

CBIZ ADVISORS, LLC
1899 L STREET, NW #850
WASHINGTON, DC 20036

CHILDNET, INC.
1100 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309

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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2023

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILDNET, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1100 WEST MCNAB ROAD City or town, state or province, country, and ZIP or foreign postal code FORT LAUDERDALE, FL 33309 F Name and address of principal officer: LARRY REIN SAME AS C ABOVE	D Employer identification number 65-1149351 E Telephone number 954-414-6000 G Gross receipts \$ 161,113,138. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CHILDNET.US		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2001 M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: CHILDNET IS AN ORGANIZATION DEVOTED TO THE DEVELOPMENT OF COMMUNITY-BASED SERVICES AND SUPPORT.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	743
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 159,554,128.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	224.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	159,554,352.	161,113,138.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	67,772,442.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	40,993,071.	41,877,066.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	109,050.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	49,552,491.	8,750,742.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	158,318,004.	160,704,993.
	19	Revenue less expenses. Subtract line 18 from line 12	1,236,348.	408,145.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 30,029,221.	End of Year 22,112,122.
	21	Total liabilities (Part X, line 26)	31,051,136.	22,725,892.
	22	Net assets or fund balances. Subtract line 21 from line 20	-1,021,915.	-613,770.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer LARRY REIN, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name AARON M. FOX	Preparer's signature AARON M. FOX
	Firm's name CBIZ ADVISORS, LLC	Date 03/13/25
	Firm's address 1899 L STREET, NW #850 WASHINGTON, DC 20036	Check if self-employed <input type="checkbox"/> PTIN P01365820
		Firm's EIN 88-1478669 Phone no. 202-227-4000

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 \$ 156,720,040. including grants of \$ 110,077,185.) (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 2,631 CHILDREN IN IN-HOME AND OUT OF HOME CARE (917 CHILDREN IN FOSTER CARE, 250 CHILDREN IN RESIDENTIAL GROUP CARE, 281 YOUNG ADULTS SERVED IN INDEPENDENT LIVING 18+ -PAID TO INDIVIDUALS) AND FINALIZED 292 ADOPTIONS FOR FISCAL YEAR ENDED JUNE 30, 2024.

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 156,720,040.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks indicate 'Yes' responses.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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 (10a-10b), section 501(c)(12) organizations (11a-11b), 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 Enter the number of voting members... 16; 1b Enter the number of voting members included... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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 Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? X

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. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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			248,307.	0.	50,433.	
(2) DONNA EPRIFANIA CHIEF FINANCIAL OFFICER	40.00			X			191,062.	0.	42,377.	
(3) SUSAN EBY CHIEF CLINICAL QUALITY OFFICER	40.00			X			172,194.	0.	46,559.	
(4) JULIE DEMAR CHIEF PROGRAM OFFICER	40.00			X			178,876.	0.	28,036.	
(5) JASON TRACEY CHIEF LEGAL OFFICER	40.00			X			156,522.	0.	42,311.	
(6) NICOLE SLADE PROG OFFICER-CASE MGMT AND INTAKE	40.00					X	125,782.	0.	28,484.	
(7) DEENA PONTO PROGRAM OFFICER OF CASE MANAGEMENT	40.00					X	116,077.	0.	34,697.	
(8) SHAUNA THOMAS LEGAL COUNSEL	40.00					X	111,395.	0.	13,257.	
(9) BOBBI COMBS CONTROLLER	40.00					X	114,222.	0.	9,828.	
(10) SHANNY TOZZI DIRECTOR OF COMMUNITY RELATIONS	40.00					X	114,660.	0.	721.	
(11) NEIKO SHEA CHIEF OF STAFF	40.00			X			26,546.	0.	3,693.	
(12) RAE BULLARD - CHIEF HUMAN RESOURCES OFFICER UNTIL 06/24	40.00			X			74.	0.	0.	
(13) MICHAEL LEPERA DIRECTOR	2.00	X					0.	0.	0.	
(14) AMY BLACK BOARD CHAIR	2.00	X		X			0.	0.	0.	
(15) DR. VICTORIA THURSTON VICE CHAIR	2.00	X		X			0.	0.	0.	
(16) JOSEFA BENJAMIN, LT. COL MEMBER AT LARGE	2.00	X					0.	0.	0.	
(17) REBECCA BROCK, ESQ SECRETARY	2.00	X		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) MEGHAN RUSSELL TREASURER	2.00	X		X				0.	0.	0.
(19) NANCY W GREGOIRE, ESQ DIRECTOR	2.00	X						0.	0.	0.
(20) DR. RONALD FORD DIRECTOR	2.00	X						0.	0.	0.
(21) DAVID PRATHER DIRECTOR UNTIL 12/23	2.00	X						0.	0.	0.
(22) CHELSEA BELLEW DIRECTOR	2.00	X						0.	0.	0.
(23) LOIS MARINO DIRECTOR	2.00	X						0.	0.	0.
(24) PAUL ADAMS DIRECTOR	2.00	X						0.	0.	0.
(25) SABRIA MCELROY, ESQ DIRECTOR	2.00	X						0.	0.	0.
(26) BILL REICHERTER DIRECTOR AS OF 03/24	2.00	X						0.	0.	0.
1b Subtotal								1,555,717.	0.	300,396.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,555,717.	0.	300,396.

