

PUBLIC DISCLOSURE COPY

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<b>B</b> Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>CHILDNET, INC.</b>		<b>D</b> Employer identification number <b>65-1149351</b>	
	Doing business as		<b>E</b> Telephone number <b>954-414-6000</b>	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>159,554,352.</b>	
	<b>1100 WEST MCNAB ROAD</b>		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code <b>FORT LAUDERDALE, FL 33309</b>		<b>H(b)</b> Are all subordinates included? Yes No		
<b>F</b> Name and address of principal officer: <b>LARRY REIN</b> <b>SAME AS C ABOVE</b>		If "No," attach a list. See instructions		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527				
<b>J</b> Website: <b>WWW.CHILDNET.US</b>				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other				
<b>L</b> Year of formation: <b>2001</b>			<b>M</b> State of legal domicile: <b>FL</b>	

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> 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>
	<b>2</b> Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>13</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... <b>5</b> <b>805</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>84</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>139,559,375.</b> <b>Prior Year</b> <b>159,554,128.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>543.</b> <b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>7,048.</b> <b>224.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>139,566,966.</b> <b>159,554,352.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>58,284,467.</b> <b>67,772,442.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>35,685,529.</b> <b>40,993,071.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ..... <b>302,217.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>49,739,508.</b> <b>49,552,491.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>143,709,504.</b> <b>158,318,004.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-4,142,538.</b> <b>1,236,348.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>22,571,500.</b> <b>Beginning of Current Year</b> <b>30,029,221.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>24,829,763.</b> <b>31,051,136.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>-2,258,263.</b> <b>-1,021,915.</b>

**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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>LARRY REIN, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	<b>AARON M. FOX</b>		<b>05/13/24</b>	<input checked="" type="checkbox"/>	<b>P01365820</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN		Phone no.	
	<b>MARCUM LLP</b>	<b>11-1986323</b>		<b>202-227-4000</b>	
Firm's address					
<b>1899 L STREET, NW #850</b>					
<b>WASHINGTON, DC 20036</b>					

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: CHILDNET'S MISSION IS TO PROTECT BROWARD AND PALM BEACH COUNTIES' 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 No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 154,341,025. including grants of \$ 67,772,442. ) (Revenue \$ ) COMMUNITY BASED CARE - TO DELIVER A FULL RANGE OF CHILD PROTECTION SERVICES IN BROWARD COUNTY AND PALM BEACH COUNTY DIRECTLY OR INDIRECTLY THROUGH CONTRACTS, WHICH INCLUDES CASE MANAGEMENT, RESIDENTIAL SERVICES, FOSTER CARE MANAGEMENT AND SUPPORT, PREVENTION & INTERVENTION SERVICES, RECRUITMENT OF ADOPTIVE PARENTS, AND DISBURSEMENT OF ADOPTION SUBSIDIES.

SERVED ON A DAILY AVERAGE OF 2,869 CHILDREN IN IN-HOME AND OUT OF HOME CARE, 1061 CHILDREN IN FOSTER CARE, 249 CHILDREN IN RESIDENTIAL GROUP CARE AND FINALIZED 331 ADOPTIONS FOR FISCAL YEAR ENDED JUNE 30, 2023.

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

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

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

4e Total program service expenses 154,341,025.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b>	X
<b>36 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> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

**Note:** All Form 990 filers are required to complete Schedule O

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 16	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 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? .....	<b>1c</b> X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10), section 501(c)(12) organizations (11), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
DONNA EPRIFFANIA - 954-414-6000
1100 W. MCNAB ROAD, FORT LAUDERDALE, FL 33309

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LARRY REIN CEO & PRESIDENT	40.00			X				235,909.	0.	31,459.
(2) JULIE DEMAR CHIEF PROGRAM OFFICER	40.00			X				191,000.	0.	19,039.
(3) DONNA EPRIFANIA CHIEF FINANCIAL OFFICER	40.00			X				182,360.	0.	27,561.
(4) SUSAN EBY CHIEF CLINICAL QUALITY OFFICER	40.00			X				160,824.	0.	34,137.
(5) JASON TRACEY CHIEF LEGAL OFFICER	40.00			X				149,932.	0.	40,745.
(6) NICOLE SLADE CASE MANAGEMENT PROGRAM OFFICER	40.00					X		147,050.	0.	22,607.
(7) DEENA PONTO CASE MANAGEMENT PROGRAM OFFICER	40.00					X		108,431.	0.	34,938.
(8) JOSEPH MBWAMBO INFORMATION & TECHNOLOGY OFFICER	40.00					X		101,879.	0.	23,149.
(9) SHERYL WILLIAMS CASE MANAGEMENT PROGRAM OFFICER	40.00					X		101,250.	0.	22,385.
(10) BOBBI COMBS CONTROLLER	40.00					X		108,599.	0.	14,792.
(11) RAE BULLARD CHIEF HUMAN RESOURCES OFFICER	40.00			X				104,258.	0.	11,910.
(12) MICHAEL LEPERA DIRECTOR	2.00	X						0.	0.	0.
(13) AMY BLACK BOARD CHAIR	2.00	X		X				0.	0.	0.
(14) DR. VICTORIA THURSTON VICE CHAIR	2.00	X		X				0.	0.	0.
(15) JOSEFA BENJAMIN, LT. COL MEMBER AT LARGE	2.00	X						0.	0.	0.
(16) JOSEPH ROGERS DIRECTOR UNTIL 04/23	2.00	X						0.	0.	0.
(17) MELIDA AKITI DIRECTOR UNTIL 09/22	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REBECCA BROCK, ESQ SECRETARY AS OF 07/22	2.00	X		X				0.	0.	0.
(19) MEGHAN RUSSELL TREASURER	2.00	X		X				0.	0.	0.
(20) NANCY W GREGOIRE, ESQ DIRECTOR	2.00	X						0.	0.	0.
(21) DR. RONALD FORD DIRECTOR	2.00	X						0.	0.	0.
(22) DAVID PRATHER DIRECTOR	2.00	X						0.	0.	0.
(23) CHELSEA BELLEW DIRECTOR	2.00	X						0.	0.	0.
(24) LOIS MARINO DIRECTOR	2.00	X						0.	0.	0.
(25) PAUL ADAMS DIRECTOR	2.00	X						0.	0.	0.
(26) SABRIA MCELROY, ESQ DIRECTOR AS OF 01/2023	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,591,492.	0.	282,722.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,591,492.	0.	282,722.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 13

