



**GOLDSTEIN, ZUGMAN,  
WEINSTEIN & POOLE, LLC**

**Certified Public Accountants and Consultants**

Irving L. Goldstein, C.P.A., P.A.  
David B. Zugman, C.P.A., P.A.  
Frederick S. Weinstein, C.P.A., P.A.  
Keenan L. Poole, C.P.A., P.A.  
David B. Black, C.P.A., P.A.  
Steven M. Borisman, C.P.A., P.A.

Howard E. Hammer, C.P.A., P.A.  
Geraldine (Dee Dee) Rinaldi, C.P.A.  
Michelle D. Bressler, C.P.A., C.F.P.  
George F. Horvath, C.P.A.  
Christopher Parsotan, C.P.A.  
Richard B. Nirenberg, C.P.A., J.D.  
Adele R. Shea, C.P.A.  
Barbara Gayle, C.P.A.

Fourth Floor  
4875 North Federal Highway  
Fort Lauderdale, FL 33308  
Broward 954.351.9000  
Palm Beach 561.393.0411  
Miami-Dade 305.947.7717  
Fax 954.351.9011  
admin@gzwpcpa.com

**INSTRUCTIONS FOR FILING**

**RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX - FORM 990**

TO: CHILDNET, INC.

Attached hereto for your file is a **copy** of your Return of Organization Exempt From Income Tax for year ended June 30, 2006. Please review this return thoroughly before filing. The **original** of the return, also enclosed, should be signed and dated on Page 8 by an officer duly authorized so to act, and mail **on or before** February 15, 2007 to:

**INTERNAL REVENUE SERVICE  
OGDEN, UT 84201-0027**

**WE RECOMMEND CERTIFIED MAIL WITH RETURN RECEIPT.**

No tax is due with this return.

*Childnet 02/16/06 ready 2005*

Form **990**

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

OMB No. 1545-0047

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2005 calendar year, or tax year beginning** 7/01/05, and ending 6/30/06

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

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

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

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

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

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

**E Telephone number**  
**954-202-3800**

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

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

H and I are not applicable to section 527 organizations.

- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶
- H(c)** Are all affiliates included?  Yes  No (If "No," attach a list. See instr.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** ▶ WWW.CHILDNET.US

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

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

**I Group Exemption Number** ▶

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

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **64,716,280**

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

|   |   |            |            |            |  |
|---|---|------------|------------|------------|--|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received:  |            |            |            |  |
|   | <b>a</b> Direct public support  | <b>1a</b>  | 92,070     |            |  |
|   | <b>b</b> Indirect public support  | <b>1b</b>  |            |            |  |
|   | <b>c</b> Government contributions (grants)  | <b>1c</b>  | 64,624,210 |            |  |
|   | <b>d Total</b> (add lines 1a through 1c) (cash \$ <u>64,716,280</u> noncash \$ _____ )                      | <b>1d</b>  |            | 64,716,280 |  |
|   | <b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)           | <b>2</b>   |            |            |  |
|   | <b>3</b> Membership dues and assessments  | <b>3</b>   |            |            |  |
|   | <b>4</b> Interest on savings and temporary cash investments   | <b>4</b>   |            |            |  |
|   | <b>5</b> Dividends and interest from securities   | <b>5</b>   |            |            |  |
|   | <b>6a</b> Gross rents   | <b>6a</b>  |            |            |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>  |            |            |  |
|   | <b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)  | <b>6c</b>  |            |            |  |
| <b>7</b> Other investment income (describe ▶ _____ )  | <b>7</b>  |            |            |            |  |
| <b>8a</b> Gross amount from sales of assets other than inventory  | (A) Securities  | <b>8a</b>  |            |            |  |
|   | (B) Other   | <b>8b</b>  | 2,751      |            |  |
|   |   | <b>8c</b>  | -2,751     |            |  |
|   | <b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))  | <b>8d</b>  | SEE STMT 1 | -2,751     |  |
| <b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> |   |            |            |            |  |
| <b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)  | <b>9a</b>   |            |            |            |  |
| <b>b</b> Less: direct expenses other than fundraising expenses  | <b>9b</b>   |            |            |            |  |
| <b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)   | <b>9c</b>   |            |            |            |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances  |   | <b>10a</b> |            |            |  |
|   | <b>b</b> Less: cost of goods sold   | <b>10b</b> |            |            |  |
|   | <b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | <b>10c</b> |            |            |  |
| <b>11</b> Other revenue (from Part VII, line 103)   | <b>11</b>   |            |            |            |  |
| <b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)  | <b>12</b>   |            | 64,713,529 |            |  |
| <b>Expenses</b>   | <b>13</b> Program services (from line 44, column (B))   | <b>13</b>  | 64,343,958 |            |  |
|   | <b>14</b> Management and general (from line 44, column (C))   | <b>14</b>  | 118,042    |            |  |
|   | <b>15</b> Fundraising (from line 44, column (D))  | <b>15</b>  |            |            |  |
|   | <b>16</b> Payments to affiliates (attach schedule)  | <b>16</b>  |            |            |  |
|   | <b>17 Total expenses</b> (add lines 13 through 16)  | <b>17</b>  |            | 64,462,000 |  |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)                                  | <b>18</b>  |            | 251,529    |  |
|   | <b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))                       | <b>19</b>  |            | 604,538    |  |
|   | <b>20</b> Other changes in net assets or fund balances (attach explanation)                                 | <b>20</b>  |            |            |  |
|   | <b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)                         | <b>21</b>  |            | 856,067    |  |

