BERENFELD SPRITZER SHECHTER & SHEER LLP 401 EAST LAS OLAS BOULEVARD, SUITE 1090 FT. LAUDERDALE, FL 33301 TELEPHONE (954) 728-3740 FAX (954) 728-3798

MAY 7, 2010

CHILDNET, INC. 313 NORTH STATE ROAD 7 PLANTATION, FL 33317 ATTENTION: EMILIO BENITEZ

DEAR EMILIO:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2008 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2008 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE HAVE PREPARED THE RETURN FROM INFORMATION YOU FURNISHED US WITHOUT VERIFICATION. UPON EXAMINATION OF THE RETURN BY TAX AUTHORITIES, REQUESTS MAY BE MADE FOR UNDERLYING DATA. WE THEREFORE RECOMMEND THAT YOU PRESERVE ALL RECORDS WHICH YOU MAY BE CALLED UPON TO PRODUCE IN CONNECTION WITH SUCH POSSIBLE EXAMINATIONS.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

BERENFELD SPRITZER SHECHTER & SHEER LLP

### TAX RETURN FILING INSTRUCTIONS

#### FORM 990

### FOR THE YEAR ENDING

JUNE 30, 2009

Prepared for	
	CHILDNET, INC. 313 NORTH STATE ROAD 7 PLANTATION, FL 33317
Prepared by	BERENFELD SPRITZER SHECHTER & SHEER LLP 401 EAST LAS OLAS BOULEVARD, SUITE 1090 FT. LAUDERDALE, FL 33301
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	MAY 17, 2010
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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

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



Department of th	e Traasury
Internal Revenue	

AF	or the	2008 calendar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 2009				
*****	hock if splicable:		D Employer identific	ation number			
[	Address	abel or high the many that a					
-	Name	type. Doing Business As	65-11	49351			
[	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/st	lite E Telephone number				
in the second	Termin- ation			414-6000			
[	Amende	tions. City or town, state or country, and ZIP + 4	G Gross receipts \$	65,491,941.			
T	]Applica Juon		H(a) Is this a group rel	tum			
	pending	F Name and address of principal officer: DIPAK PAREKH	for affiliates?	Yes X No			
		SAME AS C ABOVE	H(b) Are all affiliates incl	uded? Yes No			
17	axexe	mpt status: X 501(c) ( 3 ) 4 (insert no.) 4947(a)(1) or 527	If "No," attach a l	list. (see instructions)			
		• > WWW.CHILDNET.US	H(c) Group exemption	i number ⊳			
KI	ype of c	organization: 🗶 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 📘 🖌	ear of formation: 2001 M	State of legal domicile: FL			
	int I	Summary					
1	1 [	Briefly describe the organization's mission or most significant activities: CHILDNET	IS AN ORGANIZ	ZATION			
Governance	]	DEVOTED TO THE DEVELOPMENT OF COMMUNITY-BASE	D SERVICES ANI	D SUPPORT			
<u>na</u>	2	Check this box > I If the organization discontinued its operations or disposed of r	nore than 25% of its assets	, ,			
eve			3	9			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9			
Activities &	5	Total number of employees (Part V, line 2a)		489			
dille	1	Total number of volunteers (estimate if necessary)		0			
cti	7a '	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.			
4	ы	Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
ەرىتىرىلىغىنىر	1		Prior Year	Current Year			
ä	8	Contributions and grants (Part VIII, line 1h)	67,335,167.	65,491,941.			
nu	1	Program service revenue (Part VIII, line 2g)					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<53,317.	<79,807.>			
с¢	÷	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	£	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	67,281,850.	65,412,134.			
*******	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		27,100,475.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)					
.07	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,540,152.	19,524,921.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
e d	ь	Total fundraising expenses (Part IX, column (D), line 25)					
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	45,636,644.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	67,176,796.				
	19	Revenue less experises. Subtract line 18 from line 12	105,054.	328,753.			
à	Š		Beginning of Year	End of Year			
	20	Total assets (Part X, line 16)	4,503,160.	7,285,901.			
S.	21	Total liabilities (Part X, line 26)	4,732,876.	7,186,864.			
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	<229,716.	<u>&gt; 99,037.</u>			
	art II	Signature Block					
<b>NAVARA</b>		Under penalties of perjary, I declare that I have scamined this return, including accompanying schedules and stated and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	rents, and to the best of my knowled ledge.	ige and belief, it is true, corroct,			
		Art	· · · · ·				
Si	gn	Simpature of officer	5/13/1	0			
He	re	Signature of officer	Date /				
		DIPAK PAREKH, CFO					
		b. The richter in the start of the					
Pa	6.4	Preparer's Date Date	self. (see in	rer's identifying number structions)			
		signature P/G D UNIX CIT 05/11/1	U employed 🕨 🛄	P00348240			
	eparer's e Only	WINES I	Engrand and a second a second a second a second a second a	0145922			
43	o onty	settemployed A01 EAST LAS OLAS BOULEVARD, SUITE	1090				
XLEEP	uctument and the second	2P+4 PFT. LAUDERDALE, FL 33301	Phone no. 🕨 (	management of compared against a set interval of control of a March 2021 Lister a March 2021			
M	ay the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No			
83	-21 1005	18-06 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separat	e instructions.	Form <b>990</b> (2008)			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 8868	(Rev. 4-2009)				Page 2
● lf you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and	check this box			> X
	ly complete Part II if you have already been granted an automatic 3-month extension on a pr				
• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1).				
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the	original (no co	pies neede	id).	
Type or	Name of Exempt Organization		Employer	identificati	on number
print		, ,	~~ ·		
File by the	CHILDNET, INC.	·	··	<u>114935:</u>	<u>\$.</u>
oxtonced	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS us	se only	
due date for filling the	CLY INVICALL D'ALLARY ANVILLY ,	·			
return. See Instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.				
·	PLANTATION, FB 33317	L			·····
K Fo	rpe of return to be filed (File a separate application for each return):	m 1041-A	Form 5	327 T	Form 8870
in the second second		m 4720	Form (		, , o
STOPLE	to not complete Part II if you were not already granted an automatic 3-month extension	i on a previou	sly filed Fr	97m 8868,	
	THE ORGANIZATION				
🕈 The t	pooks are in the care of > 313 NORTH STATE ROAD 7 - PLANTAS	TON, FL	, 3331	7	
	shone No.▶ 954-414-6000 FAX No.▶ 954-4				
	organization does not have an office or place of business in the United States, check this b				
a if this	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	If th	is is for the	a whole grou	ip, check this
box ⋗		and EINs of all	members	tha extensio	on is for.
• • •	request an additional 3-month extension of time until <u>MAY 15, 2010</u> .				
	or calendar year, or other tax year beginning <u>JUL 1, 2008</u>	, and ending _	and the second s	0, 200	
		nal return	L Cha	ange in acco	unting period
	tate in detail why you need the extension				
	DDITIONAL TIME IS REQUESTED TO GATHER INFORMA	rion ro	PREPE	KE A (	COMPLETE
************************	ND ACCURATE RETURN.				
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the lentative tax, let	as any	8a \$		
	onrefundable credits. See instructions. This application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	notimitad	8a \$		
	ax payments made. Include any prior year overpayment allowed as a credit and any amount				
	oreviously with Form 8868.	Perez	85 \$	;	
	Balance Due. Subfragt line 8b from line 8a. Include your payment with this form, or, if require	ed. deposit			
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). S		. 80 5	5	N/A
•	Signature and Verification				
Under	senalties of periary, I declare that y have examined this form, including accompanying schedules and stat	ements, and to t	he best of n	ıy knowlędge	and belief,
it is tru	e, correct, and complete, and that am authorized to prepare this form.			0/8	1.5
Signate	ne > PRESIDENT/CEO		Date 👂	- 4/ 0/	10
	$\langle \rangle$			Form BE	368 (Rev. 4-2009

Form 8868 (Rev. 4-2009)