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 12

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DONNA KORN DIRECTOR AS OF 08/23	2.00	X						0.	0.	0.
(28) HEIDI SCHAEFFER DIRECTOR AS OF 01/24	2.00	X						0.	0.	0.
(29) MARIA MEZERHANE DIRECTOR AS OF 02/24	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	160,893,084.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	220,054.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			161113138.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			161113138.	0.	0.	0.	

Part IX Statement of Functional Expenses

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

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	65,877,419.	65,877,419.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	44,199,766.	44,199,766.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,167,717.	706,169.	461,548.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	32,905,346.	32,733,037.	172,309.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	828,726.	591,759.	236,967.	
9 Other employee benefits	4,548,376.	3,186,559.	1,361,817.	
10 Payroll taxes	2,426,901.	1,698,831.	728,070.	
11 Fees for services (nonemployees):				
a Management				
b Legal	6,000.	6,000.		
c Accounting	101,886.	69,354.	28,619.	3,913.
d Lobbying	424.			424.
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	155,710.	24,992.	130,469.	249.
12 Advertising and promotion	228,895.	177,125.	3,071.	48,699.
13 Office expenses	285,915.	215,556.	66,027.	4,332.
14 Information technology	314,556.	302,965.	11,499.	92.
15 Royalties				
16 Occupancy	4,032,416.	3,848,891.	182,664.	861.
17 Travel	538,217.	529,295.	5,622.	3,300.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	88,755.	61,102.	19,092.	8,561.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	164,033.		164,033.	
23 Insurance	1,557,035.	1,442,784.	113,983.	268.
24 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.)				
a DATA COMMUNICATIONS	625,364.	596,385.	28,834.	145.
b TELEPHONE	534,758.	441,489.	92,657.	612.
c DUES, MEMBERSHIPS, SUBS	73,963.	6,017.	61,680.	6,266.
d CONTRACT AND OTHER SERV	38,270.		6,942.	31,328.
e All other expenses	4,545.	4,545.		
25 Total functional expenses. Add lines 1 through 24e	160,704,993.	156,720,040.	3,875,903.	109,050.
26 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
Assets	1 Cash - non-interest-bearing	9,588,655.	1	6,268,595.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,127,425.	3	784,017.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,763,917.	9	108,845.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,899,213.		
	b Less: accumulated depreciation	10b 2,597,763.	393,126.	10c 301,450.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,156,098.	15	14,649,215.
16 Total assets. Add lines 1 through 15 (must equal line 33)	30,029,221.	16	22,112,122.	
Liabilities	17 Accounts payable and accrued expenses	8,005,415.	17	7,644,661.
	18 Grants payable		18	
	19 Deferred revenue	5,450,613.	19	0.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	17,595,108.	25	15,081,231.
	26 Total liabilities. Add lines 17 through 25	31,051,136.	26	22,725,892.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-1,512,798.	27	-915,220.
	28 Net assets with donor restrictions	490,883.	28	301,450.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	-1,021,915.	32	-613,770.
	33 Total liabilities and net assets/fund balances	30,029,221.	33	22,112,122.

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	161,113,138.
2	Total expenses (must equal Part IX, column (A), line 25)	2	160,704,993.
3	Revenue less expenses. Subtract line 2 from line 1	3	408,145.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,021,915.
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	-613,770.