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

**Part II Statement of Functional Expenses**

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

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.   | (A) Total      | (B) Program services | (C) Management and general | (D) Fundraising |
|---|----------------|----------------------|----------------------------|-----------------|
| 22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | 22             |                      |                            |                 |
| 23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>  | 23             |                      |                            |                 |
| 24 Benefits paid to or for members (attach schedule)  | 24             |                      |                            |                 |
| 25 Compensation of officers, directors, etc.  | 637,385        | 637,385              |                            |                 |
| 26 Other salaries and wages   | 16,700,446     | 16,690,691           | 9,755                      |                 |
| 27 Pension plan contributions   | 562,185        | 562,185              |                            |                 |
| 28 Other employee benefits  | 1,490,104      | 1,490,104            |                            |                 |
| 29 Payroll taxes  | 1,328,800      | 1,328,800            |                            |                 |
| 30 Professional fundraising fees  | 30             |                      |                            |                 |
| 31 Accounting fees  | 57,000         | 57,000               |                            |                 |
| 32 Legal fees   | 11,149         | 11,149               |                            |                 |
| 33 Supplies   | 397,371        | 373,627              | 23,744                     |                 |
| 34 Telephone  | 704,490        | 704,490              |                            |                 |
| 35 Postage and shipping   | 97,760         | 97,489               | 271                        |                 |
| 36 Occupancy  | 1,718,609      | 1,718,599            | 10                         |                 |
| 37 Equipment rental and maintenance   | 216,120        | 216,120              |                            |                 |
| 38 Printing and publications  | 20,990         | 20,990               |                            |                 |
| 39 Travel   | 360,505        | 347,289              | 13,216                     |                 |
| 40 Conferences, conventions, and meetings   | 111,152        | 111,152              |                            |                 |
| 41 Interest   | 41             |                      |                            |                 |
| 42 Depreciation, depletion, etc. (attach schedule)  | 386,018        | 385,342              | 676                        |                 |
| 43 Other expenses not covered above (itemize):  |                |                      |                            |                 |
| a <b>SEE STATEMENT 2</b>  | 43a 39,661,916 | 39,591,546           | 70,370                     |                 |
| b   | 43b            |                      |                            |                 |
| c   | 43c            |                      |                            |                 |
| d   | 43d            |                      |                            |                 |
| e   | 43e            |                      |                            |                 |
| f   | 43f            |                      |                            |                 |
| g   | 43g            |                      |                            |                 |
| 44 <b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)               | 44 64,462,000  | 64,343,958           | 118,042                    | 0               |

**Joint Costs.** Check  if you are following SOP 98-2.  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ ; (ii) the amount allocated to Program services \$ \_\_\_\_\_ ;  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_ ; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

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

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

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 3**

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

**Program Service Expenses**

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

a **SEE STATEMENT 4**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**64,115,347**

b **CHILDNET ENTERED INTO A CONTRACT WITH CHILDREN'S SERVICES COUNCIL FOR THE FISCAL YEAR ENDING JUNE 30, 2006. THE CONTRACT WAS TO PROVIDE FAMILIES WITH THE ABILITY TO DEVELOP AND ACQUIRE RESOURCES NEEDED TO REDUCE RISK FACTORS RELATED TO CHILD ABUSE AND NEGLECT AND TO PROVIDE SUPPORT FOR PARTICIPANTS TO SUSTAIN HEALTHY FAMILIES.**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**228,611**