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**)9010129 136985 7972** 

2008.05020 CHILDNET, INC.

7972\_\_\_1

m 990 (2008) art III Statem	CHILDNET, INC	complishments (see instructions)	65-1149351 Page
Briefly describe	the organization's mission:		
CHILDNET	'S MISSION IS TO D	PROTECT BROWARD COUNTY	'S ABUSED, ABANDONED
			AND TO PROMPTLY PROVIDE
THEM WIT	H A PERMANENT, LO	VING HOME.	
Did the organiza	tion undertake any significant proc	ram services during the year which were no	t listed on
the prior Form 9			
if "Yes", describ	e these new services on Schedule	O.	**************************************
Did the organiza	ition cease conducting, or make sig	nificant changes in how it conducts, any pr	ogram services?Yes XN
If "Yes", describ	e these changes on Schedule O.		
Describe the ex	empt purpose achievements for ea	ch of the organization's three largest progra	m services by expenses.
		ection 4947(a)(1) trusts are required to repo	
allocations to o	hers, the total expenses, and rever	nue, if any, for each program service reporte	·
SERVICES FOSTER (	Y BASED CARE - TO IN BROWARD COUNT CARE, INTERVENTION SURSEMNT OF ADOPTI	6,322. including grants of \$ 64,90 DELIVER A FULL RANGE Y, INCLUDING CASE MANA SERVICES, RECRUITMENT ON SUBSIDIES.	OF CHILD PROTECTION GEMENT, SHELTER AND OF ADOPTIVE PARENTS,
SERVED 4	,375 CHILDREN FOR	CASE MANAGEMENT, SERV	YED 3,099 CHILDREN FOR
FOSTER (		HILDREN FOR INTERVENTI	ON, FINALIZED 235
ADOPTION	IS.		
,			
······			
l <b>b</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue \$
,			
······			
		······	
	***************************************		
<b>4c</b> (Code:	) (Expenses \$	including grants of \$	) (Revenue \$
		~~~~~~	
	n services. (Describe in Schedule O		φ \
(Expenses \$	including gr	ants of \$) (Revenue 4,716,322. (Must equal Part IX, Lii	
4e Total program	n service expenses <b>&gt; \$</b> 6	±, 110, 522 • (must of bas at by th	Form <b>990</b> (2
-			
832002 12-18-08			
<sup>332002</sup> 12-18-08 20507 1369		2 2008.05050 CHILDNET, I	NC. 7972

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	990 (2008) CHILDNET, INC. 65-11493	351	P	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	l
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			Í
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
Ť	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
3	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
**	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	<u> </u>
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a	<b> </b>	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	ļ	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	L	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	ļ	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	1		
	If "No", go to question 25	24a		<u> </u>
i	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u>24b</u>		
(	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		1	
	any tax-exempt bonds?	<u>24c</u>		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		x
1	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L, Part I	25b	l	<u>X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
~.1 	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	000	

832003 12-18-08

Form	990 (2008) CHILDNET, INC. 65-1.	149351	P	age 4
Pa	rt IV Checklist of Required Schedules (continued)			·····
•			Yes	No
28 a	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	<u>28a</u>		X
	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		x
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	<u>28c</u>		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	x	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization If "Yes," complete Schedule R, Part V, line 2			x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x

Form 990 (2008)

Form	990 (2008) CHILDNET, INC. 65-1149	351	P	age <b>3</b>
Par	V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
ia	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable 1a 20			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		899. 91. Te	e Sec
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 489			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
2	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1	
-+a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	x
5	If "Yes," enter the name of the foreign country:			
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and		1월, 4일 및 1일 및 1일 및 1일 및 1일 및	
	Financial Accounts.			
<b>F</b> _	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
b	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited		+	<u> </u>
c		5c		
	Tax Shelter Transaction?	<u>6</u>		x
	Did the organization solicit any contributions that were not tax deductible?	Ua	+	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	1 ··· ·	ndit e	X
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		+
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7c	130	<u>X</u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1998-970 	2 C C P	- 1999 - <b>V</b>
	benefit contract?	7 <u>e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g		7g	-	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	) Lardo	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		n de la Pr	। दिस्ती के जिल्ली क
	excess business holdings at any time during the year?	<b>8</b>	1000	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	1.162	지막다	v
а	Did the organization make any taxable distributions under section 4966?	<u>9a</u>		X
b	•	<u>9b</u>	<u>,</u>	X
10	Section 501(c)(7) organizations. Enter: N/A			
а	Initiation fees and capital contributions included on Part VIII, line 12			
ь				
11	Section 501(c)(12) organizations. Enter: N/A			
а		- 68		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	122		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b		5 a 2	
		For	m 990	) (2008)

832005 12-18-08

Form	990	(2008)

CHILDNET, INC.

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65-1149351 Page 6

> 9 9

> > 2

3

4

Yes

No

Х

Х

X

Х

Part VI	Governance,	Management,	and Disclosure	(Sections A, E	3, and C request	information about p	olicies not required by the
[	Internal Revenue	Code.)					

Sec	tion A. Governing Body and Management		
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describ processes, or changes in Schedule O. See instructions.	e the circumst	tances,
1a	Enter the number of voting members of the governing body	<u>1a</u>	<u> </u>
b	Enter the number of voting members that are independent	1b	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi officer, director, trustee, or key employee?		
3	Did the organization delegate control over management duties customarily performed by or under the	ie direct super	rvision
	of officers, directors or trustees, or key employees to a management company or other person?		
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 990 was fi	iled?
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?	

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5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>    X    </u>
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	1206	1012	yaant.
а	The governing body?	<u>8a</u>	X	}
b	Each committee with authority to act on behalf of the governing body?	<u>8b</u>	X	
9a	Does the organization have local chapters, branches, or affiliates?	<u>9a</u>	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,		v	
	and branches to ensure their operations are consistent with those of the organization?	<u>9b</u>	X	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		1	1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X

### Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	ļ	X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The second	<u>15a</u>	X	ļ
b	Other officers or key employees of the organization?	<u>15b</u>	X	1
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		승객는	
	taxable entity during the year?	<u>16a</u>		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		1999.2488 1997.2488	相違い
	exempt status with respect to such arrangements?	16b		L
<u>C</u>				

#### Section C. Disclosure

-	
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright FL$
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for
	public inspection. Indicate how you make these available. Check all that apply.
	X Own website Another's website Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
	statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	CHILDNET, INC - 954-414-6000
	313 NORTH STATE ROAD 7, PLANTATION, FL 33317

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12-18-08

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2008.05050	CHILDNET,	INC

#### CHILDNET, INC.

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

(A)	· (B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position		Reportable	Reportable Reportable					
	hours	(cl	(check all that apply)		compensation	compensation	amount of			
	per	ctor						from the	from related organizations	other compensation
	week	r dire				ted		organization	(W-2/1099-MISC)	from the
		stee o	rustee			5652		(W-2/1099-MISC)	(11.23 10000	organization
		altru	onal tu		aloyee	Se CO		· · ·		and related
		adividual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Imei			organizations
· · · · · · · · · · · · · · · · · · ·		Ĕ	a.	6	ž	<b>H B</b>	3			
SAMUEL AMBROSE										
CHAIRMAN	2.00	X		X	ļ			0.	0.	0.
DAVID ZWICK										
VICE-CHAIRMAN	2.00	X	L	X				0.	0.	0.
JOEY EPSTEIN			ĺ							
TREASURER	2.00	X		X				0.	0.	0.
JEFFREY DWYER	-									
DIRECTOR	2.00	X	ļ		L			0.	0.	0.
CANDICE ERICKS		1		Ì						
DIRECTOR	2.00	X	L		ļ			0.	0.	0.
ROBERT HAEFFNER							ĺ			
DIRECTOR	2.00	X						0.	0.	0.
SANDRA HARRIS										
DIRECTOR	2.00	X		ļ	<b>_</b>		ļ	0.	0.	0.
JOE ROGERS	1				1					
DIRECTOR	2.00	X	<u> </u>	ļ	ļ		L	0.	0.	0.
SIGRID MCCAWLEY							ł			
DIRECTOR	2.00	X	<u> </u>	<u> </u>	ļ			0.	0.	0.
DIPAK PAREKH					Ì	ļ				
CHIEF FINANCIAL OFFICER	40.00	ļ		X		X	ļ	125,000.	0,	9,269.
DONALD C. PURCE						1	1			
CHIEF OPERATING OFFIER	40.00	ļ	1	X	ļ	X	ļ	119,423.	0.	986.
SILVIA SMITH-TORRES									_	
VICE PRESIDENT OF CLIENT	40.00		Ļ	X	ļ	X	<b>_</b>	108,000.	. 0.	6,480.
LARRY REIN			.						_	
VP OF NETWORK DEVELOPMEN	40.00			<u> x</u>		X	<u> </u>	128,450.	. 0.	20,500.
DERRICK ROBERTS										
GENERAL COUNSEL	40.00	<u> </u>		X				98,346.	. 0.	5,901.
EMILIO BENITEZ			1							
PRESIDENT/CEO	40.00			<u> X</u>	X	<u> </u>	<u> </u>	175,000	. 0.	. 20,500.
									<u> </u>	
		1			ĺ			1.		
	1			1		1	1			

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Form 990 (2008)

Form 990 (2008) CHILDNET										L <u>49351</u>	Page 8
Part VII Section A. Officers, Directors, Tru		nplo	oyee			High	est			I	
(A) Name and title	(B) Average			<b>(C)</b> Position (check all that apply				(D) Reportable	(E) Reportable	1	(F) timated
	hours per week	<u> </u>		an	Inat	T		compensation from the	compensatio from related organization	s com	ount of other of pensation
		individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	org	om the anization 1 related anizations
· · · · · · · · · · · · · · · · · · ·								•			
· · ·				 							
				 				-			
· · · · · · · · · · · · · · · · · · ·	<u> </u>				. J		<u> </u>	754,219	-	0.6	3,636.
Total number of individuals (including those compensation from the organization	e in 1a) who re	ceiv	/ed r	nor	e th						5
3 Did the organization list any former officer											Yes No
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the si and related organizations greater than \$15</li> </ul>	um of reportat	ole c	omp	oens	satic	n an	d o		the organization		X X
<ul> <li>5 Did any person listed on line 1a receive or the organization? If "Yes," complete Sched</li> </ul>	accrue compe	ensa	tion	fror	n ar	ny un	rela	ted organization for ser	vices rendered to	$\mathbb{E}_{\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2},\frac{1}{2$	
Section B. Independent Contractors		·									
1 Complete this table for your five highest co the organization. NONE	mpensated in	dep	end	ent	con	tract	ors	that received more than	1,\$100,000 of coi	npensation	from
(A) Name and business	address							(B) Description of	services		C) ensation
·											
			<u></u>								
. · · ·	-								· .		
2 Total number of independent contractors		se in	1) v	vho	rece	eived	l mo	) pre than \$100,000 in co	mpensation		
from the organization										Form	<b>990</b> (2008)
832008 12-18-08						0					

	n 990 (2		NET, INC.				65-1149;	351 Page <b>9</b>
Pa	rt VIII	Statement of Reven	<u>ue</u>		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	e f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov Noncash contributions included in lines	1b           1c           1d           ons)         1e           649           s, and           //e           1a-1f: \$ 30	01317. 0,624. 7,401.				
Program Service C			B 		65491941.			
	3 4	All other program service reve <b>Total.</b> Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta:	nue dividends, interes 	t, and boceeds				
	5 6 a b c d	Rental income or (loss)	(i) Real	(ii) Personal				
	7a b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities	(ii) Other 79,807. <79,807.				
Other Revenue		Net gain or (loss) Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses	g events (not of • 1c). See a	<b>&gt;</b>	<u>~79,807</u> .	<u>&gt; &lt;79,807</u> .	<b>∧</b>	
Ott	c	Net income or (loss) from fund Gross income from gaming a Part IV, line 19     Less: direct expenses	draising events ctivities. See a b	<b>)</b>				
	þ	<ul> <li>Net income or (loss) from gan</li> <li>Gross sales of inventory, less and allowances</li> <li>Less: cost of goods sold</li> <li>Net income or (loss) from sale</li> </ul>	e returns a a b	<b>&gt;</b>				
	11 a		· · ·	Business Code				
832	6 12 009 02-09	Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3,			65412134	. <79,807	•> 0.	

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Form 990 (2008) CHILDNET, INC Part IX Statement of Functional Expenses CHILDNET, INC.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and			la gala sa kata sa kat Kata sa kata sa	ur den stander det. Navie det Stander det st					
	organizations in the U.S. See Part IV, line 21	21,658,597.	21,658,597.							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22	5,441,878.	5,441,878.							
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members			<u>ang ang penggan ang penggan</u>	(1997년) 1999년 - 1993년 - 1997년 - 1997년 1997년 - 1997년 - 1997년 1997년 - 1997년 - 1997					
5	Compensation of current officers, directors,	754,219.	754,219.							
	trustees, and key employees	134,613.	<u> </u>							
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			· ·						
-7		15,682,369.	15,682,369.		······································					
7	Other salaries and wages Pension plan contributions (include section 401(k)	<u>2010021007.</u>								
8	and section 403(b) employer contributions	516,038.	514,859.	1,179.						
9	Other employee benefits	1,308,143.								
9 10	Payroll taxes	1,264,152.								
11	Fees for services (non-employees):									
'' a										
b		139,000.	139,000.	,						
c		73,625.								
d										
e	Output and fundation and an Oss Darf BC line 47			1445年4月1日年6月						
f	Investment management fees									
g	-	143,531.	135,345.	. 8,186.						
12	Advertising and promotion									
13	Office expenses	315,609.	313,114	2,495.						
14	Information technology									
15	Royalties									
16	Occupancy	1,756,814.								
17	Travel	488,178.	488,178							
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	38,696.	. 38,696	•						
20	Interest		60.000							
21	Payments to affiliates	48,623								
22	Depreciation, depletion, and amortization	366,095								
23	Insurance	399,715	. 399,359	. 356	• New Yorks Call Private Print, American					
24	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled									
	miscellaneous may not exceed 5% of total									
	expenses shown on line 25 below.)			26 00E	<u>i (del (de 20 se das el 176-espera</u>					
á	CONTRACT SERVICES	12,911,035								
I	EQUIPMENT AND LEASES	370,677			•					
	TELEPHONE	292,739		287,275						
	DONATIONS	287,275								
	MAINTENANCE AND FUEL	622,759			•					
	All other expenses	65,083,381			. 0					
<u>25</u>	Total functional expenses. Add lines 1 through 24f Joint Costs. Check here ► if following	100,000,001	• • • • • • • • • • • • • • • • • • • •		<u> </u>					
26	Joint Costs. Check here  Joint Costs. Check he	1								
	reported in column (B) joint costs from a combined									
	reported in commit (D) joint costs it off a complified									

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3a	As	а	re

	Act and OMB Circular A-133?
b	If "Yes," did the organization undergo the requ

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X Э orm 990 (2008)

<u>47,253.</u>> 46,290.

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	3	Pledges and grants receivable, net					3	·····		
		Accounts receivable, net			27,2	270.	4	3	0,9	66.
		Receivables from current and former officers, directo								
		employees, or other related parties. Complete Part II			·		5			
	6	Receivables from other disqualified persons (as defin							\$	
	-	4958(f)(1)) and persons described in section 4958(c)(			<b>经济济非常法</b> 法				영감하	
		Part II of Schedule L					6			
Ø	7	Notes and loans receivable, net					7			
Assets	8	Inventories for sale or use					8			
As	9	Prepaid expenses and deferred charges			674,2	274.	9	70	3,5	22.
	-	Land, buildings, and equipment: cost basis 10	1	188.						
1		Less: accumulated depreciation. Complete				2011년(1) 14년 - 12년		영양한 1931. 영양한 1935.		
		Part VI of Schedule D 101	1,302,	703.	841,6	591.	10c	1,00	1,4	85.
	11	Investments - publicly traded securities			<b>_</b>		11			
ĺ	12	Investments - other securities. See Part IV, line 11					12			
	13	Investments - program-related. See Part IV, line 11					13			
	14	Intangible assets					14			
	15	Other assets. See Part IV, line 11				670.	15	61	9,8	18.
	16	Total assets. Add lines 1 through 15 (must equal lin			1 500		16	7,28		
	17	Accounts payable and accrued expenses			4,127,		17	4,61		
	18	Grants payable					18			
	19	Deferred revenue					19	1,98	4.0	121.
	20	Tax-exempt bond liabilities					20			
<i>(</i> <b>1</b>	21	Escrow account liability. Complete Part IV of Schedu					21			
tie:	22	Payables to current and former officers, directors, th				ange?				
Liabilities	22	highest compensated employees, and disqualified p				an 1944. Maria				
Lia					The sector sector and the sector s	ar 399i-	22			an an an an an
	23	of Schedule L Secured mortgages and notes payable to unrelated			16.	856.	23	1	9.0	933.
	23	Unsecured notes and loans payable					24			
	24	Other liabilities. Complete Part X of Schedule D				968.		57	0.2	253.
	25	Total liabilities. Add lines 17 through 25			4,732,		26	7,18		
	20	Organizations that follow SFAS 117, check here			MAR CONTRA					<u>, 1966)</u>
en.		lines 27 through 29, and lines 33 and 34.								
ie	27	Unrestricted net assets			<1,023,	895.	>27	<84	17.2	253.
Fund Balances	28	Temporarily restricted net assets			0.4					290.
ñ	20 29						29			
ŭ	2.3	Organizations that do not follow SFAS 117, check		and						
•		complete lines 30 through 34.								
ts oi	30	Capital stock or trust principal, or current funds	•		1		30	3		
Net Assets	31	Paid-in or capital surplus, or land, building, or equip					31			
tΑ	32	Retained earnings, endowment, accumulated incom					32			
Ne	33	Total net assets or fund balances				716.	>33		99,0	037.
	34	Total liabilities and net assets/fund balances								901.
Pa		Financial Statements and Reporting								
خىنى <u>، ئىنى</u>		<u></u>							Yes	No
1	Acc	ounting method used to prepare the Form 990:	Cash X Accr	ual [	Other	• •			1 323	
2a		e the organization's financial statements compiled or			t accountant?			2a		X
b		e the organization's financial statements audited by a						1	X	
		'es" to lines 2a or 2b, does the organization have a co								
		ew, or compilation of its financial statements and sele							X	
3a		a result of a federal award, was the organization requir							1	
		and OMB Circular A-133?						_	X	
b		es," did the organization undergo the required audit c							X	
	11 12-1							For	n <b>990</b>	(2008)
			11							

Cash - non-interest-bearing

Savings and temporary cash investments

**(B)** End of year

4,930,110.

(A) Beginning of year

2,316,255

1

2

Form 990 (		
Part X	Balance	Sheet

1

2

SCHEDU	ILE A
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ
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### Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

2008 Open to Public

OMB No. 1545-0047

										Rearing a graduate of		219-14 <sup>9-1</sup>
Name of t	the organizatio	ภา						En	nployer i	identificatio	on nur	nber
		CHILDNE						<u>.</u>	65	5-1149	<u>351</u>	
Part I	Reason f	or Public Chari	ty Status (All organiza	ations mus	t complete	this part.	) (see inst	ructions)	•			
The organ	ization is not a	private foundation b	ecause it is: (Please che	eck only or	ne organiza	ation.)						
1	A church, con	vention of churches	, or association of churc	hes descri	ibed in sec	tion 170(	b)(1)(A)(i).					
2	A school desc	ribed in section 17(	D(b)(1)(A)(ii). (Attach Sch	nedule E.)								
з 🗌	A hospital or a	a cooperative hospit	al service organization d	lescribed i	n section	170(b)(1)(	<b>A)(iii). (</b> Att	ach Scheo	lule H.)			
4	A medical res	earch organization o	perated in conjunction v	with a hosp	oital descri	bed in sea	ction 170(	b)(1)(A)(iii	). Enter t	he hospital'	s nam	e,
	city, and state											
5	An organizatio	on operated for the b	penefit of a college or un	iversity ow	ned or op	erated by	a governn	nental unit	describe	ed in		
	section 170(	b)(1)(A)(iv). (Comple	te Part II.)									
6	A federal, stat	te, or local governme	ent or governmental unit	described	in section	n 170(b)(1	)(A)(v).					
7 X	An organizatio	on that normally rece	eives a substantial part o	of its suppo	ort from a	governme	ntal unit o	r from the	general (	public desci	ibed i	n
	section 170(I	b)(1)(A)(vi). (Complet	te Part II.)									
8 🛄	-		ection 170(b)(1)(A)(vi). (									
9			eives: (1) more than 33 1									
			ctions - subject to certa									
	income and u	nrelated business ta	axable income (less sect	ion 511 tax	x) from bus	sinesses a	cquired b	y the orga	nization	after June 3	0, 197	<b>′</b> 5.
		509(a)(2). (Complete	•									
10 🛄	•		erated exclusively to tes		-							
11			erated exclusively for th									or
			tions described in section				). See sec	tion 509(a	a)(3). Ch	eck the box	that	
	describes the	··· ·· <u>···</u>	organization and comple		-				r	۳		
······1	a 🛄 Type I			: 🛄 Typi		,	0		d	_ Type III - C		
ليبيا e			t the organization is not									
			han one or more publicly						(a)(1) or	section 509	(a)(2).	
f			ten determination from t									ľ
	· · · · ·	rganization, check th										
g			rganization accepted ar									T
			irectly controls, either al								Yes	No
		- ,	upported organization?							1		
			n described in (i) above?							1		<u> </u>
	• •	-	person described in (i) o					••••••		[ <u>11g(iii)</u>	I	L
h	Provide the f	ollowing information	about the organizations	the organ	ization sup	photra:						
~~~~~~~		Г	(iii) Type of	(in) in the r	organization	(v) Did yoi	i notify the	(yi) ls	the			
••	e of supported	(ii) EIN	organization		sted in your	organizat		organizatio	on in col. 1	(vii) An	nount d port	Я
org	ganization		(described on lines 1-9		document?	(i) of you		(i) organiz U.S	eo in the .?	- Sub	μοιι	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			L		<u> </u>	••••••••••••••••••••••••••••••••••••••	£	f		<u> </u>		

