

May 25, 2020

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

Dear Client,

Enclosed are the following income tax returns prepared on behalf of CHILDNET, INC. for the year ended June 30, 2019.

2018 990 - Return of Organization Exempt from Income Tax
2018 8879-EO - IRS E-file Signature Authorization Form
2018 Schedule A - Public Charity Status and Public Support
2018 Schedule B - Schedule of Contributors
2018 Schedule D - Supplemental Financial Statements
2018 Schedule G - Supplemental Info. Regarding Fundraising/Gaming
2018 Schedule I - Grants & Other Assist. to Org/Gov/Ind. in the U.S.
2018 Schedule J - Compensation Information
2018 Schedule M - Noncash Contributions
2018 Schedule O - Supplemental Information to Form 990 or 990EZ
2018 Schedule R - Related Organizations and Unrelated Partnerships

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

Michael H Novak
MARCUM LLP

Enclosures



Marcum LLP

Miami ■ One Southeast Third Avenue ■ Suite 1100 ■ Miami, Florida 33131 ■ **Phone** 305.995.9600 ■ **Fax** 305.995.9601
Fort Lauderdale ■ 450 East Las Olas Boulevard ■ 9th Floor ■ Fort Lauderdale, Florida 33301 ■ **Phone** 954.320.8000 ■ **Fax** 954.320.8001
West Palm Beach ■ 525 Okeechobee Boulevard ■ Suite 750 ■ West Palm Beach, Florida 33401 ■ **Phone** 561.653.7300 ■ **Fax** 561.653.7301
www.marcumllp.com



CHILDNET, INC.
Instructions for Filing
Form 8879-EO
IRS e-file Signature Authorization for Form 990
For the year ended June 30, 2019

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-EO to:

MARCUM, LLP
ONE SE THIRD AVENUE, SUITE 1100
MIAMI FL 33131

or Fax to: 305-995-9601
Attn: E-FILE ADMINISTRATOR

or Email to: 8879.Florida@MarcumLLP.com

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before July 15, 2020. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.



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West Palm Beach ■ 525 Okeechobee Boulevard ■ Suite 750 ■ **West Palm** Beach, Florida 33401 ■ **Phone** 561.653.7300 ■ **Fax** 561.653.7301

www.marcumllp.com

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 20 19

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

CHILDNET, INC.

Employer identification number

65-1149351

Name and title of officer

LARRY REIN, CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>124579175.</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARCUM, LLP to enter my PIN 3 1 2 2 8 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Date 05/26/2020

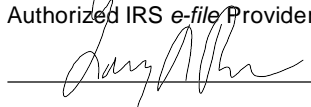
Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

6 0 3 2 3 3 1 1 1 9 8
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature



Date 6/30/2020

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

A For the **2018** calendar year, or tax year beginning **07/01, 2018**, and ending **06/30, 2019**

B	Check if applicable:	C Name of organization CHILDNET, INC.	D Employer identification number 65-1149351
<input type="checkbox"/>	Address change	Doing business as	E Telephone number (954) 414-6000
<input type="checkbox"/>	Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	
<input type="checkbox"/>	Initial return	1100 WEST MCNAB ROAD	
<input type="checkbox"/>	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 124,609,083.
<input type="checkbox"/>	Amended return	FORT LAUDERDALE, FL 33309	
<input type="checkbox"/>	Application pending	F Name and address of principal officer: LARRY REIN 1100 WEST MCNAB ROAD, FORT LAUDERDALE, FL 33309	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
J Website: ▶ WWW.CHILDNET.US			If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			H(c) Group exemption number ▶
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.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	11.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11.
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	568.
6	Total number of volunteers (estimate if necessary)	6	25.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	123,004,375.	124,311,409.
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)	-385.	1,739.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	223,510.	266,027.
13		123,227,500.	124,579,175.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14	Benefits paid to or for members (Part IX, column (A), line 4)	58,961,443.	61,900,110.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	25,296,182.	25,489,335.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 86,583.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	39,423,506.	35,622,621.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	123,681,131.	123,012,066.
19	Revenue less expenses. Subtract line 18 from line 12	-453,631.	1,567,109.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	12,397,035.	14,873,041.
22	Net assets or fund balances. Subtract line 21 from line 20	15,992,334.	15,683,277.
		-3,595,299.	-810,236.

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	05/26/2020
	LARRY REIN	Date
	CEO	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name MICHAEL H NOVAK	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01074800
	Firm's name ▶ MARCUM, LLP	Firm's EIN ▶ 11-1986323		Phone no. 305-995-9600	
	Firm's address ▶ ONE SE THIRD AVENUE, SUITE 1100 MIAMI, FL 33131				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

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
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 120,024,374. including grants of \$ 61,900,110.) (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, INTERVENTION SERVICES, RECRUITMENT OF ADOPTIVE PARENTS, AND DISBURSEMENT OF ADOPTION SUBSIDIES.

SERVED ON A DAILY AVERAGE 4,197 CHILDREN IN IN-HOME AND OUT-OF-HOME CARE, 881 CHILDREN IN FOSTER CARE, 279 CHILDREN IN RESIDENTIAL GROUP CARE AND FINALIZED 521 ADOPTIONS FOR FISCAL YEAR ENDED JUNE 30, 2019.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 120,024,374.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various IRS requirements.