c

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶

**64,343,958**

**Part IV Balance Sheets** (See the instructions.)

|  |   | (A)<br>Beginning of year |           | (B)<br>End of year |           |
|--|---|--------------------------|-----------|--------------------|-----------|
| <b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.                          |   |                          |           |                    |           |
| <b>Assets</b>  | 45 Cash-non-interest-bearing  |                          | 269,798   | 45                 | 598,564   |
|  | 46 Savings and temporary cash investments   |                          |           | 46                 |           |
|  | 47a Accounts receivable   | 47a                      |           |                    |           |
|  | b Less: allowance for doubtful accounts   | 47b                      |           | 47c                |           |
|  | 48a Pledges receivable  | 48a                      |           |                    |           |
|  | b Less: allowance for doubtful accounts   | 48b                      |           | 48c                |           |
|  | 49 Grants receivable  |                          | 2,989,706 | 49                 | 2,733,590 |
|  | 50 Receivables from officers, directors, trustees, and key employees (attach schedule)  |                          |           | 50                 |           |
|  | 51a Other notes and loans receivable (attach schedule)  | 51a                      |           |                    |           |
|  | b Less: allowance for doubtful accounts   | 51b                      |           | 51c                |           |
|  | 52 Inventories for sale or use  |                          |           | 52                 |           |
|  | 53 Prepaid expenses and deferred charges  |                          | 406,424   | 53                 | 477,264   |
|  | 54 Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV  |                          |           | 54                 |           |
|  | 55a Investments-land, buildings, and equipment: basis   | 55a                      |           |                    |           |
|  | b Less: accumulated depreciation (attach schedule)  | 55b                      |           | 55c                |           |
| 56 Investments-other (attach schedule)   |   |                          | 56        |                    |           |
| 57a Land, buildings, and equipment: basis  | 57a   | 2,469,022                |           |                    |           |
| b Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 5</b>  | 57b   | 896,826                  | 57c       | 1,572,196          |           |
| 58 Other assets (describe <b>SEE STATEMENT 6</b> )   |   | 476,069                  | 58        | 632,504            |           |
| 59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58.  |   | 5,570,387                | 59        | 6,014,118          |           |
| <b>Liabilities</b>   | 60 Accounts payable and accrued expenses  |                          | 3,013,474 | 60                 | 3,579,386 |
|  | 61 Grants payable   |                          |           | 61                 |           |
|  | 62 Deferred revenue   |                          | 19,795    | 62                 | 145,380   |
|  | 63 Loans from officers, directors, trustees, and key employees (attach schedule)  |                          |           | 63                 |           |
|  | 64a Tax-exempt bond liabilities (attach schedule)   |                          |           | 64a                |           |
|  | b Mortgages and other notes payable (attach schedule)   |                          |           | 64b                |           |
|  | 65 Other liabilities (describe <b>SEE STATEMENT 7</b> )   |                          | 1,932,580 | 65                 | 1,433,285 |
| 66 <b>Total liabilities.</b> Add lines 60 through 65.  |   | 4,965,849                | 66        | 5,158,051          |           |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b> |                          |           |                    |           |
|  | 67 Unrestricted   |                          | -822,472  | 67                 | -603,641  |
|  | 68 Temporarily restricted   |                          | 1,427,010 | 68                 | 1,537,408 |
|  | 69 Permanently restricted   |                          |           | 69                 |           |
|  | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>                         |                          |           |                    |           |
|  | 70 Capital stock, trust principal, or current funds   |                          |           | 70                 |           |
|  | 71 Paid-in or capital surplus, or land, building, and equipment fund  |                          |           | 71                 |           |
|  | 72 Retained earnings, endowment, accumulated income, or other funds   |                          |           | 72                 |           |
| 73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) |   | 604,538                  | 73        | 856,067            |           |
| 74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73.   |   | 5,570,387                | 74        | 6,014,118          |           |





**Part VI Other Information (continued)**

|            |   | Yes   | No         |
|------------|---|---|------------|
| <b>82a</b> | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?   |   | <b>X</b>   |
| <b>b</b>   | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)  |   |            |
|            | <b>82b</b>  |   |            |
| <b>83a</b> | Did the organization comply with the public inspection requirements for returns and exemption applications?   | <b>X</b>  |            |
| <b>b</b>   | Did the organization comply with the disclosure requirements relating to quid pro quo contributions?  |   |            |
|            | <b>83b</b> N/A  |   |            |
| <b>84a</b> | Did the organization solicit any contributions or gifts that were not tax deductible?   |   | <b>X</b>   |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |   |            |
|            | <b>84b</b> N/A  |   |            |
| <b>85</b>  | 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?  |   |            |
|            | <b>85a</b> N/A  |   |            |
| <b>b</b>   | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.  |   |            |
|            | <b>85b</b> N/A  |   |            |
| <b>c</b>   | Dues, assessments, and similar amounts from members   |   |            |
|            | <b>85c</b>  |   |            |
| <b>d</b>   | Section 162(e) lobbying and political expenditures  |   |            |
|            | <b>85d</b>  |   |            |
| <b>e</b>   | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices  |   |            |
|            | <b>85e</b>  |   |            |
| <b>f</b>   | Taxable amount of lobbying and political expenditures (line 85d less 85e)   |   |            |
|            | <b>85f</b>  |   |            |
| <b>g</b>   | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?   |   |            |
|            | <b>85g</b> N/A  |   |            |
| <b>h</b>   | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?  |   |            |
|            | <b>85h</b> N/A  |   |            |
| <b>86</b>  | 501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12   |   |            |
|            | <b>86a</b>  |   |            |
| <b>b</b>   | Gross receipts, included on line 12, for public use of club facilities  |   |            |
|            | <b>86b</b>  |   |            |
| <b>87</b>  | 501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders  |   |            |
|            | <b>87a</b>  |   |            |
| <b>b</b>   | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   |   |            |
|            | <b>87b</b>  |   |            |
| <b>88</b>  | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX  |   | <b>X</b>   |
| <b>89a</b> | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <b>0</b> ; section 4912 <b>0</b> ; section 4955 <b>0</b>  |   |            |
| <b>b</b>   | 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction  |   | <b>X</b>   |
| <b>c</b>   | Enter: Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958   |   | <b>0</b>   |
| <b>d</b>   | Enter: Amount of tax on line 89c, above, reimbursed by the organization   |   | <b>0</b>   |
| <b>90a</b> | List the states with which a copy of this return is filed <b>NONE</b>   |   |            |
| <b>b</b>   | Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)   | <b>90b</b>  | <b>413</b> |
| <b>91a</b> | The books are in care of <b>CHILDNET, INC.</b><br><b>1400 W. COMMERCIAL BLVD.</b><br>Located at <b>FORT LAUDERDALE, FL</b>  | Telephone no. <b>954-202-3800</b><br>ZIP + 4 <b>33309</b> |            |
| <b>b</b>   | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?<br>If "Yes," enter the name of the foreign country<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.<br>At any time during the calendar year, did the organization maintain an office outside of the United States? |   | <b>X</b>   |
| <b>c</b>   | If "Yes," enter the name of the foreign country   |   |            |
| <b>92</b>  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year   | <b>92</b>   |            |