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	159,303,453.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	250,675.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		159554128.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....					
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real	(ii) Personal		
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	(ii) Other		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	MISCELLANEOUS INCOME	900099	224.		224.	
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		224.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		159554352.	0.	0.	224.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	54,941,901.	54,941,901.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	12,830,541.	12,830,541.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,195,709.	1,115,239.	78,557.	1,913.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	32,051,931.	29,894,836.	2,105,812.	51,283.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	922,083.	860,027.	60,581.	1,475.
<b>9</b> Other employee benefits	4,372,630.	4,078,352.	287,282.	6,996.
<b>10</b> Payroll taxes	2,450,718.	2,285,785.	161,012.	3,921.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	550.	513.	36.	1.
<b>c</b> Accounting	79,608.	74,390.	5,090.	128.
<b>d</b> Lobbying	1,331.		1,331.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	292,501.	26,615.	254,387.	11,499.
<b>12</b> Advertising and promotion	303,355.	216,015.	3,565.	83,775.
<b>13</b> Office expenses	307,009.	235,420.	47,790.	23,799.
<b>14</b> Information technology	772,919.	727,830.	40,676.	4,413.
<b>15</b> Royalties				
<b>16</b> Occupancy	3,331,227.	3,178,008.	152,411.	808.
<b>17</b> Travel	640,207.	633,053.	3,717.	3,437.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	35,034.	32,676.	2,302.	56.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	192,423.		192,423.	
<b>23</b> Insurance	1,492,979.	1,377,813.	114,814.	352.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>CONTRACT AND OTHER SERV</b>	39,928,360.	39,862,977.	485.	64,898.
<b>b</b> <b>MAINTENANCE</b>	907,440.	860,927.	46,296.	217.
<b>c</b> <b>TELEPHONE</b>	564,444.	480,074.	84,240.	130.
<b>d</b> <b>EQUIPMENT AND LEASES</b>	438,886.	404,549.	21,343.	12,994.
<b>e</b> All other expenses	264,218.	223,484.	10,612.	30,122.
<b>25</b> Total functional expenses. Add lines 1 through 24e	158,318,004.	154,341,025.	3,674,762.	302,217.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	19,952,800.	<b>1</b>	9,588,655.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	266,903.	<b>3</b>	1,127,425.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,552,758.	<b>9</b>	1,763,917.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 2,826,855.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,433,729.	425,367.	<b>10c</b> 393,126.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	373,672.	<b>15</b>	17,156,098.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	22,571,500.	<b>16</b>	30,029,221.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,567,143.	<b>17</b>	8,005,415.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	14,282,134.	<b>19</b>	5,450,613.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	980,486.	<b>25</b>	17,595,108.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	24,829,763.	<b>26</b>	31,051,136.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-2,588,965.	<b>27</b>	-1,512,798.
	<b>28</b> Net assets with donor restrictions .....	330,702.	<b>28</b>	490,883.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	-2,258,263.	<b>32</b>	-1,021,915.
	<b>33</b> Total liabilities and net assets/fund balances .....	22,571,500.	<b>33</b>	30,029,221.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	159,554,352.
2	Total expenses (must equal Part IX, column (A), line 25)	2	158,318,004.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,236,348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-2,258,263.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-1,021,915.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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: (For lines 1 through 12, check only one box.)

- 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).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 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...
11 An organization organized and operated exclusively to test for public safety.
12 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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	124311409	131832154	128309759	139559375	159554128	683566825
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	124311409	131832154	128309759	139559375	159554128	683566825
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						683566825

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	124311409	131832154	128309759	139559375	159554128	683566825
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	76,347.	6,589.	1,669.	543.		85,148.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	80,369.	54,215.	26,342.	7,048.	224.	168,198.
<b>11 Total support.</b> Add lines 7 through 10						683820171
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.96 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	99.94 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022



Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>CHILDNET, INC.</b>	Employer identification number  <b>65-1149351</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>158,035,604.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>CHILDNET, INC.</b>	Employer identification number  <b>65-1149351</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(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>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

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" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for amounts related to these items.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		2,807,295.	2,414,169.	393,126.
e Other		19,560.	19,560.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				393,126.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	352,336.
(2) ROU ASSET	16,803,762.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	17,156,098.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ROU LIABILITY	17,595,108.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	17,595,108.

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

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

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

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

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH GAAP, WHICH REQUIRES RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. THE ORGANIZATION HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS AND NO ADJUSTMENTS TO ITS CONSOLIDATED FINANCIAL POSITION, ACTIVITIES OR CASH FLOWS WERE REQUIRED. THE ORGANIZATION DOES NOT EXPECT THAT UNRECOGNIZED

**Part XIII** Supplemental Information (continued)

TAX BENEFITS WILL INCREASE WITHIN THE NEXT TWELVE MONTHS.