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 number, Question text, and Yes/No columns. Rows 1a-1c cover Form 1096 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 response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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 (11), 1b (11), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed FL,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if 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 dotted 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)	(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			
(1) MELIDA AKITI BOARD CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(2) ARMANDO FANA VICE CHAIRMAN	2.00 0.	X		X				0.	0.	0.
(3) JOSEPH ROGERS SECRETARY	2.00 0.	X		X				0.	0.	0.
(4) MICHAEL LEPERA TREASURER	2.00 0.	X		X				0.	0.	0.
(5) CHRISTOPHER CADE DIRECTOR	2.00 0.	X						0.	0.	0.
(6) AMY BLACK DIRECTOR	2.00 0.	X						0.	0.	0.
(7) REBECCA BROCK DIRECTOR	2.00 0.	X						0.	0.	0.
(8) SIGRID MCCAWLEY DIRECTOR	2.00 0.	X						0.	0.	0.
(9) DR. RASHA MCCOY DIRECTOR	2.00 0.	X						0.	0.	0.
(10) VICTORIA THURSTON DIRECTOR	2.00 0.	X						0.	0.	0.
(11) JILLIAN SMITH DIRECTOR (NON-VOTING)	2.00 0.	X						0.	0.	0.
(12) LARRY REIN CHIEF EXECUTIVE OFFICER	40.00 0.			X				215,901.	0.	49,522.
(13) DONNA EPRIFANIA CHIEF FINANCIAL OFFICER	40.00 0.			X				167,074.	0.	1,060.
(14) JULIE DEMAR CHIEF PROGRAM OFFICER	40.00 0.			X				135,587.	0.	3,250.

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	123,388,613.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	922,796.				
	g Noncash contributions included in lines 1a-1f: \$		322,984.				
	h Total. Add lines 1a-1f			124,311,409.			
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f			0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).			1,739.			1,739.
	4 Income from investment of tax-exempt bond proceeds			0.			
	5 Royalties			0.			
	6a Gross rents	(i) Real	(ii) Personal				
		76,347.					
		b Less: rental expenses					
	c Rental income or (loss)	76,347.					
	d Net rental income or (loss)			76,347.			76,347.
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)			0.			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	139,219.				
		b Less: direct expenses	29,908.				
c Net income or (loss) from fundraising events				109,311.			109,311.
9a Gross income from gaming activities. See Part IV, line 19	a	0.					
	b Less: direct expenses	0.					
	c Net income or (loss) from gaming activities			0.			
10a Gross sales of inventory, less returns and allowances	a	0.					
	b Less: cost of goods sold	0.					
	c Net income or (loss) from sales of inventory			0.			
Miscellaneous Revenue			Business Code				
11a ADMINISTRATIVE FEE	900099		80,369.			80,369.	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			80,369.				
12 Total revenue. See instructions.			124,579,175.			267,766.	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	51,926,705.	51,926,705.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	9,973,405.	9,973,405.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	827,735.	753,835.	73,538.	362.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	19,343,749.	17,616,734.	1,718,549.	8,466.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	684,198.	623,113.	60,786.	299.
9 Other employee benefits	3,207,264.	2,886,744.	319,235.	1,285.
10 Payroll taxes	1,426,389.	1,299,041.	126,724.	624.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	19,385.	16,169.	3,207.	9.
c Accounting	72,001.	60,057.	11,911.	33.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	822,600.	686,146.	136,079.	375.
12 Advertising and promotion	0.			
13 Office expenses	748,294.	587,536.	159,628.	1,130.
14 Information technology	227,025.	212,349.	14,676.	
15 Royalties	0.			
16 Occupancy	2,717,992.	2,660,483.	57,509.	
17 Travel	558,812.	545,497.	13,315.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	183,625.	183,625.		
23 Insurance	944,930.	871,595.	73,335.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTS & OTHER SERVICES	27,298,492.	27,298,492.		
b EQUIPMENT & LEASES	632,828.	589,405.	43,423.	
c MAINTENANCE	526,681.	499,663.	27,018.	
d TELEPHONE	417,518.	392,063.	25,455.	
e All other expenses _____	452,438.	341,717.	36,721.	74,000.
25 Total functional expenses. Add lines 1 through 24e	123,012,066.	120,024,374.	2,901,109.	86,583.
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)	0.			

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	9,189,037.	1	7,287,893.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	616,359.	3	4,809,116.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	1,231,738.	9	1,539,435.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,115,432.		
	b Less: accumulated depreciation	2,710,452.		
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities. See Part IV, line 11	0.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	978,116.	15	831,617.
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,397,035.	16	14,873,041.	
Liabilities	17 Accounts payable and accrued expenses	13,238,080.	17	11,477,734.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	1,340,746.	19	2,938,990.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	27,987.	23	27,531.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	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	1,385,521.	25	1,239,022.
	26 Total liabilities. Add lines 17 through 25	15,992,334.	26	15,683,277.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-3,986,242.	27	-1,222,466.
	28 Temporarily restricted net assets	390,943.	28	412,230.
	29 Permanently restricted net assets	0.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-3,595,299.	33	-810,236.	
34 Total liabilities and net assets/fund balances	12,397,035.	34	14,873,041.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	124,579,175.
2	Total expenses (must equal Part IX, column (A), line 25)	2	123,012,066.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,567,109.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-3,595,299.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	1,217,954.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-810,236.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
CHILDNET, INC.