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 (2023)

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

2023

Open to Public
Inspection

Name of the organization CHILDNET, INC.	Employer identification number 65-1149351
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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).** (Attach Schedule E (Form 990).)
- 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).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An 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 (see instructions). Enter the name, city, and state of the college or university: _____
- 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, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	131832154	128309759	139559375	159554128	161113138	720368554
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	131832154	128309759	139559375	159554128	161113138	720368554
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						720368554

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	131832154	128309759	139559375	159554128	161113138	720368554
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,589.	1,669.	543.	0.	0.	8,801.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	54,215.	26,342.	7,048.	224.		87,829.
11 Total support. Add lines 7 through 10						720465184
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.99	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.96	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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
1 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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c 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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 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>		
7 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>		
8 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>		
9a 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 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>		
c 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>		
10a 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 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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.

Section A - Adjusted Net Income		(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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			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	Distributable Amount. 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	Total annual distributions. 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, 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

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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization CHILDNET, INC.	Employer identification number 65-1149351
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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	DEPARTMENT OF CHILDREN AND FAMILIES 111 SOUTH SAPODILLA AVE, ROOM 301-E WEST PALM BEACH, FL 33401	\$ 152,855,377.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDNET, INC.	Employer identification number 65-1149351
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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 CHILDNET, INC.	Employer identification number 65-1149351
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" 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

2023

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(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and others), and several Yes/No questions regarding monitoring, expenses, and reporting.

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 revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 in 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		2,879,653.	2,578,203.	301,450.
e Other		19,560.	19,560.	0.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				301,450.

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)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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	345,336.
(2) ROU ASSET	14,303,879.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	14,649,215.

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	15,081,231.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	15,081,231.

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.

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

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.

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

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 STATEMENTS OF FINANCIAL POSITION AS OF JUNE 30, 2024 AND 2023 OR THE ACCOMPANYING CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEARS 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 for the latest information.

OMB No. 1545-0047

2023

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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
1 ARCHANGEL SERVICES 2723 COLONIAL LAKES DRIVE STE 100 MISSOURI CITY, TX 77459	84-2998955	501(C) (3)	19,205.	0.	FMV		FOSTER HOME MANAGEMENT
4KIDS OF SOUTH FLORIDA 2717 W CYPRESS CREEK RD FT LAUDERDALE, FL 33309	61-1416525	501(C) (3)	887,474.	0.	FMV		FOSTER HOME MANAGEMENT
ADVANCED PSYCHOLOGICAL ASSESSMENTS - QUINA H MUNSON PSYD PA - 6011 NW 63RD PLACE - PARKLAND, FL 33067	45-4148179	FOR PROFIT	80,850.	0.	FMV		ASSESSMENTS
AHERO 6110 BOULEVARD OF CHAMPIONS SUITE 4 NORTH LAUDERDALE, FL 33068	82-1148254	501(C) (3)	27,448.	0.	FMV		FOSTER HOME MANAGEMENT
ALPHA HOUSE 701 5TH AVE NORTH ST. PETERSBURG, FL 33701	59-1991525	501(C) (3)	13,781.	0.	FMV		RESIDENTIAL GROUP CARE
AVIDITY 815 NW 57 AVENUE, SUITE 480 MIAMI, FL 33126	26-4488970	501(C) (3)	4,438,647.	0.	FMV		RESIDENTIAL GROUP CARE & FOSTER HOME MANAGEMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **59.**