THE ORGANIZATION DID NOT RECORD ANY INTEREST OR PENALTIES ON UNCERTAIN TAX POSITIONS IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS OF JUNE 30, 2023 OR THE ACCOMPANYING CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR THEN ENDED. IF THE ORGANIZATION WERE TO INCUR ANY INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INCOME TAXES.

**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.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
4KIDS OF SOUTH FLORIDA 827 SOUTH STATE RD & #B NORTH LAUDERDALE, FL 33068	61-1416525	501 (C) (3)	1,533,297.	0.	FMV		FOSTER HOME MANAGEMENT
ABUSIVE PARTNERS OF PALM BEACH 1700 NORTH DIXIE HIGHWAY, SUITE 146 BOCA RATON, FL 33432		LLC	33,780.	0.	FMV		BEHAVIORAL HEALTH SERVICES
ADVANCED PSYCHOLOGICAL ASSOCIATES 5415 LAKE HOWELL RD 203 WINTER PARK, FL 32792	13-4219389	FOR PROFIT	79,862.	0.	FMV		BEHAVIORAL HEALTH SERVICES
AFFINITY COUNSELING CENTER 2101 VISTA PKWY STE 270 ROYAL PALM BEACH, FL 33411	84-3565650	LLC	89,367.	0.	FMV		BEHAVIORAL HEALTH SERVICES
AGENCY FOR COMMUNITY TREATMENT SERVICES - 4612 N 56TH STREET - TAMPA, FL 33610	59-1860626	501 (C) (3)	94,165.	0.	FMV		RESIDENTIAL GROUP CARE
AHERO 6110 BLVD OF CHAMPIONS STE 4B N. LAUDERDALE, FL 33068	82-1148254	501(C) (3)	126,168.	0.	FMV		FOSTER HOME MANAGEMENT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **61.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **65.**