Employer identification number
65-1149351

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 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 in 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2018

JSA
8E1210 1.000

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2017 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2018; 16b 33 1/3% support test - 2017; 17a 10%-facts-and-circumstances test - 2018; 17b 10%-facts-and-circumstances test - 2017; 18 Private foundation.

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

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2018, 2017. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2017 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2018, 2017. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2018. 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.

19b 33 1/3% support tests - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		

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>		

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 in (2), 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>		

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 government entity (see instructions).		
2	Activities Test. Answer (a) and (b) below.	Yes	No
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>		
b	Did the activities described in (a) 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 (a) and (b) 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>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>		

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

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 (explain in detail in Part VI):			
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 1-1/2% 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 .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 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		
<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).			

Schedule A (Form 990 or 990-EZ) 2018

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
ADMINISTRATIVE FEE		77,971.	79,690.	69,096.	80,369.	307,126.
TOTALS		<u>77,971.</u>	<u>79,690.</u>	<u>69,096.</u>	<u>80,369.</u>	<u>307,126.</u>

Schedule of Contributors

2018

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

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 or 990-EZ), 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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **CHILDNET, INC.**

Employer identification number
65-1149351

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	\$ 121,904,592.	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.)

Name of organization CHILDNET, INC.

Employer identification number

65-1149351

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

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 information once. See instructions.) ▶ \$ _____
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	
_____		_____	
_____		_____	
_____		_____	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2018

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 are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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?

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?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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 Temporarily restricted 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:

Table with 3 columns: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. Rows include: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) FUNDS FOR CLIENTS-SSA BENEFITS	497,398.
(2) SECURITY DEPOSITS	334,219.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	831,617.

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) FUNDS FOR CLIENTS-SSA BENEFITS	497,398.
(3) DEFERRED RENT	741,624.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,239,022.

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 FIN 48 (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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total revenue, gains, and other support per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1; 5 Total revenue. Add lines 3 and 4c.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a final column for totals. Rows include: 1 Total expenses and losses per audited financial statements; 2 Amounts included on line 1 but not on Form 990, Part IX, line 25; 3 Subtract line 2e from line 1; 4 Amounts included on Form 990, Part IX, line 25, but not on line 1; 5 Total expenses. Add lines 3 and 4c.

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.

SEE PAGE 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2 LIABILITY FOR UNCERTAIN TAX POSITIONS

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 TAX BENEFITS WILL INCREASE WITHIN THE NEXT TWELVE MONTHS.

THE ORGANIZATION DID NOT RECORD ANY INTEREST OR PENALTIES ON UNCERTAIN TAX POSITIONS IN THE ACCOMPANYING CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS OF JUNE 30, 2019 OR THE ACCOMPANYING CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR THEN ENDED. IF THE ORGANIZATION WERE TO INCUR ANY INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE AND PENALTIES ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INCOME TAXES.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PALM BEACH LUNC (event type)	BROWARD LUNCHE (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	74,975.	64,244.		139,219.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	74,975.	64,244.		139,219.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,510.			2,510.
	7 Food and beverages	10,651.	9,108.		19,759.
	8 Entertainment				
	9 Other direct expenses	5,414.	2,225.		7,639.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				29,908.
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				109,311.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
CHILDNET, INC.

Employer identification number
65-1149351

Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) 4 KIDS OF SOUTH FLORIDA 827 SOUTH STATE RD #B	61-1416525	501(C)(3)	1,743,141.		FMV		FOSTER HOME MANAGEME
(2) 8544 MIRAMAR PKWY OUTREACH 8544 MIRAMAR PKWY MIRAMAR, FL 33025	20-2197181	N/A	5,920.		FMV		RESIDENTIAL GROUP CA
(3) ACTIVE COMMUNITY HEALTH CENTER 19321 SW 14TH STREET	47-4386507	501(C)(3)	106,637.		FMV		BEHAVIORAL HEALTH SE
(4) AGENCY FOR COMMUNITY TREATMENT 4612 N 56TH STREET TAMPA, FL 33610	59-1860626	501(C)(3)	742,554.		FMV		RESIDENTIAL GROUP CA
(5) ALEX DOMINGUEZ & ASSOCIATES 3671 NW 110 LN CORAL SPRINGS, FL 33065	65-0651470	N/A	56,083.		FMV		RESIDENTIAL GROUP CA
(6) ALPANI CARE SERVICES, LLC 1031 SW COLLEGE PARK ROAD	82-4317417	N/A	5,700.		FMV		RESIDENTIAL GROUP CA
(7) ALPHA HOUSE OF PINELLAS 701 5TH AVENUE ST. PETERSBURG, FL 33701	59-1991525	501(C)(3)	9,675.		FMV		RESIDENTIAL GROUP CA
(8) ALTERNATE GROUP CARE 5925 MCKINLEY STREET HOLLYWOOD, FL 33021	46-2464364	N/A	202,840.		FMV		RESIDENTIAL TREATMEN
(9) ARBOR VILLAGE HOME, LLC 5977 NW BAYNARD DRIVE	47-1026174	N/A	50,600.		FMV		RESIDENTIAL GROUP CA
(10) ATTAIN, INC (CRYSTAL LAKE) 1112 E. PATTERSON ST TAMPA, FL 33604	59-3065110	N/A	97,149.		FMV		RESIDENTIAL GROUP CA
(11) AVIDITY 3521 W BROWARD BLVD	20-1966531	501(C)(3)	3,589,728.		FMV		RESIDENTIAL GROUP CA
(12) BEHAVIORAL HEALTH TRANSPORT 1971 SW BILTMORE STREET	27-3796653	N/A	6,700.		FMV		TRANSPORATION

