	278,100.	0.			RESIDENTIAL GROUP CARE

**Schedule I-1 (Form 990) 2009**

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

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

**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 United States (Schedule I (Form 990), Part II).							
(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
HENDERSON MENTAL HEALTH 4740 N. STATE RD 7 # 201 FORT LAUDERDALE, FL 33319	59-0711167	501(C)3	1,514,807.	0.			PLACEMENT PARTNERSHIP PROGRAM
HIS HOUSE INC 20000 NW 47TH AVENUE OPA LOCKA, FL 33055	65-0145994	501(C)3	38,960.	0.			HELPING CHILDREN AND FAMILIES THROUGH RESIDENTIAL, FOSTER AND ADOPTION SERVICES
INSTITUTE FOR FAMILY CENTERED SERVICES - PO BOX 71266 - RICHMOND, VA 23255	54-1503721		83,816.	0.			FAMILY PRESERVATION
JAFCO EMERGENCY SHELTER 4200 N. UNIVERSITY DRIVE SUNRISE, FL 33351	20-0898587	501(C)3	405,016.	0.			EMERGENCY SHELTER CARE
KIDS IN DISTRESS 819 NE 26TH STREET FORT LAUDERDALE, FL 33305	59-1927289	501(C)3	2,210,045.	0.			COORDINATED FAMILY SERVICES AND COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT
LEGAL AID SERVICES OF BROWARD COUNTY - 491 N. STATE ROAD 7 - PLANTATION, FL 33317	59-1547191	501(C)3	41,232.	0.			LEGAL AID SERVICES
LUTHERAN SERVICES FL INC 3627 A. WEST WATERS AVENUE TAMPA, FL 33614	59-2198911	501(C)3	399,647.	0.			LIPPMAN EMERGENCY BEDS
MENTAL HEALTH ASSOC OF BROWARD 7146 W OAKLAND PK BLVD LAUDERHILL, FL 33313	59-0816448	501(C)3	218,429.	0.			PARENT EDUCATION SERVICES

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

Schedule I-1 (Form 990) 2009

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 United States (Schedule I (Form 990), Part II.)							
(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
MENTOR NETWORK 600 NORTH PINE ISLAND ROAD # 230 PLANTATION, FL 33324	42-8933910		328,884.	0.			ENHANCED FOSTER CARE
MINORITY DEVELOPMENT EMPOWERMENT 3075 W. OAKLAND PARK BLVD # 205 OAKLAND PARK, FL 33311	65-0693623	501(C)3	448,832.	0.			FAMILY SUPPORT LIASION, FAMILY REUNIFICATIONS AND YOUTH INTERVENTION PROGRAM
MOUNT BETHEL HUMAN SERVICES CORP 1021 NW 6TH STREET FORT LAUDERDALE, FL 33311	65-041414	501(C)3	238,980.	0.			NEIGHBORHOOD PARTNERSHIP
NATIONAL YOUTH ADVOCATE PROG 1801 WATERMARK DRIVE # 200 COLUMBUS, OH 43215	34-1404302	501(C)3	479,974.	0.			ENHANCED FOSTER CARE
PROJECT TOUCH INC 3541 SW 144 AVENUE MIRAMAR, FL 33027	65-1108058	501(C)3	345,865.	0.			NEW LIGHTHOUSE GROUP HOME
REYNA GROUP HOME 8960 RALEIGH STREET HOLLYWOOD, FL 33024	27-0047003	501(C)3	558,324.	0.			RESIDENTIAL GROUP HOME
SOS CHILDRENS' VILLAGE 3681 NW 59TH PLACE COCONUT CREEK, FL 33073	65-0080301	501(C)3	2,017,028.	0.			LONG TERM RESIDENTIAL GROUP CARE
ST. AUGUSTINE YOUTH SER 50 SACAGOSSA STREET ST AUGUSTINE, FL 32084	59-2925271	501(C)3	26,770.	0.			LITTLE BOYS AND BIG BOYS HOUSE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2009**

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

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

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

Continuation of Grants and Organizations in the United States (Schedule I (Form 990), Part II).									
(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		
THE TWELVE FOR CHILDREN 1881 NE 26TH STREET # 221 WILTON MANORS, FL 33305	34-1970957	501(C)3	265,913.	0.			ENHANCED FOSTER CARE		
WEST FOSTER HOME 416 NE 27TH DRIVE WILTON MANORS, FL 33334	26-4418877		112,070.	0.			RESIDENTIAL GROUP CARE		
OMEGA HOME ALTERNATE FAMILY CARE 10001 W. OAKLAND PARK BLVD # 200 SUNRISE, FL 33151	59-2708404		44,268.	0.			RESIDENTIAL GROUP CARE		
ALL CHURCH HOME FOR CHILDREN 1424 SUMMIT AVENUE FT WORTH, TX 76102	75-0818140		10,108.	0.			RESIDENTIAL GROUP CARE		
FLORIDA KEYS CHILDREN'S SHELTER 73 HIGH POINT ROAD TAVERNIER, FL 33070	59-2605356	501(C)3	9,810.	0.			RESIDENTIAL GROUP CARE		
GLORIA'S GROUP HOME 14255 SW 287TH STREET HOMESTEAD, FL 33033	20-6500339	501(C)3	14,240.	0.			RESIDENTIAL GROUP CARE		
MY FIRST HORIZON 7270 MCARTUR PARKWAY HOLLYWOOD, FL 33024	80-0100728	501(C)3	35,150.	0.			RESIDENTIAL GROUP CARE		
NATIONAL MENTOR HEALTH CARE 600 N. PINE ISLAND RD # 230 PLANTATION, FL 33324	42-8939100		236,138.	0.			HEALTH SERVICES		

**Schedule I-1 (Form 990) 2009**

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

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

**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 United States (Schedule I (Form 990), Part II.)							
(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
PONKEY'S HOME CARE 4710 NW 13 STREET LAUDERHILL, FL 33313	05-0634284		7,485.	0.			RESIDENTIAL GROUP CARE
RENFREW CENTER OF FLORIDA 7700 NW 48TH AVENUE COCONUT CREEK, FL 33073	20-0995125		13,600.	0.			RESIDENTIAL GROUP CARE
SMITH COMMUNITY MENTAL 601 S. STATE ROAD 7 PLANTATION, FL 33317	65-0929557	501(C)3	19,000.	0.			MENTAL HEALTH SERVICES





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	X
<b>3</b> 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"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	X
<b>c</b> 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.	<b>4c</b>	X
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	<b>5b</b>	X
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	<b>6b</b>	X
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2009



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

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 B, LINE 11: 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. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST DOCUMENTS ARE  
MADE AVAILABLE THROUGH THE ORGANIZATION'S INTERNAL DASHBOARD AND AVAILABLE  
UPON REQUEST.

FORM 990, PART XI, LINE 2C: THE PROCESS FOR SELECTING A COMMITTEE THAT

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

Schedule O (Form 990) 2009

932211  
02-03-10







**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

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

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

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**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)

**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)	BROWARD CARES FOR KIDS FOUNDATION	L	77,622.
(2)			
(3)			
(4)			
(5)			
(6)			