3 Enter total number of other organizations listed in the line 1 table **18.**

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

Schedule I (Form 990) 2023

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
BOYS TOWN - CENTRAL FL GROUP HOME 3555 COMMONWEALTH BLVD TALLAHASSEE, FL 32303	20-0654235	501(C) (3)	746,124.	0.	FMV		RESIDENTIAL GROUP CARE
BRENDA KNOWLES GROUP HOME INC 15656 SW 53RD CT MIRAMAR, FL 33027-4985	04-3680912	N/A	73,500.	0.	FMV		RESIDENTIAL GROUP CARE
BRIDGING FREEDOM PO BOX 18984 TAMPA, FL 33679	27-5467980	501(C) (3)	440,163.	0.	FMV		RESIDENTIAL GROUP CARE
BROOKWOOD FLORIDA INC 901 7TH AVE S ST PETERSBURG, FL 33705	59-0624387	501(C) (3)	26,067.	0.	FMV		RESIDENTIAL GROUP CARE
BROWARD HEALTHY START COALITION, INC - 4620 N. STATE ROAD 7 BLDG H, SUITE 102 - LAUDERDALE LAKES, FL 33319	65-0316363	501(C) (3)	85,074.	0.	FMV		PREVENTION SERVICES
BROWARD COUNTY SHERIFF OFFICE 2601 W. BROWARD BLVD., FT. LAUDERDALE, FL 33312		GOVERNMENT ENTIT	119,968.	0.	FMV		BACKGROUND SCREENINGS
CAMELOT COMMUNITY CARE INC 15500 ROOSEVELT BLVD, SUITE 204 CLEARWATER, FL 33760	31-1659302	501(C) (3)	614,331.	0.	FMV		FUNCTIONAL FAMILY THERAPY / FOSTER HOME MANAGEMENT
CARING PALMS GROUP HOME LLC 17186 87TH LANE N LOXAHATCHEE, FL 33470	82-3531978	LLC	105,516.	0.	FMV		RESIDENTIAL GROUP CARE
CARLTON MANOR 45 WESTWOOD TERRACE NORTH ST PETERSBURG, FL 33710	59-2058176	501(C) (3)	203,533.	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
CAYUGA CENTERS 101 HAMILTON AVE AUBURN, NY 13021	15-0532087	501(C) (3)	755,939.	0.	FMV		FOSTER HOME MANAGEMENT
CHILDREN FIRST COMMUNITY HOMES AND SERVICES INC - 7401 WILES RD STE 218 - CORAL SPRINGS, FL 33067	20-1966531	N/A	186,654.	0.	FMV		RESIDENTIAL GROUP CARE
CHILDREN HOME NETWORK MATERNITY PROGRAM - 10909 MEMORIAL HIGHWAY - TAMPA, FL 33615	59-0696284	501(C) (3)	67,617.	0.	FMV		RESIDENTIAL GROUP CARE
CHILDRENS HARBOR 19410 SW 58TH PLACE PEMBROKE PINES, FL 33332	31-1471766	501(C) (3)	2,859,886.	0.	FMV		RESIDENTIAL GROUP CARE/TRANSITIONAL INDEPENDENT LIVING
CHILDRENS HOME SOCIETY 482 S KELLER RD 3RD FL ORLANDO, FL 32810-6130	59-0192430	501(C) (3)	758,222.	0.	FMV		ADOPTION SERVICES
CHILDRENS SERVICES COUNCIL 2300 HIGH RIDGE RD BOYNTON BEACH, FL 33426		GOVERNMENT ENTIT	60,000.	0.	FMV		PARENTING
CHOICES CHILDREN & FAMILIES CONSORTIUM - 2300 NW 6TH ST - POMPANO BEACH, FL 33069-2214	59-2357179	501(C) (3)	27,816.	0.	FMV		FOSTER HOME MANAGEMENT
CITRUS HEALTH NETWORK GROUP 4175 W 20TH AVE HIALEAH, FL 33012-5874	59-1865751	501(C) (3)	174,802.	0.	FMV		RESIDENTIAL GROUP CARE/TRANSITIONAL INDEPENDENT LIVING
COMMUNITY BASED CONNECTIONS INC 1021 NW 6TH ST FT LAUDERDALE, FL 33311	27-0513560	501(C) (3)	189,465.	0.	FMV		INTACT FAMILY NAVIGATION / SAFETY MANAGEMENT / KINSHIP SUPPORT