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BEST LIFE COUNSELING, LLC (D.A.R.T.) 1001 W. INDIANTOWN ROAD JUPITER, FL 33458	45-2599825	N/A	17,213.		FMV		BEHAVIORAL HEALTH SE
(2) BEYOND BARRIERS, INC. 2810 E. OAKLAND PARK BLVD	45-2547946	N/A	293,700.		FMV		RESIDENTIAL GROUP CA
(3) BOYS TOWN CENTRAL FLORIDA 975 OKLAHOMA STREET OVIEDO, FL 32765	20-0654235	501(C)(3)	199,314.		FMV		RESIDENTIAL GROUP CA
(4) BOYS TOWN NORTH FLORIDA 3555 COMMONWEALTH BLVD	20-0655144	501(C)(3)	205,317.		FMV		RESIDENTIAL GROUP CA
(5) BOYS TOWN OF SOUTH FLORIDA, INC. 9525 STERLING DRIVE PERRINE, FL 33157	59-1085320	501(C)(3)	499,882.		FMV		FAMILY PRESERVATION
(6) BRENDA KNOWLES GROUP HOME 17621 NW 2ND COURT	04-3680912	N/A	279,127.		FMV		RESIDENTIAL GROUP CA
(7) BRIGHTSTAR CARE 7401 WILES RD., STE 218	81-4338883	N/A	418,271.		FMV		RESIDENTIAL GROUP CA
(8) BROOKWOOD 901 7TH AVENUE SOUTH	59-0624387	501(C)(3)	14,335.		FMV		RESIDENTIAL GROUP CA
(9) C.O.R.T.E. 4733 W. ATLANTIC AVE, SUITE 21	74-3041421	N/A	39,958.		FMV		OUTPATIENT RECOVERY,
(10) CAMELOT COMMUNITY CARE, INC. PO BOX 850001 ORLANDO, FL 32885	31-1659302	501(C)(3)	983,001.		FMV		THERAPEUTIC INTERVEN
(11) CARLTON MANOR 45 WESTWOOD TERR. NORTH	59-2058176	501(C)(3)	232,590.		FMV		THERAPEUTIC GROUP HO
(12) CAYUGA CENTERS 3155 LAKE WORTH ROAD, SUITE 1	15-0532087	501(C)(3)	521,386.		FMV		RESIDENTIAL GROUP CA

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

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Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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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
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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CENTER FOR MINDFUL FAMILIES, LLC 901 NORTHPOINT PARKWAY STE 304	83-1062990	N/A	86,560.		FMV		BEHAVIORAL HEALTH SE
(2) CHILDREN'S FIRST COMMUNITY HOMES 3801 WEST BROWARD BLVD. STE 201	20-1966531	N/A	293,700.		FMV		RESIDENTIAL GROUP CA
(3) CHILDREN'S HARBOR 19425 SW 58TH MANOR	31-1471766	501(C)(3)	830,281.		FMV		RESIDENTIAL GROUP CA
(4) CHILDREN'S HOME SOCIETY OF FLORIDA 325 CROTON ROAD MELBOURNE, FL 32935	59-0192430	501(C)(3)	9,352,263.		FMV		SHELTER PROGRAM
(5) CHOICES CHILDREN AND FAMILIES CONSORTIUM 2300NW 6TH STREET POMPANO BEACH, FL 33069	59-2357179	501(C)(3)	29,246.		FMV		SHELTER PROGRAM
(6) CHRYSALIS 1507 SUNSET DR CORAL GABLES, FL 33143	27-1494044	N/A	240,422.		FMV		BEHAVIORAL HEALTH SE
(7) CITRUS HEALTH NETWORK 4175 WEST 20TH STREET HIALEAH, FL 33012	59-1865751	501(C)(3)	196,054.		FMV		HT SUPPORTS AND RESI
(8) COMMUNITY BASED CONNECTIONS 1021 NW 6TH STREET	27-0513560	501(C)(3)	303,495.		FMV		SAFETY MANAGEMENT SE
(9) COMMUNITY HEALTH OF SOUTH FL., INC. 10300 SW 216ST MIAMI, FL 33190	59-1372690	501(C)(3)	13,666.		FMV		BEHAVIORAL HEALTH SE
(10) COMMUNITY HEALTH OF SOUTH FL., INC. 10300 SW 216ST MIAMI, FL 33190	59-1372690	501(C)(3)	45,134.		FMV		RESIDENTIAL GROUP CA
(11) COMPASS HEALTH NETWORK 1065 NE 124TH STREET MIAMI, FL 33161	65-0199979	501(C)(3)	55,720.		FMV		RESIDENTIAL GROUP CA
(12) COUNSELING MEDIATION EDUCATION 1527 NE 4TH AVENUE	32-0344560	N/A	686,119.		FMV		RESIDENTIAL GROUP CA