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPANI CARE SERVICES 1031 SW COLLEGE PARK RD., PORT ST. LUCIE, FL 34985	82-4317417	LLC	78,287.	0.	FMV		RESIDENTIAL GROUP CARE
ALPHA HOUSE OF PINELLAS 701 5TH AVENUE N ST. PETERSBURG, FL 33701	59-1991525	501(C) (3)	24,874.	0.	FMV		RESIDENTIAL GROUP CARE
AVIDITY 721 9TH STREET, POMPANO BEACH, FL 33060	26-4488970	501(C) (3)	5,090,679.	0.	FMV		RESIDENTIAL GROUP CARE & FOSTER HOME MANAGEMENT
BERGER COUNSELING SERVICES 7522 WILES ROAD, B213 CORAL SPRINGS, FL 33067	81-4939466	LLC	25,488.	0.	FMV		BEHAVIORAL HEALTH SERVICES
BEST FOOT FORWARD FOUNDATION 9080 KIMBERLY BLVD., SUITE 10 BOCA RATON, FL 33434	30-0598378	501(C) (3)	18,480.	0.	FMV		EDUCATION ADVOCACY
BLOOMING BEHAVIORAL HEALTH 3600 S STATE RD 7, STE 344 MIRAMAR, FL 33023	88-4196293	FOR PROFIT	21,705.	0.	FMV		BEHAVIORAL HEALTH SERVICES
BOYS TOWN CENTRAL FLORIDA 975 OKLAHOMA STREET OVIEDO, FL 32765	20-0654235	501 (C) (3)	432,033.	0.	FMV		RESIDENTIAL GROUP CARE
BOYS TOWN NORTH FLORIDA 3555 COMMONWEALTH BLVD., TALLAHASSEE, FL 32303	20-0655144	501 (C) (3)	460,141.	0.	FMV		RESIDENTIAL GROUP CARE
BRENDA KNOWLES GROUP HOME 17621 NW 2ND COURT NORTH MIAMI BEACH, FL 33162	04-3680912	N/A	73,000.	0.	FMV		RESIDENTIAL GROUP CARE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGING FREEDOM 1501 W. CLEVELAND STREET TAMPA, FL 33606	27-5467980	501 (C) (3)	478,226.	0.	FMV		RESIDENTIAL GROUP CARE
BRIGHT STARTS TUTORING 18400 SW 100 STREET, #B MIAMI, FL 33196	45-2941569	FOR PROFIT	65,586.	0.	FMV		TUTORING
BRIGHTSTAR CARE CORAL SPRINGS 10251 WEST SAMPLE RD., STE D CORAL SPRINGS, FL 33065	81-3193374	FOR PROFIT	72,105.	0.	FMV		ONE TO ONE SUPERVISION
BRIGHTSTAR CARE OF PEMBROKE PINES 7951 RIVIERA BLVD STE 103 MIRAMAR, FL 33023	84-5094451	LLC	1,005,584.	0.	FMV		ONE TO ONE SUPERVISION
BRIGHTSTAR CARE OF POMPANO BEACH 1280 SW 36TH AVE., SUITE 200 POMPANO BEACH, FL 33069	45-2547946	LLC	499,938.	0.	FMV		ONE TO ONE SUPERVISION
BRIGHTSTAR CARE OF WELLINGTON 6801 LAKE WORTH RD STE 121 GREENACRES, FL 33467	45-2547946	LLC	525,855.	0.	FMV		ONE TO ONE SUPERVISION
BROOKWOOD FLORIDA 901 7TH AVENUE SOUTH ST. PETERSBURG, FL 33705	59-0624387	501 (C) (3)	13,077.	0.	FMV		RESIDENTIAL GROUP CARE
BROWARD CTY SHERIFF'S 2601 W. BROWARD BLVD., FT. LAUDERDALE, FL 33312		GOVERNMENT ENTIT	37,056.	0.	FMV		BACKGROUP SCREENING
BROWN'S HARBOR 19425 SW 58TH MANOR PEMBROKE PINES, FL 33332	31-1471766	501 (C) (3)	180,062.	0.	FMV		TRANSITIONAL INDEPENDENT LIVING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMELOT COMMUNITY CARE 15500 ROOSEVELT BLVD., SUITE 204 CLEARWATER, FL 33760	31-1659302	501 (C) (3)	1,391,484.	0.	FMV		FUNCTIONAL FAMILY THERAPY / FOSTER HOME MANAGEMENT
CARING PALMS GROUP HOME 17186 87TH LANE NORTH LOXAHATCHEE, FL 33470	82-3531978	LLC	101,105.	0.	FMV		RESIDENTIAL GROUP CARE
CARLTON MANOR, INC. 45 WESTWOOD TERRACE N ST. PETERSBURG, FL 33710	59-2058176	501 (C) (3)	15,840.	0.	FMV		RESIDENTIAL GROUP CARE
CAYUGA CENTERS 3155 LAKE WORTH ROAD, SUITE 1 PALM SPRINGS, FL 33461	15-0532087	501 (C) (3)	803,281.	0.	FMV		FOSTER HOME MANAGEMENT
CHILDREN'S FIRST COMMUNITY HOMES 3801 WEST BROWARD BLVD. STE 201 FORT LAUDERDALE, FL 33312	20-1966531	N/A	315,177.	0.	FMV		RESIDENTIAL GROUP CARE
CHILDREN'S HARBOR 19425 SW 58TH MANOR PEMBROKE PINES, FL 33332	31-1471766	501 (C) (3)	2,382,739.	0.	FMV		RESIDENTIAL GROUP CARE
CHILDREN'S HOME NETWORK 10909 MEMORIAL HWY TAMPA, FL 33615	59-0696284	501 (C) (3)	261,438.	0.	FMV		RESIDENTIAL GROUP CARE
CHILDREN'S HOME SOCIETY OF FLORIDA 325 CROTON ROAD MELBOURNE, FL 32935	59-0192430	501 (C) (3)	732,987.	0.	FMV		ADOPTION SERVICES
CHILDREN'S SERVICES COUNCIL 2300 HIGH RIDGE ROAD BOYNTON BEACH, FL 33426		GOVERNMENT ENTIT	60,000.	0.	FMV		PARENTING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CHOICES CHILDREN & FAMILIES 2300NW 6TH STREET POMPANO BEACH, FL 33069	59-2357179	501 (C) (3)	27,740.	0.	FMV		FOSTER HOME MANAGEMENT
CITRUS HEALTH NETWORK 4175 WEST 20TH STREET HIALEAH, FL 33012	59-1865751	501 (C) (3)	520,509.	0.	FMV		HUMAN TRAFFICKING SUPPORT / FOSTER HOME MANAGEMENT
CMET 1527 NE 4TH AVENUE FORT LAUDERDALE, FL 33304	31-0344560	501 (C) (3)	964,710.	0.	FMV		BEHAVIORAL HEALTH SERVICES
COGNITUTOR 325 SAND PINE TRAIL WINTER HAVEN, FL 33880	47-2560795	LLC	154,252.	0.	FMV		TUTORING
COMMUNITY BASED CONNECTIONS 1021 NW 6TH STREET FORT LAUDERDALE, FL 33311	27-0513560	501 (C) (3)	666,460.	0.	FMV		INTACT FAMILY NAVIGATION / SAFETY MANAGEMENT / KINSHIP SUPPORT
COMMUNITY HEALTH OF S. FLORIDA, INC. - 10300 S.W. 216 STREET - MIAMI, FL 33190	59-1372690	501 (C) (3)	13,454.	0.	FMV		FOSTER HOME MANAGEMENT
CONSISTENT CARE COALITION 7033 LAND DRIVE WESLEY CHAPEL, FL 33545	47-4498742	LLC	199,419.	0.	FMV		RESIDENTIAL GROUP CARE
DALAMA PROTECTION LLC 18503 PINES BLVD, SUITE 310 PEMBROKE PINES, FL 33029	11-3060324	LLC	42,956.	0.	FMV		SECURITY SERVICES
DART BEST LIFE COUNSELING 101 W INDIANTOWN RD., SUITE 107 JUPITER, FL 33458	45-2599825	LLC	23,463.	0.	FMV		BEHAVIORAL HEALTH SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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DEDICATED TUTORS 3900 HAVERHILL RD N, #221342 WEST PALM BEACH, FL 33422	81-2755646	LLC	74,325.	0.	FMV		TUTORING
DELANCY 4174 SW DARIEN STREET ST. LUCIE, FL 34953	29-4543711	FOR PROFIT	205,672.	0.	FMV		RESIDENTIAL GROUP CARE
DEVEREUX FLORIDA 120 E. NEW YORK AVE., STE B. DELAND, FL 32724	23-1390618	501 (C) (3)	1,426,408.	0.	FMV		RESIDENTIAL GROUP CARE / FOSTER HOME MANAGEMENT
DYNAMIC OUTPATIENT TREATMENT SERVICES - 6155 N. OCEAN BLVD., - OCEAN RIDGE, FL 33435	27-3403488	LLC	19,320.	0.	FMV		BEHAVIORAL HEALTH SERVICES