Schedule A (Form 990 or 990-EZ) 2008

832021 12-17-08

11320507 136985 7972

12 2008.05050 CHILDNET, INC.

Schedule A (Form	000	0000	2311331 TARIENDE	1 617 2

65-1149351 Page 2

(f) Total

326365270

(f) Total

326365270

326365270

100.00

100.00

%

%

► X

(e) 2008

(e) 2008

Part II	Support Schedule for Organizations	Described in Section	s 170(b)(1)(A)(iv) and	l 170(b)(1)(A)(vi
	(Complete only if you checked the box on line 5,	7, or 8 of Part I.)		

Section A. Public Support Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (d) 2007 (a) 2004 1 Gifts, grants, contributions, and membership fees received. (Do not 62998340.64716280.65823542.67335167.65491941.326365270 include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 62998340.64716280.65823542.67335167.65491941.326365270 4 Total. Add lines 1 - 3 The portion of total contributions 5 by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public Support, Subtract line 5 from line 4 Section B. Total Support (d) 2007 Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (a) 2004 62998340.64716280.65823542.67335167.65491941. 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, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1996年後期 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

832022 12-17-08

## Schedule A (Form 990 or 990-EZ) 2008 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

· · · · · · · · · · · · · · · · · · ·	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
Æ.,	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose		•				
~			******				
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-	1	•				
	ization's benefit and either paid to			ļ			
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 - 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	· ·				1	
	Amounts included on lines 2 and 3 received		*****				
	from other than disqualified persons that						
	exceed the greater of 1% of the total of lines 9,						
	10c, 11, and 12 for the year or \$5,000	<u></u>			·····	· · · · ·	
	Add lines 7a and 7b		n ar eisening fil same. S		2.33元201年(計)法示	<b>、</b> 水台:金融的工作。	
	Public support (Subtract line 7c from line 6.)	Eliter Berghadersteinen		· Alternative de la construction de	1. 11 및 도망하세계 (Part) 전	n in the second s	8 (SV
	ction B. Total Support	1	T	1	1	1 ( ) 0000	(0 7-1-1
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9							
10	a Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
	b Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	c Add lines 10a and 10b	·					
	Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part IV.)	en of the first and the first of the	i ka jiwa nasili wasili n	n antonica antonica (1911)	运 Su萨尔思索克自由的金	\$111. 生气和自己。	
13					(4) [20] 号 (13) [2(3)] [2(3)] [2(3)]		
14	First five years. If the Form 990 is fi	or the organization	's first, second, th	ird, fourth, or fifth	i tax year as a sect	tion 501(c)(3) org	anization,
	check this box and stop here						
	ection C. Computation of Pub						
15	Public support percentage for 2008						
16						. 16	
Se	ection D. Computation of Invo	estment Incon	ne Percentag	9			
17	Investment income percentage for 2	2008 (line 10c, colu	ımn (f) divided by	line 13, column (f	))	. 17	
18							
-44	a 33 1/3% support tests - 2008. If th	e organization did	not check the bo	x on line 14. and 1	ine 15 is more that		ne 17 is not
R	more than 33 1/3%, check this box						▶□
	b 33 1/3% support tests - 2007. If th	and acopy here. Ith	not check a boy	n line 14 or line 1	9a, and line 16 ie	more than 33 1/3	
	p 33 1/3% support tests - 2007. If th	e organization old	not crieck a box (		a se s nuhielu eu	norted organiza	tion
	line 18 is not more than 33 1/3%, cl	HECK THIS DOX AND	stop nere. The or		this have and acc	ipotrou organiza	
20	Private foundation. If the organizat	ion did not check	a box on line 14, 1	sa, or 19b, check	k this dox and see	Instructions	

Schedule A (Form 990 or 990-EZ) 2008

832023 12-17-08

### Schedule B

(Form 990, 990-EZ, or 990-PF)

#### Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

### Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

6	5-	1	1	4	9	3	5	1
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CHI	IΓ	)NE	Τ.	INC

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

#### **General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

#### Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of crueity to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 LHA
 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

 for Form 990. These instructions will be issued separately.
 Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

823451 12-18-08

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

CHILDNET, INC.