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(1) COVENANT KIDS MANOR 2587 FLOWERING DOGWOOD DRIVE	59-3664515	501(C)(3)	57,980.		FMV		RESIDENTIAL GROUP CA
(2) CSI CAREGIVER REGISTRY 10451 NW 117TH AVE MIAMI, FL 33178	59-1303456	N/A	17,213.		FMV		BEHAVIORAL HEALTH SE
(3) DANIEL MEMORIAL, INC. 4203 SOUTHPOINT BLVD.	59-3067752	501(C)(3)	35,724.		FMV		RESIDENTIAL GROUP CA
(4) DELANCY GROUP HOME, LLC 4174 SW DARIEN STREET	29-4543711	N/A	135,908.		FMV		RESIDENTIAL GROUP CA
(5) DEVEREAUX 5850 TG LEE BLVD ORLANDO, FL 32822	23-1390618	501(C)(3)	1,538,947.		FMV		RESIDENTIAL GROUP CA
(6) DR. JEANNIE S. BROOKS, PSYD., P.A. 1675 NW 4TH AVE BOCA RATON, FL 33432	46-1758843	N/A	7,530.		FMV		BEHAVIORAL HEALTH SE
(7) DYNAMIC OUTPATIENT THERAPEUTIC SERVICES 4174 SW DARIEN STREET	14-9921382	N/A	43,800.		FMV		RESIDENTIAL GROUP CA
(8) EDUCATION ADVANTAGE, LLC 4299 NW 45TH ST FORT LAUDERDALE, FL 33319	35-2291175	N/A	253,620.		FMV		RESIDENTIAL GROUP CA
(9) EZ VISITATION 7264 W OAKLAND PARK BLVD	27-4569192	N/A	151,374.		FMV		RESIDENTIAL GROUP CA
(10) FAMILY HEALTH COUNSELING CNT 2677 FOREST HILL BLVD.	20-2528862	501(C)(3)	168,342.		FMV		DRUG TESTING SERVICE
(11) FAMILY UNITY 400 S. SWINTON AVE DELRAY BEACH, FL 33444	23-7074625	501(C)(3)	185,649.		FMV		RESIDENTIAL GROUP CA
(12) FATHER FLANAGAN'S BOY'S HOME 14100 CRAWFORD STREET BOYS TOWN, NE 68010	47-0376606	501(C)(3)	13,065.		FMV		RESIDENTIAL GROUP CA

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(1) FIFTH STREET COUNSELING CENTER, INC. 4121 NW 5TH STREET, #206	65-0362232	N/A	776,341.		FMV		DRUG TESTING SERVICE
(2) FLORIDA BAPTIST CHILDREN'S HOMES P.O. BOX 2000 BOYS RANCH, FL 32064	23-7303117	501(C)(3)	320,138.		FMV		RESIDENTIAL GROUP CA
(3) FLORIDA SHERIFFS YOUTH RANCHES 2486 CECIL WEBB PLACE LIVE OAK, FL 32060	23-7303117	501(C)(3)	9,240.		FMV		RESIDENTIAL GROUP CA
(4) FLORIDA UNITED METHODIST CHILDREN'S HOME 51 MAIN STREET ENTERPRISE, FL 32725	59-0638479	501(C)(3)	188,507.		FMV		RESIDENTIAL GROUP CA
(5) FRIENDS OF FOSTER CHILDREN 4100 OKEECHOBEE BLVD	59-2487590	501(C)(3)	219,389.		FMV		RESIDENTIAL GROUP CA
(6) GERENA & ASSOCIATES 1280 SW 36TH AVE POMPANO BEACH, FL 33069	30-0010226	N/A	463,006.		FMV		BEHAVIORAL HEALTH SE
(7) GLOBAL TRANSLATIONS PO BOX 24-4413 BOYNTON BCH, FL 33424	06-5014831	N/A	29,246.		FMV		TRANSLATION/INTERPRE
(8) GRANDMA'S PLACE 184 SPARROW DRIVE	65-0821321	501(C)(3)	202,426.		FMV		EMERGENCY SHELTER
(9) H.E.A.D.S U.S.A. 1001 EAST BAKER ST PLANT CITY, FL 33563	45-4924934	501(C)(3)	66,350.		FMV		RESIDENTIAL SERVICES
(10) HANDS OF MERCY EVERYWHERE INC. 6017 SE ROBINSON ROAD BELLEVIEW, FL 34420	59-3630008	501(C)(3)	162,404.		FMV		RESIDENTIAL GROUP CA
(11) HENDERSON MENTAL HEALTH 4740 N STATE RD 7 # 201	59-0711167	501(C)(3)	2,294,693.		FMV		RESIDENTIAL / PLACEM
(12) HIBISCUS CHILDREN'S CENTER 2400 NE OLD DIXIE HWY	59-2632361	501(C)(3)	487,326.		FMV		EMERGENCY SHELTER RE