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

**Note:** Enter gross amounts unless otherwise indicated.

|   | Unrelated business income |               | Excluded by sec. 512, 513, or 514 |               | (E)<br>Related or<br>exempt function<br>income |
|---|---------------------------|---------------|-----------------------------------|---------------|--|
|   | (A)<br>Business code      | (B)<br>Amount | (C)<br>Exclusion<br>code          | (D)<br>Amount |  |
| <b>93</b> Program service revenue:                                  |                           |               |                                   |               |  |
| <b>a</b> _____  |                           |               |                                   |               |  |
| <b>b</b> _____  |                           |               |                                   |               |  |
| <b>c</b> _____  |                           |               |                                   |               |  |
| <b>d</b> _____  |                           |               |                                   |               |  |
| <b>e</b> _____  |                           |               |                                   |               |  |
| <b>f</b> Medicare/Medicaid payments                                 |                           |               |                                   |               |  |
| <b>g</b> Fees and contracts from government agencies                |                           |               |                                   |               |  |
| <b>94</b> Membership dues and assessments                           |                           |               |                                   |               |  |
| <b>95</b> Interest on savings and temporary cash investments        |                           |               |                                   |               |  |
| <b>96</b> Dividends and interest from securities                    |                           |               |                                   |               |  |
| <b>97</b> Net rental income or (loss) from real estate:             |                           |               |                                   |               |  |
| <b>a</b> debt-financed property                                     |                           |               |                                   |               |  |
| <b>b</b> not debt-financed property                                 |                           |               |                                   |               |  |
| <b>98</b> Net rental income or (loss) from personal property        |                           |               |                                   |               |  |
| <b>99</b> Other investment income                                   |                           |               |                                   |               |  |
| <b>100</b> Gain or (loss) from sales of assets other than inventory |                           |               |                                   |               | <b>-2,751</b>                                  |
| <b>101</b> Net income or (loss) from special events                 |                           |               |                                   |               |  |
| <b>102</b> Gross profit or (loss) from sales of inventory           |                           |               |                                   |               |  |
| <b>103</b> Other revenue: <b>a</b> _____                            |                           |               |                                   |               |  |
| <b>b</b> _____  |                           |               |                                   |               |  |
| <b>c</b> _____  |                           |               |                                   |               |  |
| <b>d</b> _____  |                           |               |                                   |               |  |
| <b>e</b> _____  |                           |               |                                   |               |  |
| <b>104</b> Subtotal (add columns (B), (D), and (E))                 |                           | <b>0</b>      |                                   | <b>0</b>      | <b>-2,751</b>                                  |
| <b>105</b> Total (add line 104, columns (B), (D), and (E))          |                           |               |                                   |               | <b>-2,751</b>                                  |

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

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

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

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

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

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Please Sign Here**

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

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

---

**Paid Preparer's Use Only**

Preparer's signature: Reinhold S. Weinstein CPA Date: 11/31/07 Check if self-employed:

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

Preparer's SSN or PTIN (See Gen. Instr. W): P00028676 EIN: 20-0453834 Phone no.: 954-351-9000

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

**Organization Exempt Under Section 501(c)(3)**  
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**CHILDNET, INC.**

Employer identification number  
**65-1149351**

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

| (a) Name and address of each employee paid more than \$50,000             | (b) Title and average hours per week devoted to position | (c) Comp. | (d) Contrib. to empl. ben. plans & deferred comp. | (e) Expense account & other allowances |
|---|--|-----------|---|--|
| R. LEIGH MCPHAIL<br>1400 W COMMERCIAL BLVD<br>FORT LAUDERDALE<br>FL 33309 | DIRECTOR OF HR<br>40                                     | 82,767    | 7,530   | 0                                      |
| LILA CAVASOS<br>1400 W COMMERCIAL<br>FORT LAUDERDALE<br>FL 33309          | DIR. CONTRACTS/LICEN<br>40                               | 75,939    | 13,090  | 0                                      |
| JOSE CARMONA<br>1400 W COMMERCIAL BLVD<br>FORT LAUDERDALE<br>FL 33309     | IT DIRECTOR<br>40  | 75,658    | 4,524   | 0                                      |
| NEIKO SHEA<br>1400 W COMMERCIAL<br>FORT LAUDERDALE<br>FL 33309            | DIR SERVICE ACCORD<br>40                                 | 75,904    | 3,432   | 0                                      |
| JAMES KAMINSKY<br>1400 W COMMERCIAL BLVD<br>FORT LAUDERDALE<br>FL 33309   | DIRECTOR OF CQI<br>40                                    | 73,941    | 5,248   | 0                                      |
| Total number of other employees paid over \$50,000 ▶                      |  | 0         |   |  |