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u> </u>	FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES		Person X Payroll
	1400 WEST COMMERCIAL BLVD. SUITE 200	\$ 64,901,317.	Noncash (Complete Part II if there
	FORT LAUDERDALE, FL 33309	-	is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	is a noncash contribution.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	\$	Person Payroll Noncash

16 2008.05050 CHILDNET, INC.

11320507 136985 7972

Employer identification number

Page 1 of 1 of Part i

65-1149351

Sch	edul	e D
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Department of the Treasury Internal Revenue Service

#### (Form 990)

### **Supplemental Financial Statements**

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.



Par	of the organization			65-1149351
Par	CHILDNET, INC.	and Funda or Other Similar Fund		Inte Complete if the
<u></u>			IS UI ACCUI	into. Complete il me
	organization answered "Yes" to Form 990, Part IV, li	ine 6. (a) Donor advised funds	(b) Eur	nds and other accounts
		(a) Donor advised rands		
1	Total number at end of year		<u> </u>	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)	·		
	Aggregate value at end of year		<u> </u>	
5	Did the organization inform all donors and donor advisors i	in writing that the assets held in donor adv	vised funds	
	are the organization's property, subject to the organization	1's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor	r advisors in writing that grant funds may l	be used only	
<del></del>	for charitable purposes and not for the benefit of the dono	or or donor advisor or other impermissible r	private benefit	? Yes No
	t II Donservation Easements. Complete if the o		, Part IV, line /	<u>.</u>
1	Purpose(s) of conservation easements held by the organiz			
	Preservation of land for public use (e.g., recreation o	or pleasure) Preservation of an h		
	Protection of natural habitat	Preservation of cert	tified historic s	tructure
	Preservation of open space			
2	Complete lines 2a-2d if the organization held a qualified co	onservation contribution in the form of a co	onservation ea	sement on the last day
	of the tax year.			
				Held at the End of the Yea
а	Total number of conservation easements			1
b	Total acreage restricted by conservation easements			
ċ	Number of conservation easements on a certified historic			1
d	Number of conservation easements included in (c) acquire	ed after 8/17/06	2d	
3	Number of conservation easements modified, transferred,	, released, extinguished, or terminated by	the organization	on during the taxable
	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, violations	, and	[]
	enforcement of the conservation easements it holds?			Yes N
6	Staff or volunteer hours devoted to monitoring, inspecting			
7	Amount of expenses incurred in monitoring, inspecting, a	ind enforcing easements during the year	▶\$	
8	Does each conservation easement reported on line 2(d) a			r
	and section 170(h)(4)(B)(ii)?			Yes N
	In Part XIV, describe how the organization reports conser	vation easements in its revenue and exper	nse statement	, and balance sheet, and
9	and the second sec			
9	include, if applicable, the text of the footnote to the organ	nization's financial statements that describ	es the organiz	ation's accounting for
	conservation easements	nization's financial statements that describ	es the organiz	
	conservation easements. rt III Organizations Maintaining Collections	nization's financial statements that describ s of Art, Historical Treasures, or	es the organiz	
	conservation easements	nization's financial statements that describ s of Art, Historical Treasures, or	es the organiz	
Pa	conservation easements. <b>rt III</b> Organizations Maintaining Collections Complete if the organization answered "Yes" to Fo	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8.	es the organiz	ilar Assets.
Pa	conservation easements.  It III Organizations Maintaining Collections Complete if the organization answered "Yes" to For	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. 6, not to report in its revenue statement and	es the organiz Other Sim	illar Assets. et works of art, historical
Pa	conservation easements. <b>rt III</b> Organizations Maintaining Collections Complete if the organization answered "Yes" to Fo	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. 6, not to report in its revenue statement and	es the organiz Other Sim	ilar Assets. et works of art, historical
Pa	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation of the organization elected, as permitted under SFAS 116         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the footnote to its financial statements that describes the	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. 6, not to report in its revenue statement and n, education, or research in furtherance of ese items.	es the organiz Other Sim d balance she public service	illar Assets. et works of art, historical o, provide, in Part XIV, the text
Pa	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation answered "Yes" to Formation elected, as permitted under SFAS 116         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the footnote to its financial statements that describes the         If the organization elected, as permitted under SFAS 116	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. 6, not to report in its revenue statement and n, education, or research in furtherance of ese items. 6, to report in its revenue statement and ba	es the organiz Other Sim d balance she public service	<b>illar Assets.</b> et works of art, historical o, provide, in Part XIV, the text rorks of art, historical treasure
Pa 1a	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation of the organization elected, as permitted under SFAS 116         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the footnote to its financial statements that describes the	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. 6, not to report in its revenue statement and n, education, or research in furtherance of ese items. 6, to report in its revenue statement and ba	es the organiz Other Sim d balance she public service	<b>illar Assets.</b> et works of art, historical o, provide, in Part XIV, the text vorks of art, historical treasure
Pa 1a	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation if the organization elected, as permitted under SFAS 116         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the organization elected, as permitted under SFAS 116         or other similar assets held for public exhibition, education         the organization elected, as permitted under SFAS 116         or other similar assets held for public exhibition, education         these items:	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. 6, not to report in its revenue statement and n, education, or research in furtherance of ese items. 6, to report in its revenue statement and ba on, or research in furtherance of public sen	es the organiz Other Sim d balance she public service alance sheet w vice, provide t	tilar Assets. et works of art, historical p, provide, in Part XIV, the text rorks of art, historical treasure he following amounts relating
Pa 1a	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation if the organization elected, as permitted under SFAS 116         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the organization elected, as permitted under SFAS 116         or other similar assets held for public exhibition, education         the organization elected, as permitted under SFAS 116         or other similar assets held for public exhibition, education         these items:	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. 6, not to report in its revenue statement and n, education, or research in furtherance of ese items. 6, to report in its revenue statement and ba on, or research in furtherance of public sen	es the organiz Other Sim d balance she public service alance sheet w vice, provide t	tilar Assets. et works of art, historical p, provide, in Part XIV, the text works of art, historical treasure he following amounts relating
Pa 1a	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation of the organization elected, as permitted under SFAS 116         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the footnote to its financial statements that describes the         If the organization elected, as permitted under SFAS 116         or other similar assets held for public exhibition, education         these items:         (i)         Revenues included in Form 990, Part VIII, line 1         (ii)         Assets included in Form 990, Part X	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. 5, not to report in its revenue statement and n, education, or research in furtherance of ese items. 5, to report in its revenue statement and ba on, or research in furtherance of public sen	es the organiz	tilar Assets. et works of art, historical provide, in Part XIV, the text vorks of art, historical treasure he following amounts relating \$\$
Pa 1a	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation of the organization elected, as permitted under SFAS 116         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the footnote to its financial statements that describes the         If the organization elected, as permitted under SFAS 116         or other similar assets held for public exhibition, education         these items:         (i)         Revenues included in Form 990, Part VIII, line 1	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. 5, not to report in its revenue statement and n, education, or research in furtherance of ese items. 5, to report in its revenue statement and ba on, or research in furtherance of public sen	es the organiz	tilar Assets. et works of art, historical provide, in Part XIV, the text vorks of art, historical treasure he following amounts relating \$\$
Pa 1a	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation Complete if the organization answered "Yes" to Formation Provide the organization elected, as permitted under SFAS 116         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the footnote to its financial statements that describes the         If the organization elected, as permitted under SFAS 116         or other similar assets held for public exhibition, education         these items:         (i)         Revenues included in Form 990, Part VIII, line 1         (ii)         Assets included in Form 990, Part X         If the organization received or held works of art, historica         the following amounts required to be reported under SFA	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. S, not to report in its revenue statement and n, education, or research in furtherance of ese items. S, to report in its revenue statement and ba on, or research in furtherance of public sen al treasures, or other similar assets for finar AS 116 relating to these items:	es the organiz	iilar Assets.         et works of art, historical         o, provide, in Part XIV, the text         vorks of art, historical treasure         he following amounts relating         * \$
Pa 1a	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation Complete if the organization answered "Yes" to Formation Provide the organization elected, as permitted under SFAS 116         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the footnote to its financial statements that describes the         If the organization elected, as permitted under SFAS 116         or other similar assets held for public exhibition, education         these items:         (i)         Revenues included in Form 990, Part VIII, line 1         (ii)         Assets included in Form 990, Part X         If the organization received or held works of art, historica         the following amounts required to be reported under SFA	nization's financial statements that describ s of Art, Historical Treasures, or orm 990, Part IV, line 8. S, not to report in its revenue statement and n, education, or research in furtherance of ese items. S, to report in its revenue statement and ba on, or research in furtherance of public sen al treasures, or other similar assets for finar AS 116 relating to these items:	es the organiz	iilar Assets.         et works of art, historical         o, provide, in Part XIV, the text         vorks of art, historical treasure         he following amounts relating         * \$
Pa 1a b	conservation easements.         It III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to For         If the organization elected, as permitted under SFAS 116         treasures, or other similar assets held for public exhibition         the footnote to its financial statements that describes the         If the organization elected, as permitted under SFAS 116         or other similar assets held for public exhibition, education         these items:         (i)         Revenues included in Form 990, Part VIII, line 1         (ii)         Assets included in Form 990, Part X         If the organization received or held works of art, historica         the following amounts required to be reported under SFA         Revenues included in Form 990, Part VIII, line 1	nization's financial statements that describ s of Art, Historical Treasures, or orn 990, Part IV, line 8. 6, not to report in its revenue statement and n, education, or research in furtherance of ese items. 6, to report in its revenue statement and ba on, or research in furtherance of public sen al treasures, or other similar assets for finan AS 116 relating to these items:	es the organiz	iilar Assets.         et works of art, historical         o, provide, in Part XIV, the text         vorks of art, historical treasure         he following amounts relating         * \$
Pa 1a t	conservation easements.         Int III       Organizations Maintaining Collections         Complete if the organization answered "Yes" to Formation and the organization elected, as permitted under SFAS 116 or other similar assets held for public exhibition, the organization elected, as permitted under SFAS 116 or other similar assets held for public exhibition, education these items:          (i)       Revenues included in Form 990, Part VIII, line 1         (ii)       Assets included in Form 990, Part X         If the organization received or held works of art, historica the following amounts required to be reported under SFA	nization's financial statements that describ s of Art, Historical Treasures, or orn 990, Part IV, line 8. 6, not to report in its revenue statement and n, education, or research in furtherance of ese items. 6, to report in its revenue statement and ba on, or research in furtherance of public sen al treasures, or other similar assets for finan AS 116 relating to these items:	es the organiz	iilar Assets.         et works of art, historical         o, provide, in Part XIV, the text         vorks of art, historical treasure         he following amounts relating         * \$

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17 2008.05050 CHILDNET, INC.