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(1) HIS CARING PLACE 3330 NW 63RD ST FORT LAUDERDALE, FL 33309	59-2421621	N/A	76,950.		FMV		RESIDENTIAL GROUP CA
(2) HIS HOUSE INC 20000 NW 47TH AVENUE OPA LOCKA, FL 33055	65-0145994	501(C)(3)	1,057,078.		FMV		HELPING CHILDREN AND
(3) IMAGES OF GLORY 6960 ALOMA AVE WINTER PARK, FL 32792	59-3614281	501(C)(3)	250,173.		FMV		RESIDENTIAL GROUP CA
(4) IMPOWER 111 W. MAGNOLIA AVE. LONGWOOD, FL 32750	65-0439778	501(C)(3)	17,883.		FMV		MENTAL HEALTH AND SU
(5) JAFCO EMERGENCY SHELTER ? RGG 4200 N UNIVERSITY DRIVE SUNRISE, FL 33351	20-0898587	501(C)(3)	314,707.		FMV		EMERGENCY SHELTER &
(6) KIDS IN DISTRESS INC 819 NE 26TH STREET	59-1927289	501(C)(3)	3,240,814.		FMV		ADOPTION, VISITATION
(7) LABCORP 500 PERIMETER PARK, SUITE C	84-0611484	N/A	147,499.		FMV		RESIDENTIAL GROUP CA
(8) LEGACY BEHAVIORAL HEALTH 2640 FOREST HILL BLVD.	90-0242545	N/A	16,331.		FMV		BEHAVIORAL HEALTH SE
(9) LEGAL AID SERVICES OF BROWARD COUNTY 491 N. STATE ROAD 7 PLANTATION, FL 33317	59-1547191	501(C)(3)	41,292.		FMV		LEGAL AID SERVICES
(10) LEGAL AID SOCIETY OF PALM BEACH COUNTY 423 FERN ST. STE #200	59-6046994	501(C)(3)	52,045.		FMV		LEGAL AID SERVICES
(11) LUCIECARE, LLC 1432 WEST OCEAN AVE LANTANA, FL 33462	82-2002022	N/A	10,167.		FMV		RESIDENTIAL GROUP CA
(12) LUTHERAN SERVICES 221 NORTHWEST 43RD COURT	59-2198911	501(C)(3)	732,173.		FMV		RESIDENTIAL GROUP CA

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(1) MARIE'S GROUP HOME 8921 NW 22 COURT PEMBROKE PINES, FL 33024	54-2156529	N/A	29,260.		FMV		RESIDENTIAL GROUP CA
(2) MARIE'S TENDER LOVING CARE 20009 NW 58TH COURT HIALEAH, FL 33015	16-1638908	N/A	16,331.		FMV		RESIDENTIAL GROUP CA
(3) MARTIN'S GROUP HOME 12550 SW 219TH STREET MIAMI, FL 33170	42-1647713	N/A	72,606.		FMV		RESIDENTIAL GROUP CA
(4) MENTAL HEALTH ASSOC OF BROWARD 7145 W OAKLAND PK BLV LAURDERHILL, FL 33313	59-0816448	501(C)(3)	199,265.		FMV		PARENT EDUCATION SER
(5) MENTAL HEALTH CENTER OF FLORIDA 1848 SE 1ST AVE FORT LAUDERDALE, FL 33316	81-3623816	N/A	498,919.		FMV		RESIDENTIAL GROUP CA
(6) MORNINGSTAR CENTERS 7811 CORAL WAY STE 106 MIAMI, FL 33155	20-3590004	N/A	63,804.		FMV		DRUG TESTING SERVICE
(7) MOUNT BETHEL HUMAN SERVICES CORP 1021 NW 6TH STREET	65-0441414	501(C)(3)	53,029.		FMV		NEIGHBOURHOOD PARTNE
(8) MULTICULTURAL ALLIANCE HEALTH CARE SOLUTION 2700 W. CYPRESS CREEK ROAD	27-3401361	N/A	6,150.		FMV		DRUG TESTING SERVICE
(9) MULTILINGUAL PSYCHOTHERAPY CENTER 8100 SW 10TH ST NORTH LAUDERDALE, FL 33068	14-2005736	N/A	10,425.		FMV		RESIDENTIAL GROUP CA
(10) NATIONAL YOUTH ADVOCATE PROG 1801 WATERMARK DRIVE # 200	34-1404302	501(C)(3)	2,011,814.		FMV		ENHANCED FOSTER CARE
(11) NEUROPSYCHOLOGY CONSULTATIONS, INC. 414 SE 3RD TERRACE DANIA BEACH, FL 33004	35-2419273	N/A	39,730.		FMV		RESIDENTIAL GROUP CA
(12) NEW HORIZON CHILDREN'S PLACE 4039 SW 25TH ST HOLLYWOOD, FL 33023	68-8232396	N/A	50,735.		FMV		RESIDENTIAL GROUP CA