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
COMMUNITY HEALTH OF SOUTH FLORIDA INC - 10300 SW 216TH ST - CUTLER BAY, FL 33190-1003	59-1372690	501(C) (3)	78,615.	0.	FMV		FOSTER HOME MANAGEMENT
CONSISTENT CARE COALITION LLC 30942 STONE ARCH AVENUE WESLEY CHAPEL, FL 33545	47-4498742	501(C) (3)	148,722.	0.	FMV		RESIDENTIAL GROUP CARE
DALAMA PROTECTION LLC 18503 PINES BLVD STE 310 PEMBROKE PINES, FL 33029	11-3060324	LLC	26,325.	0.	FMV		SECURITY SERVICES
DELANCY GROUP HOME LLC 4174 SW DARIEN ST PORT ST LUCIE, FL 34953	29-4543711	FOR PROFIT	334,483.	0.	FMV		RESIDENTIAL GROUP CARE/TRANSITIONAL INDEPENDENT LIVING
DEVEREUX CENTER 5850 TG LEE BLVD STE 400 ORLANDO, FL 32822	23-1390618	501(C) (3)	2,275,302.	0.	FMV		RESIDENTIAL GROUP CARE
EDUCATION ADVANTAGE LLC - SHELTER 4299 NW 45TH ST LAUDERDALE LAKES, FL 33319	35-2291175	LLC	541,052.	0.	FMV		RESIDENTIAL GROUP CARE
ELEVATED YOUTH SERVICES 7447 NW 33RD ST HOLLYWOOD, FL 33024	87-2494748	FOR PROFIT	355,800.	0.	FMV		RESIDENTIAL GROUP CARE
FAMILY UNITY LLC 6750 N ANDREWS AVE SUITE 200 FORT LAUDERDALE, FL 33309	23-7074625	501(C) (3)	10,537.	0.	FMV		FOSTER HOME MANAGEMENT / BEHAVIORAL HEALTH SERVICES
FLORIDA KEYS CHILDREN'S SHELTER 73 HIGH POINT ROAD TAVERNIER, FL 33070-2005	59-2605356	501(C) (3)	7,560.	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
FLORIDA PALMS ACADEMY PROGRAM 10001 WW. OAKLAND PARK BLVD STE 200 SUNRISE, FL 33351	46-2449539	501(C) (3)	15,873.	0.	FMV		RESIDENTIAL GROUP CARE
FLORIDA UNITED METHODIST CHILDRENS HOME - 51 CHILDRENS WAY - ENTERPRISE, FL 32725-8135	59-0638479	501(C) (3)	342,358.	0.	FMV		RESIDENTIAL GROUP CARE
FRIENDS OF CHILDREN & FAMILIES PALM BAY - 1311 EMERSON DRIVE - BREVARD, FL 32907-5516	59-2735429	501(C) (3)	9,639.	0.	FMV		RESIDENTIAL GROUP CARE
FRIENDS OF FOSTER CHILDREN 4100 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	59-2487590	501(C) (3)	136,967.	0.	FMV		FOSTER AND KINSHIP NAVIGATION / BACKGROUND SCREENING
GASPARDS HOME INC 5065 SANCERRE CIR LAKE WORTH, FL 33463-7471	83-2231132	FOR PROFIT	147,666.	0.	FMV		RESIDENTIAL GROUP CARE
GIALOGIC PRODUCTIONS 1709 SW 4TH CT FT LAUDERDALE, FL 33312	54-2105722	FOR PROFIT	31,600.	0.	FMV		MARKETING
GRANDMAS PLACE INC 184 SPARROW DR ROYAL PALM BEACH, FL 33411	65-0821321	501(C) (3)	59,320.	0.	FMV		RESIDENTIAL GROUP CARE
HAYNES HARBOR GROUP, INC 3585 NE 207 STREET C9 # 741 AVENTURA, FL 33180	38-4008020	501(C) (3)	148,904.	0.	FMV		RESIDENTIAL GROUP CARE
HEALTH CONNECT AMERICA 13794 NW 4TH STREET SUITE 202 SUNRISE, FL 33325	20-3858944	FOR PROFIT	220,862.	0.	FMV		FOSTER HOME MANAGEMENT