Sched	ule D (Form 990) 2008 CHILDNET	, INC.							Page 2
Part		llections of Ar	t, Historical Tr	easures, or	Othe	r Simila	ar Asset	s (contin	ued)
<b>3</b> t	Jsing the organization's accession and other r	ecords, check any	of the following that	it are a signific:	ant use	of its coll	ection iten	ns (check	all
t	hat apply):							· . '	
а	Public exhibition	d	Loan or exc	hange progran	ns				
b	Scholarly research	e	Other						
c	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explair	n how they further t	he organizatio	n's exen	npt purpo	ose in Part	XIV.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or othe	r similar	assets			
. 1	o be sold to raise funds rather than to be main	ntained as part of t	he organization's c	ollection?				Yes	<u>No</u>
Part	IV Trust, Escrow and Custodial A reported an amount on Form 990, Part		Complete if organ	ization answer	ed "Yes	" to Form	1990, Part	IV, line 9	, or
 1a	s the organization an agent, trustee, custodia		liary for contributio	ns or other ass	ets not i	ncluded			
	on Form 990, Part X?						. <u></u>	Yes	No
	If "Yes," explain the arrangement in Part XIV a								
			_					Amount	
c	Beginning balance					. <u>1c</u>			
	Additions during the year								
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on Fo							Yes	No No
	If "Yes," explain the arrangement in Part XIV.								
L	V Endowment Funds. Complete if	organization answe	ered "Yes" to Form	990, Part IV, li	ne 10.				
مستنسبت	L	(a) Current year	(b) Prior year	(c) Two years		(d) Three	years back	(e) Four	years back
ta	Beginning of year balance			- 这些话是自己了		( P			
	Contributions					PART I P			
	Investment earnings or losses								
				- 海南市國內於於		2 1 2 2 1 2 2	$[e_{i}^{n}, [\cdot]] \in \mathbb{R}^{n}$	$\frac{1}{2} \frac{1}{2} \frac{1}$	
	Other expenditures for facilities				0.530			에비 (1943) 이렇게 (1943)	13 동일에 관하 19 동일에 관하
C	and programs		·公司·安德里曾 运用·秘密和小学。		1999 1999 - 1999 1999 - 1999			Aller Aller	년 이번 19 년 21 년 - 김 (국) 정
f	Administrative expenses				$\{ \substack{ q_1, q_2, \dots, q_n \\ q_n \in \mathbb{N} \\ q_n \in$				6 5 6 5 5 5
g	End of year balance		· · · · · · · · · · · · · · · · · · ·						
2	Provide the estimated percentage of the year	end balance held	as:						
a	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
~		6							
3a	Are there endowment funds not in the posse	ssion of the organiz	zation that are held	and administe	red for t	he organ	ization		
	by:	U U							Yes No
	(i) unrelated organizations							. 3a(i)	
	-							3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	listed as required	on Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								
	t VI Investments - Land, Building	s, and Equipm	nent. See Form 99	0, Part X, line	10.				
<u></u>	Description of investment	(a) Cost or basis (invest	other (b) Co	st or other s (other)		)epreciati	ion	( <b>d)</b> Boo	k value
	Land				10.334)	94.69			
		1							
a -	Buildings Leasehold improvements			85,113.		29,9	919.	5	5,194
c 	•			19,075.	1.	272,7			6,291
	Equipment		<i>~ , 4</i>						
<u> </u>	Other		lumn (B). line 10(c).	)				1.00	1,485
1013	L AUU IIIIES TATIE, (Solatini (a) Stoata oquarie				A		Schedul		n 990) 2008

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Schedule D	(Form 990) 2008	CHILDI
Dort V/II	Invoctmonte	Other Secu

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CHILDNET, INC.

(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuation: st or end-of-year market v	
inancial derivatives and other financial products	· · · · · · · · · · · · · · · · · · ·			
losely-held equity interests				
ther				
•				
· · · · · · · · · · · · · · · · · · ·				
· · · · · · · · · · · · · · · · · · ·				
· · ·		A DECISION OF A DECISIONO OF A		
otal. (Col (b) should equal Form 990, Part X, col (B) line 12.)	•		建肥料服装为社会运	
Part VIII Investments - Program Related.	See Form 990, Part X, li	ne 13.		
(a) Description of investment type	(b) Book value	Co	(c) Method of valuation st or end-of-year market	
······································				
		· · · · · · · · · · · · · · · · · · ·		
Total. (Col (b) should equal Form 990, Part X, col (B) line 13.)	<u> </u>			·計畫的建築的基本
Part IX Other Assets. See Form 990, Part X, lin	ie 15.			
(a	a) Description			(b) Book value
FUNDS FOR CLIENTS-SSA BENEFI	TS			<u>570,253</u>
DEFERRED LEASE				<u>5,600</u>
OTHER RECEIVABLES				43,965
			······	
				·····
(2) Lower (b) should solve ( Form 000). Don't X and (D)	lice 15			619,818
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part J				010/010
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	X, line 25.	(b) Amount		
(a) Description of hability				
Federal income taxes				
FUNDS DUE TO CLIENTS-SOCIAL	SECURITY	570,253		
·····				
			~ 영화 전 문화 문화	
······································				
(Column (b) obcuild actual Form 000 Dart V col/P	1 line 25 )	570,253		
Total. (Column (b) should equal Form 990, Part X, col (B				noortnin toy oonition
In Part XIV, provide the text of the footnote to the organ	ization's financial state	ments that reports the o	ryanizadon s liability for t	noorant lax position
under FIN 48.				• m. /m
832053 12-23-08			Sched	ule D (Form 990) 20

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19 2008.05050 CHILDNET, INC.

Scheo	lule D (Form 990) 2008 CHILDNET, INC.			65-1	L149351 Page 4
Par		Financi	al Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)				<u>65,412,134.</u>
	Total expenses (Form 990, Part IX, column (A), line 25)		1 1		<u>65,083,381.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1				328,753.
	Net unrealized gains (losses) on investments		1 1		
5	Donated services and use of facilities		i		
6	Investment expenses				
7	Prior period adjustments		1 i		
8	Other (Describe in Part XIV)				19,545.
9	Total adjustments (net). Add lines 4-8				<u>19,545.</u>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		348,298.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With	n Revenue per	Returr	1
1	Total revenue, gains, and other support per audited financial statements				<u>65,504,835.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains on investments	2a		*****	
b	Donated services and use of facilities				
	Recoveries of prior year grants	1 1			
d	Other (Describe in Part XIV)		12,894		
	Add lines 2a through 2d			2e	12,894.
3	Subtract line 2e from line 1				<u>65,491,941.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			1.87	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	1 1	<u>&lt;79,807</u>	• <b>&gt;</b>	
	Add lines 4a and 4b			<u>4c</u>	<u>&lt;79,807.</u> >
F	Total revenue, Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	65,412,134.
Pa	t XIII Reconciliation of Expenses per Audited Financial Statem	ients Wi	th Expenses pe	er Retu	um
1	Total expenses and losses per audited financial statements				65,156,537.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
~ a	Donated services and use of facilities	. 2a			
b	Prior year adjustments	_ <u>2b</u>			
c		1		_ (82)	
ď		1 1	121,779	) <b>-</b> Mark	
е				<u>2e</u>	121,779.
3	Subtract line 2e from line 1			. 3	65,034,758.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	the second s	. <u>4a</u>			
b		1 1	48,623	<b>}.</b>	
G	Add lines 4a and 4b			. 4c	48,623.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	65,083,381.
	rt XIV Supplemental Information		· · · ·		·

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

									and shows where whe was set and the set of t
			WIN WIN / N.Y. WIN WIN YOU	<u> </u>	TIOD				
NTDAL	T NJ V M V	L'127 188		CARES	<b>R11R</b>		FOUNDATION,	MIN	WELTHTUT!
110.0.1		F ROH	DIVINATIT		T OTC	ميبو مستريقه بشروا يدر			

OF CHILDNET

THAT IS BEING REPORTED ON THE AFFILIATE'S RETURN

"CHILDNET, INC" AND ITS AFFILIATE "BROWARD CARES FOR KIDS FOUNDATION, INC"

FILE SEPARATE TAX RETURNS BUT ARE CONSOLIDATED FOR FINANCIAL STATEMENT

PURPOSES.

832054 12-23-08 Schedule D (Form 990) 2008

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20 2008.05050 CHILDNET, INC. Schedule D (Form 990) 2008 CHILDNET, INC. Part XIV Supplemental Information (continued)

LINE 2D, PART XII IN THE AMOUNT OF \$12,894 REPRESENTS REVENUES OF \$61,517 FOR THE AFFILIATE THAT ARE BEING REPORTED ON THE AFFILIATE'S RETURN, LESS \$48,623 OF RENTAL INCOME THAT WAS ELIMINATED DURING THE CONSOLIDATION. LINE 4B, PART XII REPRESENTS THE LOSS OF \$79,807 ON THE DISPOSAL OF ASSETS THAT IS INCLUDED ON THE STATEMENT OF REVENUE IN PART VIII, BUT THAT WAS DEDUCTED AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS.

LINE 2D, PART XIII IN THE AMOUNT OF \$121,779,REPRESENTS EXPENSES OF \$41,972 FOR THE AFFILIATE THAT ARE DEDUCTED ON THE AFFILIATE'S RETURN, AND THE LOSS OF \$79,807 FROM THE DISPOSAL OF ASSETS THAT WAS DEDUCTED AS AN EXPENSE ON THE AUDITED FINANCIAL STATEMENTS BUT INCLUDED AS A LOSS ON THE STATEMENT OF REVENUES FOR PURPOSE OF THE TAX RETURN. LINE 4D, PART XIII IN THE AMOUNT OF \$ 48,623 RELATES TO RENTAL EXPENSE PAID FROM CHILDNET TO THE AFFILIATE THAT WAS ELIMINATED DURING CONSOLIDATION.