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(1) NOEL'S APD GH 600 AZALEA CT PLANTATION, FL 33317	06-9560423	N/A	22,630.		FMV		RESIDENTIAL GROUP CA
(2) OPS FAMILY CARE 2166 PINELLAS POINT DR. S	27-2428508	N/A	8,500.		FMV		BEHAVIORAL HEALTH SE
(3) OUR MOTHER'S HOME 7438 CARRIER RD FORT MYERS, FL 33912	65-0510103	501(C)(3)	123,153.		FMV		TRANSITION FROM POST
(4) PBC DEPARTMENT OF PUBLIC SAFETY 20 S. MILITARY TRAIL		N/A	16,049.		FMV		BEHAVIORAL HEALTH SE
(5) PELICAN PALACE 12335 NW 51ST STREET	47-3891575	N/A	101,083.		FMV		RESIDENTIAL GROUP CA
(6) PHARMATECH 15175 INNOVATION DRIVE, SAN DIEGO, CA 92128	47-3891575	N/A	33,975.		FMV		DRUG TESTING
(7) PINNACLE FAMILY SERVICES OF FLORIDA 351 SW 136TH AVENUE, SUITE 207	59-2087781	501(C)(3)	896,530.		FMV		HEALTH SERVICES
(8) PLACE OF HOPE, INC. 9078 ISAIAH LANE	47-4749980	501(C)(3)	2,298,398.		FMV		RESIDENTIAL GROUP AN
(9) PROJECT TOUCH INC 3541 SW 144 AVENUE MIRAMAR, FL 33027	65-0841384	501(C)(3)	320,972.		FMV		NEW LIGHTHOUSE GROUP
(10) PSYCHOLOGICAL CENTERS FOR EXPERT EVALUATION 3319 S. SR 7 STE 301 WELLINGTON, FL 33449	65-1108058	N/A	6,818.		FMV		BEHAVIORAL HEALTH SE
(11) REYNA GROUP HOME 8960 RALEIGH STREET HOLLYWOOD, FL 33024	82-4146524	501(C)(3)	983,380.		FMV		RESIDENTIAL GROUP CA
(12) ROCKET EDUCATIONAL PROGRAMS 4951 W SAMPLE ROAD COCONUT CREEK, FL 33073	27-0047003	N/A	35,520.		FMV		TUTORING SERVICES

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(1) ROYAL PARADISE 13918 69TH ST. NORTH	83-2453727	N/A	105,770.		FMV		RESIDENTIAL GROUP CA
(2) SAILFUTURE, INC. 2900 68TH AVE. SOUTH ST	81-4019109	501(C)(3)	35,520.		FMV		RESIDENTIAL GROUP CA
(3) SECURED BEHAVIORAL TRANSPORT, LLC 1404 SOUTH DIXIE HAWAY LANTANA, FL 33462	81-4989906	N/A	152,209.		FMV		TRANSPORATION
(4) SEQUEL CARE OF FLORIDA 5305 GREENWOOD AVE., SUITE 103	90-0341538	N/A	7,280.		FMV		BEHAVIORAL HEALTH SE
(5) SITA DEVI 809 SW 8TH TERRACE	90-0341538	N/A	378,806.		FMV		RESIDENTIAL GROUP CA
(6) SOS CHILDREN'S VILLAGE 3681 NW 59TH PLACE COCONUT CREEK, FL 33073	01-0717367	501(C)(3)	1,976,206.		FMV		LONG TERM RESIDENTIA
(7) SOUTH FL THERAPEUTIC SOLUTIONS 9050 PINES BLVD., SUITE 383	65-0080301	N/A	795,826.		FMV		DRUG TESTING
(8) SOUTHCOAST PSYCHOTHERAPY & EDUCATION ASSOCI 5301 N. FEDERAL HIGHWAY STE 270	26-2942463	N/A	45,584.		FMV		BEHAVIORAL HEALTH SE
(9) ST. AUGUSTINE YOUTH SERVICES 201 SIMONE WAY ST. AUGUSTINE, FL 32086	65-0392512	501(C)(3)	216,797.		FMV		THERAPEUTIC SERVICES
(10) STRENGTH PROVIDER (JEANNETTE GROUP HOME) 800 BERT AVENUE NORTH	65-1007070	N/A	45,584.		FMV		RESIDENTIAL GROUP CA
(11) THE CHILDREN'S PLACE 2840 6TH AVENUE SOUTH LAKE WORTH, FL 33461	59-0696284	501(C)(3)	416,296.		FMV		SHELTER PROGRAM
(12) THE JOURNEY INSTITUTE 6635 W. COMMERCIAL BLVD TAMARAC, FL 33319	59-1935485	501(C)(3)	12,180.		FMV		RESIDENTIAL GROUP CA

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

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
CHILDNET, INC.