EDUCATION ADVANTAGE, LLC 4299 NW 45TH ST FORT LAUDERDALE, FL 33319	35-2291175	LLC	79,862.	0.	FMV		RESIDENTIAL GROUP CARE
ELEVATED YOUTH SERVICES INC. 26318 LAWRENCE AVE., WESLEY CHAPEL, FL 33544	87-2494748	FOR PROFIT	58,820.	0.	FMV		RESIDENTIAL GROUP CARE
EVOLVE LEARNING COMMUNITY 4758 W. COMMERCIAL BLVD. TAMARAC, FL 33319	47-5619544	LLC	6,025.	0.	FMV		TUTORING
EXPERT TRANSPORT (SECURED) 1112 SW 13TH ST BOCA RATON, FL 33486	85-1997096	LLC	80,675.	0.	FMV		TRANSPORATION SERVICES
FACES (FAMILY AND CO-PARENTING ENRICHMENT SERVICES - 1107 SE 4TH AVE - FT. LAUDERDALE, FL 33316	81-3617418	LLC	245,029.	0.	FMV		BEHAVIORAL HEALTH SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY UNITY 400 S. SWINTON AVE DELRAY BEACH, FL 33444	23-7074625	501 (C) (3)	274,009.	0.	FMV		FOSTER HOME MANAGEMENT / BEHAVIORAL HEALTH SERVICES
FAMILY VISITATION PROFESSIONALS 2735 SE 140TH PLACE SUMMERFIELD, FL 33491	83-4591981	FOR PROFIT	61,851.	0.	FMV		BEHAVIORAL HEALTH SERVICES
FASTEST LABS OF NORTH PB 300 PROSPERTY FARMS RD., SUITE A NORTH PALM BEACH, FL 33408	84-4614946	LLC	17,272.	0.	FMV		DRUG TESTING
FIFTH STREET COUNSELING IV, INC. 4121 NW 5TH STREET, STE. 206 PLANTATION, FL 33317	65-0272287	FOR PROFIT	385,446.	0.	FMV		DRUG TESTING / BEHAVIORAL HEALTH SERVICES
FLORIDA UNITED METHODIST CHILDREN'S HOME - 51 MAIN STREET - ENTERPRISE, FL 32725	59-0638479	501 (C) (3)	843,673.	0.	FMV		RESIDENTIAL GROUP CARE / FOSTER HOME MANAGEMENT
FRANCIS CROSBY, PSY. D. 1300 N. FEDERAL HIGHWAY, SUITE 206 BOCA RATON, FL 33432		N/A	7,160.	0.	FMV		BEHAVIORAL HEALTH SERVICES
FREEDOM FIT COACHING 111 CLEVELAND ST., APT. B3 LAKE WORTH, FL 33461	84-3661462	LLC	76,536.	0.	FMV		MENTORING
FRIENDS OF FOSTER CHILDREN OF PBC 4100 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	59-2487590	501 (C) (3)	467,248.	0.	FMV		FOSTER & ADOPTIVE PARENT SUPPORT / KINSHIP SUPPORT
GASPARDS HOME INC. 5065 SANCERRE CIRCLE LAKE WORTH, FL 33463	83-2231132	FOR PROFIT	133,225.	0.	FMV		RESIDENTIAL GROUP CARE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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GENUINE LOVE AND CARE LLC 17130 NW 323ND AVE. MIAMI, FL 33056	81-1604012	LLC	10,866.	0.	FMV		RESIDENTIAL GROUP CARE
GERENA & ASSOCIATES 1280 SW 36TH AVE, STE 206 POMPANO BEACH, FL 33069	30-0010226	FOR PROFIT	421,924.	0.	FMV		BEHAVIORAL HEALTH SERVICES
GIALOGIC (MARKETING) 1709 SW 4TH CT FT LAUDERDALE, FL 33312	54-2105722	FOR PROFIT	15,000.	0.	FMV		MARKETING
GLOBAL BEHAVIORAL SOLUTIONS 406 SE CORK RD., PORT ST. LUCIE, FL 34984	87-2622604	LLC	28,052.	0.	FMV		BEHAVIORAL HEALTH SERVICES
GLOBAL TRANSLATION & INTERPRETATION - 1844 SW 53RD AVE - PLANTATION, FL 33317	45-3946190	FOR PROFIT	234,053.	0.	FMV		TRANSLATION AND INTERPRETATION
GOLD AND ASSOCIATES P.O. BOX 2659 PONTE VERDA BEACH, FL 32004	59-2921987	FOR PROFIT	101,350.	0.	FMV		FOSTER HOME RECRUITMENT
GRANDMA'S PLACE 184 SPARROW DRIVE ROYAL PALM BEACH, FL 33411	65-0821321	501 (C) (3)	115,292.	0.	FMV		EMERGENCY SHELTER
HENDERSON BEHAVIORAL HEALTH 4740 N STATE RD 7 # 201 FORT LAUDERDALE, FL 33319	59-0711167	501 (C) (3)	1,443,131.	0.	FMV		SAFETY MANAGEMENT / PLACEMENT STABILIZATION
HIBISCUS CHILDREN'S CENTER 2400 NE OLD DIXIE HWY JENSEN BEACH, FL 34957	59-2632361	501 (C) (3)	1,063,058.	0.	FMV		RESIDENTIAL GROUP CARE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HIS HOUSE CHILDREN'S HOME 20000 NW 47TH AVENUE OPA LOCKA, FL 33055	65-0145994	501 (C) (3)	2,727,645.	0.	FMV		RESIDENTIAL GROUP CARE / FOSTER HOME MANAGEMENT / OUT-OF-COUNTY SUPERVISION
HOUSING PARTNERSHIP D/B/A COMMUNITY PARTNERS OF SOUTH FLORIDA - 2001 W BLUE HERON BLVD., - RIVIERA BEACH, FL 33404	59-1964034	501 (C) (3)	16,740.	0.	FMV		BEHAVIORAL HEALTH SERVICES
IMAGES OF GLORY 7480 ALOMA AVE WINTER PARK, FL 32792	59-3614281	501 (C) (3)	83,400.	0.	FMV		RESIDENTIAL GROUP CARE
IMPOWER, INC. 111 W. MAGNOLIA AVE. LONGWOOD, FL 32750	65-0439778	501 (C) (3)	18,085.	0.	FMV		BEHAVIORAL HEALTH SERVICES
INGRAM & ASSOCIATES 1402 ROYAL PALM BEACH, SUITE 400B ROYAL PALM BEACH, FL 33411	65-0737482	FOR PROFIT	6,925.	0.	FMV		BEHAVIORAL HEALTH SERVICES
INTEGRITY BEHAVIORAL HEALTH 160 NEW 176TH ST., SUITE 344 MIAMI GARDENS, FL 33169	81-2868488	LLC	9,200.	0.	FMV		BEHAVIORAL HEALTH SERVICES
JAFCO 4200 N UNIVERSITY DRIVE SUNRISE, FL 33351	20-0898587	501 (C) (3)	1,435,994.	0.	FMV		RESIDENTIAL GROUP CARE
JUST ADD RHYTHM 1525 SHELTER COVE DRIVE FLEMING ISLAND, FL 32003	30-0749145	LLC	15,500.	0.	FMV		DRUM-BASED ACTIVITIES
KIDS IN DISTRESS 819 NE 26TH STREET FORT LAUDERDALE, FL 33305	59-1927289	501 (C) (3)	2,836,175.	0.	FMV		FOSTER HOME MANAGEMENT / ADOPTION PROMOTION-SUPPORT / HOMEBUILDERS / SUPERVISED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LABCORP PO BOX 12140 BURLINGTON, FL 27216	84-0611484	FOR PROFIT	265,585.	0.	FMV		DRUG TESTING / DNA TESTING
LAUGHLOVELIVE AGAIN 7933 ORLEANS ST. MIRAMAR, FL 33023	84-1783186	LLC	99,342.	0.	FMV		BEHAVIORAL HEALTH SERVICES
LEGAL AID SERVICE OF BROWARD COUNTY - 491 N. STATE ROAD 7 - PLANTATION, FL 33317	59-1547191	501 (C) (3)	55,000.	0.	FMV		LEGAL IMMIGRATION SERVICES
LEGAL AID SOCIETY OF PALM BEACH COUNTY - 423 FERN STREET, STE. 200 - WEST PALM BEACH, FL 33401	59-6046994	501 (C) (3)	55,000.	0.	FMV		LEGAL IMMIGRATION SERVICES
LIFESTREAM BEHAVIORAL CENTER 1616 S 14TH STREET, LEESBURG, FL 34748	59-1561501	501 (C) (3)	15,810.	0.	FMV		RESIDENTIAL GROUP CARE
LUTHERAN SERVICES FLORIDA 221 NORTHWEST 43RD COURT OAKLAND PARK, FL 33309	59-2198911	501 (C) (3)	4,108,201.	0.	FMV		RESIDENTIAL GROUP CARE / EMERGENCY SHELTER