Schedule D (Form 990) 2008

832055 12-23-08

SCHEDULE I (Form 990)		Grants and Governm	ants and Other Assistance to Organizations, Governments, and Individuals in the U.S.	to Organizations, als in the U.S.			OMB No. 1545-0047 2008
Department of the Treasury Internal Revenue Service	Comp	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.	n answered "Yes," on F	' on Form 990, Pa 1 990.	rt IV, lines 21 or 22.		Open to Public Inspection
Name of the organization	TNC						Employer identification number 65-1149351
Part 1 General Information on Grants and Assistance	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	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the select	ion X Yes No
criteria used to award the grants or assistance?	stance?	oring the use of grant 1	funds in the United	States.		* * * * * * * * * * * * * * * * * * * *	
art II	Governments and	I Organizations in the	e United States. Co	if the o	nization answered "Y	n the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	\$5,000. Check this	box if no one recipien	It received more the	an \$5,000. Use Pai	rt IV and Schedule I-1	Part IV and Schedule I-1 (Form 990) if additional space is needed	al space is needed
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(ii) Fulpose of grant or assistance
4 KIDS OF SOUTH FLORIDA							
827 SOUTH STATE RD 7 # B NORTH LAUDERDALE, FL 33068	61-1416525	501(C)3	795,618,	.0		· ·	FOSTER HOME MANAGEMENT AND CHILDCARE
							-
4 ALDS SELATI OF SUCCESS 827 SOUTH STATE RD 7 # B	•						E
NORTH LAUDERDALE FL 33068	61-1416525	501(C)3	168 307.	0.			AND CRITHUCARE
AGENCY FOR COMMUNITY TREATMENT 4612 N 56TH STREET							RESIDENTIAL GROUP CARE AND EMERGENCY TEEN
TAMPA, FL 33610	59-1860626	501(C)3	865,535.	.0			RESPITE
ALTERNATE FAMILY CARE 10001 OAKLAND PARK BLVD # 200 SUNRISE FL 33351	59-2708404		343,956,	Ó			RESIDENTIAL FAMILY CARE
L 02							
2005 BAHAMA DRIVE	41-2030220		300.	.0			RESIDENTIAL GROUP CARE
	4						
			010 05	C			RESIDENTIAL GROUP CARE
OCALA, FL 34470	and government of						
	2						► 27.
For Privacy Act and	uction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2008
	SEE PART IV FOR COLUMN	LUMN (H) DE	DESCRIPTIONS	Ø			

832101 12-18-08

22

					65-1149351 Page 2
er Assistance to Individuals 1 (Form 990) if additional spac	nited States. Com ed.	plete if the organiza	ation answered "Yes'	' on Form 990, Part IV, line 22.	
(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
מסגר אז אממת ודשה משת החי מהעגעההדההג ידהנה אמע	2000		307 401.	AWA	CLOTHING, FOOD AND TOYS FOR THE CHILDREN IN CARE
NUN CASH ASSISTANCE TO TAK CHIDDREN IN CANE			· c		
ASSISTANCE AND GRANTS TO FOSTER PARENTS	η Ω Φ	2 + 1 <del>2 + 2 C + 1 ( x</del>			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	I I ide the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: THE OF	ORGANIZATION	ON CURRENT	CURRENTLY MONITORS	S THE USE OF	
GRANT FUNDS ON AN ANNUAL BASIS. MC	MONITORING	ING INVOLVES	OBTAINING	THE QUARTERLY	
AND ANNUAL FINANCIAL STATEMENTS FI	FROM ALL C	ONTRACTED	ALL CONTRACTED PROVIDERS AND	AND	
CONDUCTING A FINANCIAL STATEMENT /	ANALYSIS.	THIS ANAL	ANALYSIS YIELDS	S THE VARIOUS	
SOLVENCY, LIQUIDITY, DEBT RATIOS 1	AND GOING	CONCERN	ISSUES.		
THE FINANCE DEPARTMENT IS ALSO A N	MEMBER OF		THE COLLABORATIVE F	FUNDERS	
MONITORING TEAM. THE TEAM IS COMPI	COMPROMISED OF	VARIOUS	FUNDERS TH	THAT MONITORS	
THE USE OF GRANT FUNDS BY SELECTING	AND	TESTING EXPE	EXPENDITURES TO ENSURE	O ENSURE	
832.102 12-18-08		23			Schedule I (Form 990) 2008

Department of the Treasury		Continua ▲ Attach to Fo Part II :	Continuation Sheet for Schedule I (Form 990) ach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	nedule I (Form 99 Itional informatio tule I (Form 990).	0) n for		OMB No. 1949-1044 2008 Open to Public Inspection
ation CHILDNET,	INC.					Employe 6	Employer identification number 65–1149351
۲.	ssistance to Go		Organizations in the U.S. (Schedule I (Form 990), Part II.)	S. (Schedule I (Fo	rm 990), Part II.)		
(a) Name and address of organization or government	(p) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIDA JUTH				c			RESTDENVETAL GROUP CARE
ST PETERSBURG, FL 33705	26-2287919	501(C)3	2/2,089.				
BROWARD CHILDREN'S CENTER 200 SE 19TH AVE POMPANO BEACH, FL 33060	59-1378244	501(C)3	800.	0			CHILDCARE
BROWARD COUNTY SEXUAL ASSAULT TREATMENT CENTER - 400 NE 4TH STREET - FORT LAUDERDALE, FL 33301			8,779,	0.			SEXUAL HEALTH TREATMENT
CAMELOT COMMUNITY CARE INC. FO BOX 850001 ORLANDO FL 32885-0303	311659302	501(C)3	767,851.	0			THERAPEUTIC INTERVENTION EMERGENCY SERVICES
지말 같	59-1303456		6 234	o			NURSING
j mg mg j	000000 0000000000000000000000000000000	C (C ) F03	L L L L L L L L L L L L L L L L L L L	c			RESIDENTIAL GROUP CARE AND MATERNITY
PEMBROKE FINES FL 33334	<u>00/7/77-TC</u>						
CHILDREN'S HOME SOCIETY OF FLORIDA 325 CROTON ROAD MELBOURNE, FL 32935	59-0192430	501(C)3	1,907,948.	o			
CHILDREN'S PLACE 2840 6TH AVENUE SOUTH							
LAKE WORTH FL 33461 59-1935485	59-1935485		391,220.	0.			AND PERMANENCY SUPPORT

SCHEDULE 1-1 (Form 990) Department of the Treasury		Attach to Fo	Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	itional informatio dule 1 (Form 990).	n for		Open to Public Inspection
Internal Revenue Service L Name of the organization	TNC					Employe	Employer identification number 65-1149351
Part I Continuation of Grants and Other Assistance to Governments and	Assistance to Go	vernments and Orga	Organizations in the U.S. (Schedule I (Form 990), Part II.)	.S. (Schedule 1 (Fo	rm 990), Part II.)		
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<ul> <li>(f) Method of valuation (book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHOICES CHILDREN AND FAMILIES CONSORTIUM - 2300 NW 6TH STREET - POMPANO BEACH, FL 33069	59-2357179	501 (C) 3	352,637.	.0			RESIDENTIAL GROUP CARE
CHRYSALIS CENTER 3521 W BROWARD BLVD FORT LAUDERDALE, FL 33312	20-1966531	501(C)3	2,449,213.	0			RESIDENTIAL GROUP CARE
CITRUS HEALTH NETWORK 4175 WEST 20TH STREET HIALEAH, FL 33012	59-1865751		44,343.	0			RESIDENTIAL GROUP CARE
DEVEREAUX-BREVARD 5850 TG LEE BLVD ORLANDO, FL 32822	23-1390618	501 (C) 3	596,530.	0			ENHANCED FOSTER CARE AND RESIDENTIAL GROUP CARE
DIVINE GROUP HOME USA INC 1121 NW 75TH AVENUE PLANTATION, FL 33313	74-3102436		83 848	0			RESIDENTIAL GROUP CARE
ECKERD YOUTH ALTERNATIVE INC PO BOX 7450 CLEARWATER, FL 33758	59-2551416	501(C)3	144,234,	0			RESIDENTIAL GROUP CARE
ERIC & SHERRENA'S GROUP HOME 10285 NW 31ST COURT SUNRISE, FL 33351	20-2122014		20,587,	0			RESIDENTIAL GROUP CARE
FAMILY CENTRAL INC 840 SW 81ST AVE. NORTH LAUDERDALE FL 33068	59-1487190	501(C)3	95,875,	0			NURTURING PARENTING PROGRAM
1 75	and government or	ganizations					

Answerseries     I       If the organization     CHILIDNET       If the organization     CHILIDNET       IContinuation of grants and Other Assistances to Governments and Organizations in the U.S. (Schedule I (Formorganization of grant assistance)       ID Sharrer CHILIDNERY     ID (b) EIN       (a) Name and address of     (b) EIN       (a) Name and address of     (b) EIN       (a) Name and address of     (b) EIN       (b) EIN     (b) FIN       (c) State     (c) Amount of Cash grant       (a) Name and address of     (b) EIN       (c) State     (c) FIC       (c) State     (c) Amount of Cash grant       (c) State     (c) FIL       (c) State     (c) FIL <th>Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).</th> <th>Copen to Public</th>	Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	Copen to Public
Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Formorganization of government of assistance) or another Assistance to Government of assistance i formation of government of government of assistance i reaction or government of assistance i formation or government of assistance i formation of government of assistance i formation or government of assistance i assistance i formation or government i assistance i formation of government of assistance i assistance i formation of government of a section assistance i formation of government of assistance i assistance i formation of government of assistance i and of an and of an and of an and of an and of a section assistance i and of a section i assistance i and of a section of government of a section of a s		Employer identification number 65-1149351
(a) Name and address of organization or government     (b) EIN     (c) IFIC Code section     (d) Amount of section     (e) Amount of section     (e) Amount of section       a BAPTIST CHILIDREN'S FIOMS     B SAFTIST CHILIDREN'S FIOMS     (b) EIN     (c) FIC Code section     (c) Amount of section     (e) Amo	nts and Organizations in the U.S. (Schedule I (Form 990), Part II.	
DA BAPTIST CHILDREN'S HOME DA BAPTIST CHILDREN'S HOME SW 957H TERRACE FL 33175 59-0657326 501(C)3 695,172 DB OF CHILDREN DB OF CHILDREN	IRC Code (d) Amount of (e) Amount of (f) Method of valuation section cash grant assistance (book, FMV, applicable	of (g) Description of (h) Purpose of grant non-cash assistance or assistance
EN D 7 FL 31319 65-0376540 501(C)3 895,172, LLC UE T_ 33024 41-2230989 51,040, T_ 33024 41-2230989 51,040, HOME ROME ROME RE 33301 20-4925507 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,341, 20,333, 20,3	69, 677,	FOSTER HOME MANAGEMENT
C GROUP HOME LLC NW 815T AVERUE SECRE FINES, FL 33024 41-2230989 51,040 AGHER FOSTER HOME ENDRICKS ISLE TAUDERDALE, FL 33301 20-4925507 20,341 CIAUDERDALE, FL 33301 20-4925507 20,341 CIAUDERDALE, FL 33301 20-4925507 20,341 CIAUDERDALE, FL 33068 20-4925507 20,341 CIAUDERDALE, FL 33068 20-5598541 100,524 CIAUDERDALE, FL 33068 20-5598541 100,524 CIAUDERDALE, FL 33068 20-5598541 100,524 CIAUDERDALE, FL 33068 20-5598541 100,524 CIAUDERDALE, FL 33068 20-5598541 20,333 CIALED ANDRE CARE CIALUERDALE, FL 33068 20-5598541 20,333 CIALED ANDRE CARE CIALED ANDRE CARE CARE CIALED ANDRE CARE CIALED ANDRE CARE CARE CIALED ANDRE CARE CARE CIALED ANDRE CARE CARE CARE CARE CARE CARE CARE CA	895,172.	GROUP HOME PROGRAMS AND RESIDENTIAL GROUP CARE
3301 20-4925507 20,341, ARE ARE 33068 20-5598541 100,524, 0URT # C 26-1440423 247,033, 26-1440423 201(C)3 374,996,	.040.	RESIDENTIAL GROUP CARE
CARE 20-5598541 100,524, 233068 20-5598541 100,524, COURT # C 26-1440423 247,033, 247,033, 374,996, MUTH 374,996,	341.	RESIDENTIAL GROUP CARE
court # c     26-1440423     247,033.       08     26-1440423     347,033.       3     51-1708452     501(C)3	524.	RESIDENTIAL GROUP CARE
51-1708452 501(C)3 374,996.	.033.	RESIDENTIAL GROUP CARE
ENDERGON MENTAL HEALTH	374,996,	RESIDENTIAL GROUP CARE
4740 N. STATE RD 7 # 201 FORT LAUDERDALE. FL 33319 59-0711167 501(C)3 1,533,959. 0.	1,533,959,	PLACEMENT PARTNERSHIP PROGRAM
2 Enter total number of Section 501 (c)(3) and government organizations		