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

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000    | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE   |                     |                  |
| Total number of other contractors receiving over \$50,000 for other services ▶ |                     |                  |

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

Schedule A (Form 990 or 990-EZ) 2005

| <b>Part III Statements About Activities</b> (See page 2 of the instructions.) |   | Yes      | No       |
|---|---|----------|----------|
| <b>1</b>  | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)<br>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. |          | <b>X</b> |
| <b>2</b>  | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)  |          |          |
| <b>a</b>  | Sale, exchange, or leasing of property?   |          | <b>X</b> |
| <b>b</b>  | Lending of money or other extension of credit?  |          | <b>X</b> |
| <b>c</b>  | Furnishing of goods, services, or facilities?   |          | <b>X</b> |
| <b>d</b>  | Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?   | <b>X</b> |          |
| <b>e</b>  | Transfer of any part of its income or assets?   |          | <b>X</b> |
| <b>3a</b>   | Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)  |          | <b>X</b> |
| <b>b</b>  | Do you have a section 403(b) annuity plan for your employees?   |          | <b>X</b> |
| <b>c</b>  | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?  |          | <b>X</b> |
| <b>4a</b>   | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?   |          | <b>X</b> |
| <b>b</b>  | Do you provide credit counseling, debt management, credit repair, or debt negotiation services?   |          | <b>X</b> |

**SEE STATEMENT 11**

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

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

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

**14**  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

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

| Calendar year (or fiscal year beginning in)  | (a) 2004   | (b) 2003   | (c) 2002  | (d) 2001      | (e) Total     |
|--|------------|------------|-----------|---------------|---------------|
| <b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)   | 62,998,340 | 48,328,918 | 3,708,345 | 31,876        | 115067479     |
| <b>16</b> Membership fees received   |            |            |           |               | 0             |
| <b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  |            |            |           |               | 0             |
| <b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975   |            |            |           |               | 0             |
| <b>19</b> Net income from unrelated business activities not included in line 18  |            |            |           |               | 0             |
| <b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   |            |            |           |               | 0             |
| <b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge   |            |            |           |               | 0             |
| <b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets   |            |            |           |               | 0             |
| <b>23</b> Total of lines 15 through 22   | 62,998,340 | 48,328,918 | 3,708,345 | 31,876        | 115067479     |
| <b>24</b> Line 23 minus line 17  | 62,998,340 | 48,328,918 | 3,708,345 | 31,876        | 115067479     |
| <b>25</b> Enter 1% of line 23  | 629,983    | 483,289    | 37,083    | 319           |               |
| <b>26 Organizations described on lines 10 or 11:</b>   |            |            |           |               |               |
| <b>a</b> Enter 2% of amount in column (e), line 24   |            |            |           |               | 26a 2,301,350 |
| <b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts  |            |            |           |               | 26b           |
| <b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)   |            |            |           |               | 26c 115067479 |
| <b>d</b> Add: Amounts from column (e) for lines:   | 18         | 19         |           |               | 26d           |
| 22   | 26b        |            |           | 26e 115067479 |               |
| <b>e</b> Public support (line 26c minus line 26d total)  |            |            |           |               | 26f 100.0000% |
| <b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))  |            |            |           |               |               |
| <b>27 Organizations described on line 12:</b>  |            |            |           |               |               |
| <b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:   |            |            |           |               | N/A           |
| (2004)   | (2003)     | (2002)     | (2001)    |               |               |
| <b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: |            |            |           |               | N/A           |
| (2004)   | (2003)     | (2002)     | (2001)    |               |               |
| <b>c</b> Add: Amounts from column (e) for lines:   | 15         | 16         |           |               | 27c           |
| 17   | 20         | 21         |           |               | 27d           |
| <b>d</b> Add: Line 27a total and line 27b total  |            |            |           |               | 27e           |
| <b>e</b> Public support (line 27c total minus line 27d total)  |            |            |           |               | 27f           |
| <b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e)   |            |            |           |               | 27g           |
| <b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))  |            |            |           |               | 27h           |
| <b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))  |            |            |           |               |               |
| <b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.  |            |            |           |               |               |