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
HEART OF FLORIDA YOUTH RANCH 15833 N US HIGHWAY 301 CITRA, FL 32113-3155	59-2274734	501(C) (3)	184,110.	0.	FMV		RESIDENTIAL GROUP CARE
HIBISCUS CHILDRENS CENTER 4001 NE SAVANNAH RD JENSEN BEACH, FL 34957-3805	59-2632361	501(C) (3)	767,967.	0.	FMV		RESIDENTIAL GROUP CARE
HIS HOUSE CHILDRENS HOMES 20000 NW 47TH AVE HECTOR BLDG 2 MIAMI GARDENS, FL 33055	65-0145994	501(C) (3)	3,839,377.	0.	FMV		RESIDENTIAL GROUP CARE / FOSTER HOME MANAGEMENT / OUT-OF-COUNTY SUPERVISION
HOLLY STREET GROUP 7050 HOLLY STREET MOUNT DORA, FL 32757-7413	46-5288471	501(C) (3)	51,600.	0.	FMV		RESIDENTIAL GROUP CARE
IMAGES OF GLORY INC PO BOX 623186 OVIEDO, FL 32762-3186	59-3614281	501(C) (3)	125,217.	0.	FMV		RESIDENTIAL GROUP CARE
JAFCO 4200 N UNIVERSITY DR SUNRISE, FL 33351	20-0898587	501(C) (3)	1,225,315.	0.	FMV		RESIDENTIAL GROUP CARE
KIDS IN DISTRESS INC 819 NE 26TH ST WILTON MANORS, FL 33305-1239	59-1927289	501(C) (3)	1,491,682.	0.	FMV		FOSTER HOME MANAGEMENT / ADOPTION PROMOTION-SUPPORT / HOMEBUILDERS / SUPERVISED
LIFESTREAM BEHAVIORAL CENTER P.O. BOX 491000 LESSBURG, FL 34749	59-1561501	501(C) (3)	18,675.	0.	FMV		RESIDENTIAL GROUP CARE
LITTLE CREEK BEHAVIORAL HEALTH 161 SKUNK HOLLOW ROAD CONWAY, AR 72032	74-2474097	FOR PROFIT	59,660.	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
LSF HANDS OF MERCY EVERYWHERE-FAITH - 6017 SE ROBINSON ROAD - BELLEVIEW, FL 34420-3307	59-2198911	501(C) (3)	66,605.	0.	FMV		RESIDENTIAL GROUP CARE
LUTHERAN SERVICES 3627A W WATERS AVE TAMPA, FL 33614-2783	59-2198911	501(C) (3)	5,154,455.	0.	FMV		RESIDENTIAL GROUP CARE
MAJESTY'S PALACE RESIDENTIAL HOME 521 12TH AVE W BRADENTON, FL 34205	47-2074568	FOR PROFIT	166,135.	0.	FMV		RESIDENTIAL GROUP CARE
MARIE'S GROUP HOME SERVICES 2140 SW 67TH WAY MIRAMAR, FL 33023	54-2156529	FOR PROFIT	62,300.	0.	FMV		RESIDENTIAL GROUP CARE
MARY ANN'S CLOSET 360 S.E. 5TH COURT POMPANO BEACH, FL 33060	83-2650327	501(C) (3)	30,000.	0.	FMV		CAREGIVER RESOURCES
MENTAL HEALTH AMERICA OF SE FLORIDA - 7145 W OAKLAND PK BLVD - LAUDERHILL, FL 33313	59-0816448	501(C) (3)	174,508.	0.	FMV		BEHAVIORAL HEALTH SERVICES
NATIONAL YOUTH ADVOCATE PROGRAM NYAP - 1801 WATERMARK DR STE 200 - COLUMBUS, OH 43215	34-1404302	501(C) (3)	1,338,339.	0.	FMV		FOSTER HOME MANAGEMENT / BRIEF STRATEGIC FAMILY THERAPY
NEW HORIZON CHILDRENS PLACE INC C/O 2875 NW 70TH AVE MARGATE, FL 33063	14-2005736	501(C) (3)	62,154.	0.	FMV		RESIDENTIAL GROUP CARE
OLV HUMAN SERVICES 790 RIDGE ROAD LAKAWANNA, NY 14218-1629	16-1017453	501(C) (3)	27,072.	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 2430 WESTMONT DRIVE ROYAL PALM BEACH, FL 33411	36-2181967	501(C) (3)	1,265,678.	0.	FMV		RESIDENTIAL GROUP CARE
OUR MOTHERS HOME 7438 CARRIER ROAD FT MYERS, FL 33967	65-0510103	501(C) (3)	72,689.	0.	FMV		RESIDENTIAL GROUP CARE/TRANSITIONAL INDEPENDENT LIVING
PATH2FREEDOM INC 1200 GOODLETTE ROAD N #9916 NAPLES, FL 34101	47-3835818	501(C) (3)	332,180.	0.	FMV		RESIDENTIAL GROUP CARE
PELICAN PALACE 12335 NW 51ST ST CORAL SPRINGS, FL 33076-3446	47-3891575	LLC	94,728.	0.	FMV		RESIDENTIAL GROUP CARE
PINNACLE FAMILY SERVICES OF FLORIDA - 13794 NW 4TH STREET SUITE 202 - SUNRISE, FL 33325	47-4749980	501(C) (3)	323,199.	0.	FMV		FOSTER HOME MANAGEMENT / BEHAVIORAL HEALTH SERVICES
PLACE OF HOPE 9078 ISAIAH LN PALM BEACH GARDENS, FL 33418	65-0841384	501(C) (3)	1,110,486.	0.	FMV		RESIDENTIAL GROUP CARE / FOSTER HOME MANAGEMENT / MATERNITY HOMES
PLANTATION NURSING & REHAB CENTER-KIDZ KORNER - 4250 NW 5TH ST - PLANTATION, FL 33317	65-1002392	LLC	249,800.	0.	FMV		RESIDENTIAL GROUP CARE
PROJECT TOUCH CPA 3541 SW 144TH AVE MIRAMAR, FL 33027-3712	65-1108058	501(C) (3)	570,965.	0.	FMV		RESIDENTIAL GROUP CARE / FOSTER HOME MANAGEMENT
REYNA GROUP HOME INC - COOPER CITY PO BOX 848275 HOLLYWOOD, FL 33084-8275	27-0047003	501(C) (3)	847,703.	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
ROYAL PARADISE CENTER LLC 13918 69TH ST N WEST PALM BEACH, FL 33412-1970	81-4019109	LLC	176,861.	0.	FMV		RESIDENTIAL GROUP CARE
SAILFUTURE-LAKEWOOD ESTATES 4212 CARDINAL WAY ST. PETERSBURG, FL 33712	46-3271817	501(C) (3)	122,074.	0.	FMV		RESIDENTIAL GROUP CARE
SITA DEVI INC 809 SW 8TH TER FT LAUDERDALE, FL 33315-3853	01-0717367	FOR PROFIT	7,085.	0.	FMV		TUTORING
SOS CHILDRENS VILLAGE OF FLORIDA 3681 NW 59TH PL COCONUT CREEK, FL 33073-4141	65-0080301	501(C) (3)	961,288.	0.	FMV		FOSTER HOME MANAGEMENT / DEPENDENCY CASE MANAGEMENT
ST AUGUSTINE YOUTH SERVICES 201 SIMONE WAY ST. AUGUSTINE, FL 32086	59-2925271	501(C) (3)	503,399.	0.	FMV		RESIDENTIAL GROUP CARE
THE CHILDRENS PLACE AT HOME SAFE 2840 6TH AVE S LAKE WORTH, FL 33461	59-1935485	501(C) (3)	1,314,805.	0.	FMV		RESIDENTIAL GROUP CARE/TRANSITIONAL INDEPENDENT LIVING
WINGS OF SHELTER INTERNATIONAL 21301 S TAMiami TRL STE 320 PMB 335 ESTERO, FL 33928-3459	26-3441610	501(C) (3)	46,500.	0.	FMV		RESIDENTIAL GROUP CARE
HANDS OF MERCY EVERYWHERE-FAITH HOUSE - 6017 SE ROBINSON ROAD - BELLEVIEW, FL 34420-3307	59-3630008	501(C) (3)	18,775.	0.	FMV		RESIDENTIAL GROUP CARE