MAJESTY'S PALACE RESIDENTIAL HOMES 521 12TH AVENUE WEST BRADENTON, FL 34205	47-2074568	FOR PROFIT	45,000.	0.	FMV		RESIDENTIAL GROUP CARE
MARY ANN'S CLOSET, INC. 1321 S. DIXIE HWY. E, 11E POMPANO BEACH, FL 33060		501 (C) (3)	30,000.	0.	FMV		CAREGIVER RESOURCES
MENTAL HEALTH AMERICA OF SOUTHEAST FL - 7145 W. OAKLAND PK. BLVD. - LAUDERHILL, FL 33316	59-0816448	501 (C) (3)	205,296.	0.	FMV		BEHAVIORAL HEALTH SERVICES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH CENTER OF FL 1848 SE 1ST AVE FORT LAUDERDALE, FL 33316	81-3623816	N/A	247,496.	0.	FMV		BEHAVIORAL HEALTH SERVICES
MIAMI SUPREME HOME SERVICES 8500 SW 8TH STREET, 244 MIAMI, FL 33144	81-1668589	LLC	82,434.	0.	FMV		APPLIED BEHAVIORAL ANALYSIS
MONARCH CIRCLE 12501 WOODMILL DRIVE, PALM BEACH GARDENS, FL 33418	88-3840471	LLC	20,545.	0.	FMV		APPLIED BEHAVIORAL ANALYSIS
MULTICULTURAL ALLIANCE HEALTH CARE SOLUTIONS - 2700 W. CYPRESS CREEK ROAD B - 106 - FT. LAUDERDALE, FL 33309	27-3401361	FOR PROFIT	18,155.	0.	FMV		BEHAVIORAL HEALTH SERVICES
MULTILINGUAL PSYCHOTHERAPY CENTERS 1639 FPRUM PLACE, SUITE #7 WEST PALM BEACH, FL 33401	65-0789015	FOR PROFIT	31,966.	0.	FMV		BEHAVIORAL HEALTH SERVICES
NATIONAL YOUTH ADVOCATE PROGRAM 700 W. HILLSBORO BLVD., BLDG 3 STE DEERFIELD BEACH, FL 33441	34-1404302	501(C) (3)	2,014,188.	0.	FMV		FOSTER HOME MANAGEMENT / BRIEF STRATEGIC FAMILY THERAPY
NEUROPSYCHOLOGY CONSULTANTS 5700 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020	35-2419273	501 (C) (3)	13,200.	0.	FMV		RESIDENTIAL GROUP CARE
NEW HORIZON CHILDREN'S PLACE 8100 SW 10TH ST NORTH LAUDERDALE, FL 33068	14-2005736	501 (C) (3)	61,685.	0.	FMV		RESIDENTIAL GROUP CARE
OLGA CAMPBELL FOSTER HOME 4039 SW 25TH ST HOLLYWOOD, FL 33023	07-2620955	N/A	32,550.	0.	FMV		RESIDENTIAL GROUP CARE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE HOPE UNITED 333 S. WABASH AVE., CHICAGO, IL 60604	36-2181967	501 (C) (3)	1,655,668.	0.	FMV		RESIDENTIAL GROUP CARE / FOSTER HOME MANAGEMENT / FAMILY SUPPORT SERVICES
OUR MOTHER'S HOME 7438 CARRIER RD FORT MYERS, FL 33912	65-0510103	501 (C) (3)	50,100.	0.	FMV		RESIDENTIAL GROUP CARE
PATH2FREEDOM 1200 GOODLETTE RD N #9916 NAPLES, FL 34101	47-3835818	501 (C) (3)	142,600.	0.	FMV		RESIDENTIAL GROUP CARE
PELICAN PALACE, LLC 12335 NW 51ST STREET, CORAL SPRINGS, FL 33076	47-3891575	LLC	197,056.	0.	FMV		RESIDENTIAL GROUP CARE
PELLICAN OF WELLNESS / RAPID BEHAVIOR SERVICES - 2701 W OAKLAND PARK BLVD., - OAKLAND PARK, FL 33311	20-1861975	FOR PROFIT	39,292.	0.	FMV		APPLIED BEHAVIORAL ANALYSIS
PHAMATECH 15175 INNOVATION DR SAN DIEGO, CA 92128	33-0836229	FOR PROFIT	102,160.	0.	FMV		DRUG TESTING / DNA TESTING
PINNACLE FAMILY SERVICES 351 SW 136TH AVE., STE. 207 DAVIE, FL 33325	47-4749980	501 (C) (3)	1,045,193.	0.	FMV		FOSTER HOME MANAGEMENT
PLACE OF HOPE 9078 ISAIAH LANE PALM BEACH GARDENS, FL 33418	65-0841384	501 (C) (3)	1,622,570.	0.	FMV		RESIDENTIAL GROUP CARE / FOSTER HOME MANAGEMENT / MATERNITY HOMES
PLANTATION NURSING AND REHABILITATION - 4250 NW 5TH STREET - PLANTATION, FL 33317	65-1002392	LLC	292,000.	0.	FMV		SKILLED NURSING FACILITY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSITIVE BEHAVIOR SERVICES 2615 FAIRWAYS DR., HOMESTEAD, FL 33035	45-5111407	FOR PROFIT	29,647.	0.	FMV		APPLIED BEHAVIORAL ANALYSIS
POSITIVE BEHAVIOR SUPPORTS CORP 7108 S. KIANNER HWY, STUART, FL 34997	20-5268843	FOR PROFIT	58,815.	0.	FMV		APPLIED BEHAVIORAL ANALYSIS
PROJECT TOUCH INC 3541 SW 144 AVENUE MIRAMAR, FL 33027	65-1108058	501 (C) (3)	716,802.	0.	FMV		RESIDENTIAL GROUP CARE / FOSTER HOME MANAGEMENT
R&R DOMESTIC SERVICES 2620 CARAMBOLA CIRCLE N. COCONUT CREEK, FL 33066	38-3508169	501 (C) (3)	13,445.	0.	FMV		BEHAVIORAL HEALTH SERVICES
READY 2 LEARN 17422 NW 7TH STREET PEMBROKE PINES, FL 33029	56-2456769	FOR PROFIT	27,075.	0.	FMV		TUTORING
REYNA GROUP HOME 8960 RALEIGH STREET HOLLYWOOD, FL 33024	27-0047003	501 (C) (3)	696,786.	0.	FMV		RESIDENTIAL GROUP CARE
ROYAL PARADISE CENTER 13918 69TH STREET N WEST PALM BEACH, FL 33412	81-4019109	LLC	136,453.	0.			RESIDENTIAL GROUP CARE
SAILFUTURE 2900 68TH AVE. SOUTH ST PETERSBURG, FL 33712	46-3271817	501 (C) (3)	125,091.	0.	FMV		RESIDENTIAL GROUP CARE
SITA DEVI, INC. 809 SW 8TH TER FT. LAUDERDALE, FL 33315	01-0717367	FOR PROFIT	404,556.	0.	FMV		TUTORING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITH COMMUNITY MENTAL HEALTH 601 SOUTH STATE RD 7 PLANTATION, FL 33317	65-0918245	501 (C) (3)	5,571.	0.	FMV		BEHAVIORAL HEALTH SERVICES
SOS CHILDREN'S VILLAGES 3681 NW 59TH PLACE COCONUT CREEK, FL 33073	65-0080301	501 (C) (3)	2,754,043.	0.	FMV		FOSTER HOME MANAGEMENT / DEPENDENCY CASE MANAGEMENT
SOUTH FLORIDA THERAPEUTIC SOLUTIONS - 9050 PINES BLVD., STE. 383 - PEMBROKE PINES, FL 33026	26-2942463	FOR PROFIT	665,655.	0.	FMV		DRUG TESTING / BEHAVIORAL HEALTH SERVICES
ST. AUGUSTINE YOUTH SERVICES 201 SIMONE WAY ST. AUGUSTINE, FL 32086	59-2925271	501 (C) (3)	471,119.	0.	FMV		RESIDENTIAL GROUP CARE
STRENGTHS & SOLUTIONS 1920 E. HALLANDALE BEACH BLVD., #6 HALLANDALE, FL 33009	84-1907806	LLC	18,768.	0.	FMV		BEHAVIORAL HEALTH SERVICES
SUNSHINE METHOD 3300 NW 112TH AVE., UNIT 13 DORAL, FL 33172	45-5497573	FOR PROFIT	24,778.	0.	FMV		TUTORING
THE CHILDREN'S PLACE 2840 6TH AVENUE SOUTH LAKE WORTH, FL 33461	59-1935485	501 (C) (3)	782,716.	0.	FMV		RESIDENTIAL GROUP CARE
THE JOURNEY INSTITUTE 6635 W. COMMERCIAL BLVD., 112 TAMARAC, FL 33319	41-2271519	501 (C) (3)	60,398.	0.	FMV		BEHAVIORAL HEALTH SERVICES
TOMORROW'S RAINBOW 4341 NORTHWEST 39TH AVE., COCONUT CREEK, FL 33073	42-1605812	501 (C) (3)	7,800.	0.	FMV		EQUINE THERAPY