SCHEDULE I-1 (Form 990) Department of the Treasury		Continua ▲ Attach to For Part II a	Continuation Sheet for Schedule I (Form 990) ach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	nedule I (Form 990 itional information tule I (Form 990).	)) 1 for		OMB No. 1545-0047 2008 Open to Public
Name of the organization CHILDNET',	INC.					Employe	Employer identification number 65 - 11 4 9 3 5 1
Part Continuation of Grants and Other Assistance to Governments and	Assistance to Go	vernments and Organ	Organizations in the U.S. (Schedule I (Form 990), Part II.)	S. (Schedule 1 (For	m 990), Part II.)		
(a) Name and address of organization or government	(a)	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<ul> <li>(f) Method of valuation</li> <li>(book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							HELPING CHILDREN AND
HIS HOUSE INC							FAMILIES THROUGH
20000 NW 47TH AVENUE Obs LOCKA FI. 33055	65-0145994	501(C)3	27,375,	0			RESIDENTIAL, FOSTER AND ADOPTION SERVICES
			•		•		
E FOR FAMILY CEN							
SERVICES - PO BOX 71266 - RICHMOND VA 23255	54-1503721		57.259.	.0			FAMILY PRESERVATION
ERGEN				•			
السز				c			SARD ARALARY SHELFER
SUNRISE, FL 33351	20-0898587	201(C)3	422,130.				
DOCUMDIN WY DUIN					-		SERVICES AND
TUD NE JEAN STREAM THE TRANSPORT							COMPREHENSIVE BEHAVIORAL
EDET LATTREADELE FT. 33305	59-1927289	501 (C) 3	2 621 510	0.			HEALTH ASSESSMENT
ESC							
COUNTY - 491 N. STATE ROAD 7 -	59_1547191	501 (C) 3	41 293	0			LEGAL AID SERVICES
TICCC HI NOTIVINALA	TOTIANT-00	·	+				
LIL' RASCALS ACADEMY							
10092 W OAKLAND FK BLVD SUNDTSF FL 33351	65-0907422		3,090.	0			CHILDCARE
				-			
LUTHERAN SERVICES FL INC 2627 % MARCH MARDOC MURMITE							
JOLI A. MEST MAIEKS AVENUA TAMPA, FL 33614	59-2198911	501(C)3	370,174.	0			LIPPMAN EMERGENCY BEDS
MARIE'S TENDER LOVING CARE HOME							
7771 NW 20TH COURT							
SUNRISE, FL 33322	16-1638908		300.	0*	*******		RESIDENTIAL GROUP HOME
	ind government or	ganizations					
3 Enter total number of other organizations	s aperwork Reducti	on Act Notice, see th	e Instruction& Tor	Form 990.		e	Schedule I-1 (Form 990) 2008

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SCHEDULE I-1 (Form 990) Department Deviation		Continua ▲ Attach to Fo Part II a	Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	nedule I (Form 990 itional information dule I (Form 990).	)) 1 for		OMB No. 1545-0047 2008 Open to Public
Name of the organization	TNC.					Emplo	Employer identification number 65-1149351
Part E Continuation of Grants and Other Assistance to Governments and	Assistance to Go		Organizations in the U.S. (Schedule I (Form 990), Part II.)	S. (Schedule 1 (For	m 990), Part II.)		
(a) Name and address of organization or government	(p)	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	f (h) Purpose of grant ce or assistance
MAXIM HEALTHCARE SVC 12559 COLLECTIONS CNTR DR CHICAGO, IL 60693	52-4590951		10,420.	o			HEALTHCARE
MENTAL HEALTH ASSOC OF BROWARD 7146 W OAKLAND FK BLVD LAUDERHILL, FL. 33313	59-0816448	501(C)3	250,023.	0			PARENT EDUCATION SERVICES
MENTOR NETWORK 600 NORTH PINE ISLAND ROAD # 230 PLANTATION, FL 33324	42-8933910		547,081.	0			ENHANCED FOSTER CARE
METRO MERCY HOUSE INC 22200 SW 152ND AVENUE MIAMI, FL 33170	20-0970070	501(c)3	240.	0			PROVIDES MATERNAL HOME CARE SERVICES FOR PREGNANT ADOLESCENT GIRLS
MINORITY DEVELOPMENT EMPOWERMENT 3075 W. OAKLAND PARK BLVD # 205 OAKLAND PARK, FL 33311	65-0693623	501(C)3	418,328.	C			FAMILY SUFFURT LIASTON AND FAMILY REUNIFICATION & STRENTHENING SERVICES & YOUTH INTERVENTION
MON COEUR SUZETTE GROUP HOME 6419 SW 19TH STREET MIRAMAR, FL 33023	20-1135360		300.	o			RESIDENTIAL GROUP CARE
MONA'S GROUP HOME # 1 1409 NW 7TH TERRACE FORT LAUDERDALE, FL 33311	59-1544186		300.	0			RESIDENTIAL GROUP CARE
625	65-0441414		238,989.	0			NEIGHBORHOOD PARTNERSHIP
<ul> <li>Enter total number of Section 301 (c)(3) and government organizations</li> <li>Enter total number of other organizations</li> <li>832241 12-37-08 LHA For Privacy Act and Paperwork Reduction Act Notice,</li> </ul>	na government org		see the Instruction& for Form 990	Form 990.			Schedule I-1 (Form 990) 2008

SCHEDULE I-1 (Form 990) Department of the Treasury		Continua ▲ Attach to Fo Part II a	Continuation Sheet for Schedule I (Form 990) Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	itional i (Form 990 itional information iule I (Form 990).	) n for		OMB No. 1545-0047 2008 Open to Public Inspection
Internal Revenue Service L Name of the organization CHTT, DNR: P	TNC.					Employe	Employer identification number 65-1149351
Part F Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Orga	nizations in the U.	S. (Schedule I (Fo	rm 990), Part II.)		
1	(a)	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL YOUTH ADVOCATE PROG 1801 WATERMARK DRIVE # 200 COLUMBUS OH 43215	34-1404302	501(C)3	174,767.	0.			ENHANCED FOSTER CARE
OUR MOTHER'S HOME 7438 CARRIER RD FORT MYERS, FL 33912	65-0510103		18,540.	0			TRANSITION FROM FOSTER CARE TO SELF SUFFICIENCY
FROJECT TOUCH INC 3541 SW 144 AVENUE MIRAMAR, FL 33027	65-1108058	501(C)3	313,571.	Ō			NEW LIGHTHOUSE GROUP HOME
REYNA GROUP HOME 8960 RALEIGH STREET HOLLYWOOD, FL 33024	27-0047003	501(C)3	264,429.	0			RESIDENTIAL GROUP HOME
SHIBOR GROUP HOME INC # 2 6641 SW 8TH STREET PEMBROKE FINES, FL. 33023	65-0977464		300.	0			FOSTER . HOME
SOS CHILDRENS' VILLAGE 3681 NW 59TH FLACE COCONUT CREEK, FL 33073	65-0080301	501(C)3	1,850,200.	0			LONG TERM RESIDENTIAL GROUP CARE
SP BEHAVIORAL LLC DB SANDYFINES 11301 SE TEQUESTA TERR TEQUESTA , FL 33469	20-5202539		, 800,	0			PSYCHIATRIC RESIDENTIAL TREATMENT
ST. AUGUSTINE YOUTH SER 50 SACAGOSSA STREET <u>ST AUGUSTINE, FL</u> 32084 <u>59-2925271 501 (C)3</u> 2 Entertrial number of Section 501 (c)(3) and covernment organizations	59-2925271 nd aovernment orc		31,801,	0			LITTLE BOYS AND BIG BOYS HOUSE
2	s aperwork Reducti		see the Instruction& for Form 990.	Form 990.			Schedule 1-1 (Form 990) 2008

(Form 990) Department of the Treasury		Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).	the Form 990 to list additional informatic Part II and Part III, Schedule I (Form 990).	itional information tule I (Form 990).	n for		Open to Public Inspection
internal Revenue Service   Name of the organization การราบการศา	TNC					Employ	Employer identification number 65–1149351
Part Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)	Assistance to Gov	vernments and Organ	nizations in the U.	S. (Schedule 1 (For	rm 990), Part II.)		
	(a)	(c) IRC Code section if applicable	(d) Amourit of cash grant	(e) Amount of non-cash assistance	<ul> <li>(f) Method of valuation (book, FMV, appraisal, other)</li> </ul>	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNRISE INTENSIVE RESIDENTIAL SVC 6604 HARNEY ROAD SUITE 1 TAMPA, FL, 33610	59-3430635		7,440.	0			RESIDENTIAL TREATMENT PROGRAM AND BOARDING SCHOOL
THE TWELVE FOR CHILDREN 1881 NE 26TH STREET # 221 WILTON MANORS, FL 33305	34-1970957	501(C)3	300,886.	0			ENHANCED FOSTER CARE
TROY FOUNDATION 2300 W SAMPLE RD # 313 POMPANO BEACH, FL 33073	59-2357179	501(C)3	161,984.	o			ENHANCED FOSTER CARE
WEST FOSTER HOME 416 NE 27TH DRIVE WILTON MANORS, FL 33334	26-4418877		45,149.	0			RESIDENTIAL GROUP CARE
OMEGA HOME ALTERNATE FAMILY CARE 10001 W. OAKLAND PARK BLVD SUNRISE, FL 33051			72,951.	0.			TRAUMA RESOLUTION
	nd government or	ganizations					
3 Enter total number of other organizations	perwork Reducti	ion Act Notice, see th	iee the Instruction& Bor Form 990.	Form 990.			Schedule I-1 (Form 990) 2008

Schedule | (Form 990) 2008 CHILDNET, INC.