Employer identification number
65-1149351

Part I General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) THE TOBY CENTER 100 E. LINTON BLVD. DELRAY BEACH, FL 33483	41-2271519	501(C)(3)	18,690.		FMV		BEHAVIORAL HEALTH SE
(2) THE TWELVE FOR CHILDREN 1881 NE 26TH STREET #221	91-2115363	501(C)(3)	88,535.		FMV		ENHANCED FOSTER CARE
(3) THOUSAND HILLS HOLDING COMPANY 9078 ISAIAH LANE	34-1970957	501(C)(3)	14,278.		FMV		DRUG TESTING SERVICE
(4) US INSTITUTE OF HUMAN TRAFFICKING 12353 HAMPTON PARK BLVD	46-0954763	501(C)(3)	92,640.		FMV		ENHANCED FOSTER CARE
(5) VERMANDO MANOR, INC. 3990 NW 45TH WAY LAUDERDALE LAKES, FL 33319	81-2909861	N/A	43,806.		FMV		RESIDENTIAL GROUP CA
(6) VILLAGE COUNSELING CENTER 200 PINE STREET, 3RD FLOOR	20-5669606	501(C)(3)	9,167.		FMV		FOSTER PARENT
(7) VISIONQUEST 600 N SWAN ROAD TUCSON, AZ 85711	94-1715280	N/A	2,287,243.		FMV		RESIDENTIAL GROUP CA
(8) VITA NOVA INC. 1800 S AUSTRALIAN AVENUE	86-0278038	501(C)(3)	476,453.		FMV		INDEPENDENT LIVING S
(9) WINGS OF SHELTER 21301 S. TAMIA MI TRAIL, ESTERO, FL 33928	65-0298299	501(C)(3)	127,200.		FMV		RESIDENTIAL GROUP CA
(10) YOLO 1388 SHELTER ROCK ROAD ORLANDO, FL 32835	26-3441610	501(C)(3)	209,119.		FMV		MENTORING AND SIBLIN
(11) YOUTH LAW CENTER 832 FOLSOM STREET SAN FRANCISCO, CA 94107	45-5634038	501(C)(3)	11,000.		FMV		QUALITY PARENTING IN
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 54.

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

Schedule I (Form 990) (2018)

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 non-cash assistance
1 ASSISTANCE & GRANTS TO FOSTER PARENTS	881.	9,973,405.		N/A	
2					
3					
4					
5					
6					
7					

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 GRANT FUNDS BY SELECTING AND TESTING EXPENDITURES TO ENSURE

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

FUNDS ARE BEING EXPENSED BASED UPON CONTRACTED GUIDELINES.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDNET, INC.

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

2018

Open to Public Inspection

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 filing 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 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) 2018

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 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 CHIEF EXECUTIVE OFFICER	(i)	201,385.	0.	14,516.	8,915.	40,607.	265,423.	
	(ii)	0.	0.	0.				
2 DONNA EPRIFANIA CHIEF FINANCIAL OFFICER	(i)	158,846.	0.	8,228.		1,060.	168,134.	
	(ii)	0.	0.	0.				
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (ATCH 1)		35 .	322,984 .	
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) 2018

JSA

8E1298 1.000

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
CHILDNET CARE FOR KIDS LU	X	22.	14,599.	FMV
IL GRADUATION	X	1.	3,000.	FMV
OTHER NONCASH CONTRIBUTIO	X	8.	9,066.	FMV
MATCH	X	4.	296,319.	FMV
TOTALS		<u>35.</u>	<u>322,984.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDNET, INC.

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

65-1149351

FORM 990, PART I, DESCRIPTION OF ORGANIZATION MISSION:

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

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

FORM 990 IS REVIEWED BY THE GOVERNING BODY, CONSISTING OF THE CEO AND CFO
OF THE ORGANIZATION AS WELL AS THE BOARD OF DIRECTORS PRIOR TO
SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH COMMUNICATION. IN
THE EVENT OF A CONFLICT, THE PERSON RECUSES HIMSELF/HERSELF FROM ALL
DISCUSSIONS OR FROM VOTING.

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

THE SALARY OF THE CEO IS SET AND REVIEWED BY THE BOARD OF DIRECTORS. KEY
EMPLOYEE SALARIES ARE SET AND REVIEWED BY THE CEO. THE PROCESS FOR
DETERMINING COMPENSATION INCLUDES COMPARABILITY DATA AND CONTEMPORANEOUS
SUBSTANTIATION OF THE DELIBERATION AND DECISION.

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

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.

FORM 990, PART XII, LINE 2C:

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

FORM 990, PART XI, LINE 8 - PRIOR PERIOD ADJUSTMENTS

DURING THE YEAR ENDED JUNE 30, 2019, MANAGEMENT DISCOVERED CERTAIN ERRORS RESULTING IN THE OVERSTATEMENT OF PREVIOUSLY REPORTED DEFERRED REVENUE AND THE UNDERSTATEMENT OF PREVIOUSLY REPORTED GOVERNMENT GRANTS AND CONTRACT REVENUE BY APPROXIMATELY \$1,218,000 AS OF AND FOR THE YEAR ENDED JUNE 30, 2018. ACCORDINGLY, AN ADJUSTMENT WAS MADE TO NET ASSETS (DEFICIENCY) AS OF JULY 1, 2018 TO CORRECT THESE ERRORS.

ATTACHMENT 1

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID EXPENSES	1,539,435.
TOTALS	<u>1,539,435.</u>

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

ATTACHMENT 2

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REVENUE	2,938,990.
TOTALS	<u>2,938,990.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2018

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1) BROWARD CARES FOR KIDS FOUNDATION, INC. 20-2273948 1100 W. MCNAB ROAD FT. LAUDERDALE, FL 33309	FUNDRAISING	FL	501(C)(3)	LINE 7	N/A		X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1) TECH CARE FOR KIDS, INC. 47-2079268 1100 W MCNAB ROAD FORT LAUDERDALE, FL 33309	SOCIAL PURPOS	FL	N/A	C CORP	-16,225.	7,968.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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)		
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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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Part VII **Supplemental Information**

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