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VITA NOVA 1800 S AUSTRALIAN AVENUE WEST PALM BEACH, FL 33409	65-0298299	501 (C) (3)	476,453.	0.	FMV		INDEPENDENT LIVING SERVICES
WINGS OF SHELTER 21301 S. TAMiami TRAIL, SUITE 320-3 ESTERO, FL 33928	26-3441610	501 (C) (3)	127,000.	0.	FMV		RESIDENTIAL GROUP CARE
YOUTH LAW CENTER 832 FOLSOM STREET, SUITE 700 SAN FRANCISCO, CA 94107	94-1715280	501 (C) (3)	10,063.	0.	FMV		QUALITY PARENTING INITIATIVE

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated 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 noncash assistance
ASSISTANCE & GRANTS TO FOSTER PARENTS	1061	12,830,541.	0.	N/A	

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE ORGANIZATION CURRENTLY MONITORS THE USE OF GRANT FUNDS ON A QUARTERLY AND ANNUAL BASIS. MONITORING INVOLVES OBTAINING THE QUARTERLY AND ANNUAL FINANCIAL STATEMENTS FROM ALL CONTRACTED PROVIDERS AND CONDUCTING A FINANCIAL STATEMENT ANALYSIS AS WELL AS CONTRACTUAL REVIEW AND AUDIT PROGRAM TO ENSURE CONTINUOUS QUALITY IMPROVEMENT. 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