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

|     |   | N/A | Yes | No |
|-----|---|-----|-----|----|
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?   | 29  |     |    |
| 30  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?  | 30  |     |    |
| 31  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) | 31  |     |    |
| 32  | Does the organization maintain the following:   |     |     |    |
| a   | Records indicating the racial composition of the student body, faculty, and administrative staff?   | 32a |     |    |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | 32b |     |    |
| c   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | 32c |     |    |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions?  | 32d |     |    |
|     | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  |     |     |    |
| 33  | Does the organization discriminate by race in any way with respect to:  |     |     |    |
| a   | Students' rights or privileges?   | 33a |     |    |
| b   | Admissions policies?  | 33b |     |    |
| c   | Employment of faculty or administrative staff?  | 33c |     |    |
| d   | Scholarships or other financial assistance?   | 33d |     |    |
| e   | Educational policies?   | 33e |     |    |
| f   | Use of facilities?  | 33f |     |    |
| g   | Athletic programs?  | 33g |     |    |
| h   | Other extracurricular activities?   | 33h |     |    |
|     | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)   |     |     |    |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency?   | 34a |     |    |
| b   | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement.   | 34b |     |    |
| 35  | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation   | 35  |     |    |

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

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

**Limits on Lobbying Expenditures**

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

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

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

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

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

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

| Calendar year (or<br>fiscal year beginning in) ▶     | Lobbying Expenditures During 4-Year Averaging Period |             |             |             |              |
|--|--|-------------|-------------|-------------|--------------|
|  | (a)<br>2005  | (b)<br>2004 | (c)<br>2003 | (d)<br>2002 | (e)<br>Total |
| 45 Lobbying nontaxable amount                        |  |             |             |             |              |
| 46 Lobbying ceiling amount (150% of<br>line 45(e))   |  |             |             |             |              |
| 47 Total lobbying expenditures                       |  |             |             |             |              |
| 48 Grassroots nontaxable amount                      |  |             |             |             |              |
| 49 Grassroots ceiling amount (150% of<br>line 48(e)) |  |             |             |             |              |
| 50 Grassroots lobbying expenditures                  |  |             |             |             |              |

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

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

|  | Yes | No | Amount |
|--|-----|----|--------|
| a Volunteers   |     |    |        |
| b Paid staff or management (Include compensation in expenses reported on lines through c h.) |     |    |        |
| c Media advertisements   |     |    |        |
| d Mailings to members, legislators, or the public  |     |    |        |
| e Publications, or published or broadcast statements   |     |    |        |
| f Grants to other organizations for lobbying purposes  |     |    |        |
| g Direct contact with legislators, their staffs, government officials, or a legislative body |     |    |        |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means     |     |    |        |
| i Total lobbying expenditures (Add lines through c h.)                                       |     |    |        |

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



Form **4562**  
(Rev. January 2006)  
Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2005**

Attachment  
Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

**CHILDNET, INC.**

Identifying number  
**65-1149351**

Business or activity to which this form relates

**PUBLIC CHARITY**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

|                             |   |                              |                  |
|-----------------------------|---|------------------------------|------------------|
| 1                           | Maximum amount. See the instructions for a higher limit for certain businesses  | 1                            | 105,000          |
| 2                           | Total cost of section 179 property placed in service (see instructions)   | 2                            |                  |
| 3                           | Threshold cost of section 179 property before reduction in limitation   | 3                            | 420,000          |
| 4                           | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | 4                            |                  |
| 5                           | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr. | 5                            |                  |
| (a) Description of property |   | (b) Cost (business use only) | (c) Elected cost |
| 6                           |   |                              |                  |
| 7                           | Listed property. Enter the amount from line 29  | 7                            |                  |
| 8                           | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | 8                            |                  |
| 9                           | Tentative deduction. Enter the smaller of line 5 or line 8  | 9                            |                  |
| 10                          | Carryover of disallowed deduction from line 13 of your 2004 Form 4562   | 10                           |                  |
| 11                          | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)                | 11                           |                  |
| 12                          | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11   | 12                           |                  |
| 13                          | Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12   | ▶ 13                         |                  |

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

|    |   |    |  |
|----|---|----|--|
| 14 | Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 | Property subject to section 168(f)(1) election  | 15 |  |
| 16 | Other depreciation (including ACRS)   | 16 |  |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

|    |   |                            |         |
|----|---|----------------------------|---------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2005  | 17                         | 377,713 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | ▶ <input type="checkbox"/> |         |

**Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      | 547,635  | 5.0                 | HY             | SL         | 8,305                      |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                |                                      |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property |                                      |  | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |  |                     | MM             | S/L        |                            |

**Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System**

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 40-year      |  |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (see instructions)**

|    |   |    |         |
|----|---|----|---------|
| 21 | Listed property. Enter amount from line 28  | 21 |         |
| 22 | <b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. | 22 | 386,018 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs   | 23 |         |

For Paperwork Reduction Act Notice, see separate instructions.