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
FOSTER CARE MAINTENANCE PAYMENTS	498	7,847,410.	0.	N/A	
MAINTENANCE ADOPTION SUBSIDY	3098	31,870,507.	0.	N/A	
INDEPENDENT LIVING 18+	303	4,481,849.	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 INC

(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 for instructions and the latest information.

OMB No. 1545-0047

2023

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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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 CEO & PRESIDENT	(i)	248,307.	0.	0.	30,000.	20,433.	298,740.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DONNA EPRIFANIA CHIEF FINANCIAL OFFICER	(i)	191,062.	0.	0.	21,944.	20,433.	233,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SUSAN EBY CHIEF CLINICAL QUALITY OFFICER	(i)	172,194.	0.	0.	13,987.	32,572.	218,753.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIE DEMAR CHIEF PROGRAM OFFICER	(i)	178,876.	0.	0.	17,834.	10,202.	206,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JASON TRACEY CHIEF LEGAL OFFICER	(i)	156,522.	0.	0.	9,739.	32,572.	198,833.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) NICOLE SLADE PROG OFFICER-CASE MGMT AND INTAKE	(i)	125,782.	0.	0.	11,320.	17,164.	154,266.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DEENA PONTO PROGRAM OFFICER OF CASE MANAGEMENT	(i)	116,077.	0.	0.	4,767.	29,930.	150,774.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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.

Horizontal lines for supplemental information entry.

**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 for the latest information.

OMB No. 1545-0047

2023

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, COS, 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.

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

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			X

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s 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	144,735.	FMV
(2) TECH CARE FOR KIDS, INC.	N	3,853.	FMV
(3) TECH CARE FOR KIDS, INC.	Q	2,791.	FMV
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Lined area for providing supplemental information.