**Part IV** Supplemental Information

GRANT FUNDS BY SELECTING AND TESTING EXPENDITURES TO ENSURE 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: FOSTER HOME MANAGEMENT / ADOPTION

PROMOTION-SUPPORT / HOMEBUILDERS / SUPERVISED VISITATION

**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" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> 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 (such as maid, chauffeur, chef) |

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" 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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LARRY REIN	(i)	235,909.	0.	0.	9,535.	21,924.	267,368.	0.
CEO & PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JULIE DEMAR	(i)	191,000.	0.	0.	8,417.	10,622.	210,039.	0.
CHIEF PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DONNA EPRIFANIA	(i)	182,360.	0.	0.	6,189.	21,372.	209,921.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SUSAN EBY	(i)	160,824.	0.	0.	7,540.	26,597.	194,961.	0.
CHIEF CLINICAL QUALITY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JASON TRACEY	(i)	149,932.	0.	0.	7,564.	33,181.	190,677.	0.
CHIEF LEGAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NICOLE SLADE	(i)	147,050.	0.	0.	5,964.	16,643.	169,657.	0.
CASE MANAGEMENT PROGRAM OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE GOVERNING BODY, CONSISTING OF THE CEO AND CFO  
OF THE ORGANIZATION AS WELL AS THE BOARD OF DIRECTORS 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. IN  
THE EVENT OF A CONFLICT, THE PERSON RECUSES HIMSELF/HERSELF FROM ALL  
DISCUSSIONS OR FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

THE CEO SALARY IS DETERMINED THROUGH A STATEWIDE COMPARISON OF PEER  
ORGANIZATIONS IN THE STATE OF FLORIDA AND HAS STATUTORY LIMITATIONS AS IT  
RELATES TO THE DEPARTMENT OF CHILDREN AND FAMILIES SECRETARY'S SALARY. A  
COMMUNITY BASED CARE CEO MAY NOT HAVE A SALARY THAT IS IN EXCESSIVE OF 150%  
OF THAT DCF SECRETARY'S CURRENT SALARY IN A GIVEN FISCAL YEAR. THE "CHIEF"  
EXECUTIVE POSITIONS UNDER THE CEO UTILIZED A MARKET COMPENSATION ANALYSIS  
COMPLETED BY MERCER AT THEIR INITIAL CREATION; THE ORGANIZATION NOW USES A  
PLATFORM CALLED "SALARY.COM COMP ANALYST".

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 FORM 990. GOVERNING DOCUMENTS AND  
CONFLICT OF INTEREST DOCUMENTS ARE MADE AVAILABLE THROUGH THE  
ORGANIZATION'S INTERNAL DASHBOARD AND AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

FORM 990, PART XII, LINE 2C:

THE PROCESS FOR SELECTING A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF INDEPENDENT ACCOUNTANTS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BROWARD CARES FOR KIDS FOUNDATION, INC. - 20-2273948, 1100 W. MCNAB ROAD, FT. LAUDERDALE, FL 33309	FUNDRAISING	FLORIDA	501(C)(3)	LINE 7			<b>X</b>

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TECH CARE FOR KIDS, INC. - 47-2079268 1100 W MCNAB ROAD FORT LAUDERDALE, FL 33309	SOCIAL PURPOSE	FL	REPORTING ENTITY	C CORP	0.	3,853.	100%	X	

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

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

**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?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TECH CARE FOR KIDS, INC.	D	141,944.	FMV
(2) TECH CARE FOR KIDS, INC.	N	3,853.	FMV
(3) TECH CARE FOR KIDS, INC.	Q	192.	FMV
(4)			
(5)			
(6)			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for providing supplemental information.