# Federal Statements

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

| Desc              | How Rec'd | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Deprec | Gain/Loss |
|-------------------|-----------|-----------|---------------|-----------|------------|----------------|--------|-----------|
| VARIOUS EQUIPMENT |           |           | VARIOUS       | VARIOUS   | \$         | 2,751          | \$     | -2,751    |
| PURCHASE          |           |           |               |           | \$         | 2,751          | \$     | -2,751    |
| TOTAL             |           |           |               |           | \$         | 2,751          | \$     | -2,751    |

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

| Description                   | Total Expenses      | Program Service     | Mgt & General    | Fund-Raising |
|-------------------------------|---------------------|---------------------|------------------|--------------|
|                               | \$                  | \$                  | \$               | \$           |
| EXPENSES                      |                     |                     |                  |              |
| WORKERS' COMPENSATION         | 319,170             | 319,170             |                  |              |
| EMPLOYEE TRAINING/RECRUITMENT | 153,779             | 153,779             |                  |              |
| INSURANCE                     | 580,089             | 580,089             |                  |              |
| CONTRACT SERVICES             | 38,057,039          | 38,022,828          | 34,211           |              |
| DATA COMMUNICATIONS           | 72,702              | 71,290              | 1,412            |              |
| OTHER PROFESSIONAL FEES       | 78,134              | 76,127              | 2,007            |              |
| DUES & SUBSCRIPTIONS          | 77,255              | 75,628              | 1,627            |              |
| JANITORIAL/MAINTENANCE        | 266,689             | 266,689             |                  |              |
| EMPLOYEE ASSISTANCE PLAN      | 18,754              | 18,754              |                  |              |
| TEMPORARY SERVICE             | 7,192               | 7,192               |                  |              |
| HURRICANE RELIEF EXPENSES     | 5,779               |                     | 5,779            |              |
| DONATION-RECOGNIZED CHARITIES | 25,334              |                     | 25,334           |              |
| <b>TOTAL</b>                  | <b>\$39,661,916</b> | <b>\$39,591,546</b> | <b>\$ 70,370</b> | <b>\$ 0</b>  |

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

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

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

Description

CHILDNET USES THESE FUNDS TO DELIVER A FULL RANGE OF CHILD PROTECTION SERVICES IN BROWARD COUNTY. AMONG OTHERS, SPECIFIC SERVICES INCLUDE CASE MANAGEMENT, SHELTER AND FOSTER CARE, INTERVENTION SERVICES AIMED AT PREVENTING REMOVAL OF CHILDREN FROM THEIR HOMES, RECRUITMENT OF ADOPTIVE PARENTS, AND DISBURSEMENT OF ADOPTION SUBSIDIES.

CHILDNET THROUGH ITS SUB-CONTRACTORS PROVIDED SERVICES THAT LINKED FAMILIES TO BEHAVIORAL HEALTH SERVICES AND RESOURCES FOLLOWING CHILD ABUSE INVESTIGATIONS WHICH DID NOT LEAD TO CHILDREN ENTERING THE DEPENDENCY SYSTEM. THE AIM OF THESE SERVICES IS TO AVERT A FUTURE REMOVAL OF THE CHILDREN IN QUESTION.

SINCE ITS INCEPTION CHILDNET HAS MORE THAN HALVED THE NUMBER OF CHILDREN WHO HAVE BEEN IN FOSTER CARE FOR FOUR OR MORE YEARS.

**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

| <u>Description</u> | <u>Beginning<br/>of Year</u> | <u>Accum<br/>Deprec</u> | <u>End of<br/>Year</u> | <u>Accum<br/>Deprec</u> |
|--------------------|------------------------------|-------------------------|------------------------|-------------------------|
|                    | \$ 1,958,211                 | \$ 529,821              | \$ 2,469,022           | \$ 896,826              |
| TOTAL              | <u>\$ 1,958,211</u>          | <u>\$ 529,821</u>       | <u>\$ 2,469,022</u>    | <u>\$ 896,826</u>       |

**Statement 6 - Form 990, Part IV, Line 58 - Other Assets**

| <u>Description</u>                                  | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|---|------------------------------|------------------------|
| FUNDS DUE TO CLIENTS-SOCIAL SECURITY                | \$ 475,328                   | \$ 601,267             |
| DUE FROM BROWARD CARES FOR KIDS<br>FOUNDATION, INC. | 741                          | 31,237                 |
| TOTAL   | <u>\$ 476,069</u>            | <u>\$ 632,504</u>      |

**Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities**

| <u>Description</u>                   | <u>Beginning<br/>of Year</u> | <u>End of<br/>Year</u> |
|--------------------------------------|------------------------------|------------------------|
| ACCRUED SALARIES AND ANNUAL LEAVE    | \$ 1,457,252                 | \$ 832,018             |
| FUNDS DUE TO CLIENTS-SOCIAL SECURITY | 475,328                      | 601,267                |
| TOTAL                                | <u>\$ 1,932,580</u>          | <u>\$ 1,433,285</u>    |

**Statement 8 - Form 990, Part IV-A - Other Revenue Included on Return**

| <u>Description</u>           | <u>Amount</u>    |
|------------------------------|------------------|
| LOSS FROM DISPOSAL OF ASSETS | \$ -2,751        |
| TOTAL                        | <u>\$ -2,751</u> |

**Statement 9 - Form 990, Part IV-B - Other Expenses Included on Return**

| <u>Description</u>           | <u>Amount</u>    |
|------------------------------|------------------|
| LOSS FROM DISPOSAL OF ASSETS | \$ -2,751        |
| TOTAL                        | <u>\$ -2,751</u> |

# Federal Statements

## Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

| Name                | City, State, Zip          | Address                  | Title        | Average Hours | Compensation | Benefits | Expenses |
|---------------------|---------------------------|--------------------------|--------------|---------------|--------------|----------|----------|
| PETER BALITSARIS    | FORT LAUDERDALE FL 33309  | 1400 W. COMMERCIAL BLVD. | PRESIDENT/CE | 40            | 125,000      | 14,590   | 0        |
| PETER GREENHOUGH    | FORT LAUDERDALE FL 33309  | 1400 W. COMMERCIAL BLVD. | VP FIN & ADM | 40            | 104,545      | 13,559   | 0        |
| LARRY REIN          | FORT LAUDERDALE FL 33309  | 1400 W. COMMERCIAL BLVD. | VP NETWORK D | 40            | 110,408      | 15,851   | 0        |
| BARBARA MOSS        | FORT LAUDERDALE FL 33309  | 1400 W. COMMERCIAL BLVD. | C.O.O.       | 40            | 114,070      | 7,685    | 0        |
| SYLVIA SITH-TORRES  | FORT LAUDERDALE FL 33309  | 1400 W. COMMERCIAL BLVD. | VP CLIENT SE | 40            | 89,230       | 12,439   | 0        |
| DERRICK ROBERTS     | FORT LAUDERDALE FL 33309  | 1400 W. COMMERCIAL BLVD. | GEN. COUNEL  | 40            | 94,132       | 10,384   | 0        |
| VIRGINA MILLER      | FORT LAUDERDALE FL 33301  | 614 S. FEDERAL HIGHWAY   | CHAIRMAN     | VAR           | 0            | 0        | 0        |
| SHANE STRUM         | FORT LAUDERDALE FL 33069  | 555 S. ANDREWS AVENUE    | VICE CHAIRMA | VAR           | 0            | 0        | 0        |
| HOWARD BAKALAR, ESQ | NORTH LAUDERDALE FL 33068 | 840 S.W. 81ST AVENUE     | SECRETARY    | VAR           | 0            | 0        | 0        |
| BARBARA WEINSTEIN   | NORTH LAUDERDALE FL 33068 | 840 S.W. 81ST AVENUE     | BOARD MEMBER | VAR           | 0            | 0        | 0        |
| EMILIO BENITEZ, ESQ | FORT LAUDERDALE FL 33301  | 600 S. ANDREWS AVENUE    | BOARD MEMBER | VAR           | 0            | 0        | 0        |
| MARIA SANJUAN       | FORT LAUDERDALE FL 33394  | 100 S.E. 3RD AVENUE      | BOARD MEMBER | VAR           | 0            | 0        | 0        |
| LESLIE TWOROGER     | FORT LAUDERDALE FL 33316  | 1427 PONCE DE LEON DRIVE | BOARD MEMBER | VAR           | 0            | 0        | 0        |
| VIRLEE STEPELTON    | FORT LAUDERDALE FL 33308  | 5110 N. FEDERAL HIGHWAY  | BOARD MEMBER | VAR           | 0            | 0        | 0        |
| SANDRA HARRIS       | FORT LAUDERDALE FL 33301  | 115 S. ANDREWS AVENUE    | BOARD MEMBER | VAR           | 0            | 0        | 0        |
| S. BRITT SIKES      | DAVIE FL 33317            | 2100 SW 71ST. TERRACE    | BOARD MEMBER | VAR           | 0            | 0        | 0        |
| JIM MCKINLEY        | FORT LAUDERDALE FL 33301  | 545 N. ANDREWS AVE       | TREASURER    | VAR           | 0            | 0        | 0        |

# Federal Statements

## Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

| Name               | City, State, Zip         | Address                 | Title        | Average Hours | Compensation | Benefits | Expenses |
|--------------------|--------------------------|-------------------------|--------------|---------------|--------------|----------|----------|
| JOHN HART          | WESTON FL 33331          | 2925 MEADOW LANE        | BOARD MEMBER | VAR           | 0            | 0        | 0        |
| JOSEPH EPSTEIN     | FORT LAUDERDALE FL 33301 | 100 NE 3RD AVE.         | BOARD MEMBER | VAR           | 0            | 0        | 0        |
| LEONARD K. SAMUELS | FORT LAUDERDALE FL 33301 | 350 EAST LAS OLAS BLVD. | BOARD MEMBER | VAR           | 0            | 0        | 0        |

**Statement 11 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of  
Exp**

Description

---

SEE PART V, FORM 990

Form **8868**

(Rev. December 2004)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-1709

▶ File a separate application for each return.

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

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

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

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

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

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

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

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

● The books are in the care of ▶ **CHILDNET, INC.**

Telephone No. ▶ **954-202-3800** FAX No. ▶

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the **whole** group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **2/15/07** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **7/01/05** , and ending **6/30/06** .

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

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

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

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

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

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

Form **8868** (Rev. 12-2004)