FUNDS ARE BEING EXPENSED BASED UPON CONTRACTED GUIDELINES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: KIDS IN DISTRESS

(H) PURPOSE OF GRANT OR ASSISTANCE: COORDINATED FAMILY SERVICES AND

COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT REUNIFICATION

NAME OF ORGANIZATION OR GOVERNMENT: MINORITY DEVELOPMENT EMPOWERMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY SUPPORT LIASION AND FAMILY

REUNIFICATION & STRENTHENING SERVICES & YOUTH INTERVENTION PROGRAM

Schedule I (Form 990) 2008

832291 10-27-08

31 2008.05050 CHILDNET, INC.

SCHEDULE J	Compensation Information	OMB No.	1545-004	17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	20	δU	
Department of the Treasury	Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.	Open to Inspe		C
Internal Revenue Service Name of the organizat		loyer identificati	1. Statistica -	nber
Hame of the organization		55-114935		
Part I Question	is Regarding Compensation	<u></u>		
			Yes	No
1a Check the approp	riate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	, line 1a. Complete Part III to provide any relevant information regarding these items.			
· · · · · · · · · · · · · · · · · · ·	charter travel Housing allowance or residence for personal us	e 19179).		
Travel for cor				
	ication and gross-up payments Health or social club dues or initiation fees			
· · · · · · · · · · · · · · · · · · ·	spending account Personal services (e.g., maid, chauffeur, chef)			
L				
h lif line 1a is chacke	ed, did the organization follow a written policy regarding payment or reimbursement or provision			
	ses described above? If "No," complete Part III to explain	1b		,8 ° 9,8 °
	on require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors			
	CEO/Executive Director, regarding the items checked in line 1a?		x	Í
instees, and me				
3 Indicate which, if	any, of the following the organization uses to establish the compensation of the organization's			
	rector. Check all that apply.			
······································	on committee Written employment contract			
	· · · · · · · · · · · · · · · · · · ·			
·	·	ittee		
[] Form 990 O	other organizations			
	id any surger listed in Form 000 Port VII Coption A line 1st		(「相思想」 (「成の近日	
	lid any person listed in Form 990, Part VII, Section A, line 1a:	4a	i Gitte; "Uitte	X
	nce payment or change of control payment? receive payment from, a supplemental nonqualified retirement plan?			X
				X
	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.			
	d 501(c)(4) organizations must complete lines 5-8.			
•	I in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the		Pariser E-	á hvuatiser	- 1999 ▼
	2	1.		X
	ization?			
	a or 5b, describe in Part III.			
	in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
contingent on the			지난 한 것 않	्रिडी • • •
	?			X
	nization?		1 3 5 5	
	or 6b, describe in Part III.		비가하셨	
•	d in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	lines 5 and 6? If "Yes," describe in Part III			X
	ts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III			X
LHA For Privacy Act	and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (For	m 990)	) 2008

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11320507 136985 7972

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832112 12-23-08

#### SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

### **NonCash Contributions**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2008

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number 65-1149351

CHILDNET, INC.

		(a) Check if applicable	(b) Number of contributions	<b>(c)</b> Revenues reported on Form 990, Part VIII, line 1g	(d) Method of de revenu	
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests	· ·			•	
4	Books and publications					
5	Clothing and household goods	X		126,665.	FAIR MARKET	VALUE
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	X	12	27,260.	FAIR MARKET	VALUE
20	Drugs and medical supplies	X	2		FAIR MARKET	VALUE
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other (TOYS)	X	69	109,561.	FAIR MARKET	VALUE
26	Other ( GIFT CERTIFIC)	X			PURCHASE PRI	
27	Other ( FURNITURE )	X	(	8,350.	FAIR MARKET	VALUE
28	Other ( PARTIES FOR K)	X		3 2,500.	FAIR MARKET	VALUE
29	Number of Forms 8283 received by the organ	nization duri	ng the tax year	for contributions		
	for which the organization completed Form 8					
						Yes No
30a	During the year, did the organization receive	by contribut	tion any proper	ty reported in Part I, lines 1-2	28 that it must hold for	
	at least three years from the date of the initial	l contributio	n, and which is	not required to be used for	exempt purposes for	
	the entire holding period?					. 30a X
b	If "Yes," describe the arrangement in Part II.					
31	Does the organization have a gift acceptance	policy that	requires the re	view of any non-standard co	ntributions?	<u>. 31 X</u>

32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
	contributions?
b	If "Yes," describe in Part II.
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2008

32a

X

832141 03-11-09

describe in Part II.

Schedule M (Form 990) 200 CHILDNET, INC. Part II Supplemental Information. Complete this part to provide the information required by Part I Also complete this part for any additional information.	<u>65-1149351</u> Page 2 , lines 30b, 32b, and 33.
PART I, OTHER TYPES OF PROPERTY:	
GIFT CERTIFICATES-VARIOUS LESSONS	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTORS = 2	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2200.	
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE	
GIFT CERTIFICATES	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTORS = 20	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2108.	
(D) METHOD OF DETERMINING REVENUE: PURCHASE PRICE	
RENT	
(A) CHECK IF APPLICABLE = X	•
(B) NUMBER OF CONTRIBUTORS = 10	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1000.	
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE	
SCHOOL SUPPLIES	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTORS = 4	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 795.	
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE	
CRUISE TICKETS	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTORS = 3	
<sup>832142</sup> <sup>12-18-08</sup> 35 320507 136985 7972 2008.05050 CHILDNET, INC.	Schedule M (Form 990) 2008

Schedule M (Form 990) 2008         CHILDNE           Part II         Supplemental Information           Also complete this part for any additional	<ol> <li>Complete this part to p Iditional information.</li> </ol>	rovide the information	required by Part I, lines 3	0b, 32b, and 33.	
(C) REVENUE REPORTED ON	FORM 990, PA	<u>RT VIII \$ 6</u>	26.	-	
(D) METHOD OF DETERMINI	<u>NG REVENUE: F</u>	URCHASE PRI	CE		
			•		
		*****	······································		
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(Form	990)
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Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

CHILDNET, INC.

Employer identification number 65-1149351

Open to Public

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FOR CHILDREN AND FAMILIES SERVED BY THE BROWARD COUNTY CHILD PROTECTION
AND FOSTER CARE SYSTEM. CHILDNET'S MISSION IS TO DEVELOP AND MANAGE A
COMPREHENSIVE, COMMUNITY-BASED, COORDINATED SYSTEM OF CARE FOR ABUSED,
NEGLECTED, AND ABANDONED CHILDREN AND THEIR FAMILIES AND FOR CHILDREN
AND FAMILIES WHO ARE AT RISK OF MALTREATMENT AND/OR PLACEMENT IN THE
FOSTER CARE SYSTEM.

FORM 990, PART VI, SECTION A, LINE 10: FORM 990 IS REVIEWED BY THE CEO AND CFO OF THE ORGANIZATION AS WELL AS THE BOARD PRIOR TO SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH COMMUNICATION.

FORM 990, PART VI, SECTION B, LINE 15: THE SALARY OF THE CEO IS SET AND REVIEWED BY THE BOARD OF DIRECTORS. KEY EMPLOYEE SALARIES ARE SET AND REVIEWED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC THROUGH THEIR WEBSITE THE AUDITED FINANCIAL STATEMENTS AS WELL AS FORMS 990 AND GOVERNING DOCUMENTS, BUT DOES NOT MAKE AVAILABLE TO THE PUBLIC THE CONFLICT OF INTEREST POLICY, ONLY UPON REQUEST.

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

ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND SELECTION OF
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
Schedule O (Form 990) 2008
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public Inspection

CHILDNET.

Employer identification number 65-1149351

INDEPENDENT ACCOUNTANTS HAS NOT CHANGED FROM THE PRIOR YEAR.

INC.

FORM 990, PART VI, SECTION A, LINE 9A: CHILDNET INC IS AFFILIATED WITH

BROWARD CARES FOR KIDS FOUNDATION INC, AN ORGANIZATION CREATED TO BE

THE FUNDRAISING ARM OF CHILDNET AND TO PROVIDE ALTERNATIVE SOURCES OF

FUNDING WHICH WILL FACILITATE THE IMPLEMENTATION OF SERVICES NOT

CURRENTLY ELIGIBLE FROM STATE AND FEDERAL FUNDING TO CHILDNET.

PART IX, LINE 24 F: OTHER EXPENSES IN THE AMOUNT OF \$ 622,759 INCLUDE

THE FOLLOWING:

WORKERS COMPENSATION: \$143,636, POSTAGE AND STORAGE: \$97,486, STAFF

TRAINING AND RECRUITMENT: \$185,308, DUES AND SUBSCRIPTIONS: \$19,059,

DATA COMMUNICATION: \$177,270.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 832211 12-18-08 38 Schedule O (Form 990) 2008

38 2008.05050 CHILDNET, INC.

SCHEDULE R (Form 990) Attach to Form 990. To Department of the Treasury	Related Organizations and Unrelated Partnerships Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.	Related Organizations and Unrelated Partnerships ed by organizations that answered "Yes" to Form 990 See separate instructions.	, Part IV, lines 33, 0	¥, 35, 36, or 37.	OMB No. 1545-0047 2008 Open to Public Inspection
zation				Emp	Employer identification number
CHILDNET, INC.					
Part I Identification of Disregarded Entities					
	(B)	(0)	a	( <u>I</u> )	(F)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
					· · · · · · · · · · · · · · · · · · ·
		•			
Part II Identification of Related Tax-Exempt Organizations	ations				
(A)	(B)	(0)	Q	Û	(F)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
BROWARD CARES FOR ALDS FURDATION, ANC - 20-2273948, 313 NORTH STATE ROAD 7,					
11	FUNDRAISING	FLORIDA	501(C)(3)	170(B)(1)(A)(VICHILDNET	HILDNET, INC
	1 				
		,			
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tice, see the Instructions for Form 990	ŏ			Schedule R (Form 990) 2008

12-23-08

	(I) (J) Code V-UBI General or amount in box managing 20 of Schedule Partner? K-1 (Form 1065) Yes No	 			<ul> <li>(H)</li> <li>e of Percentage</li> <li>ever ownership</li> </ul>		 		
	(H) Disproportion- ate allocations? Yes No	 			(F) (G) Share of total Share of income assets			· · · ·	
	otal Share of end-of-year assets				(E) Type of entity (C corp, S corp, in or trust)				~~~~
	ncome Share of total income (f)				(D) Direct controlling [7] entity (C				
	<ul> <li>(E)</li> <li>Predominant income (related, investment, unrelated)</li> </ul>				(C) Legal domicile Di (state or foreign country)				
	(D) Direct controlling entity			r Trust	<b>(B)</b> Primary activity				
artnership	(C) Legal domiclie (state or foreign country)		<b>h</b>	Corporation o	α.				
anizations Taxable as a F	(B) Primary activity			anizations Taxable as a (	7				
Part III Identification of Related Organizations Taxable as a Partnership	(A) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust	(A) Name, address, and EIN of related organization				

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Schedule R (Form 990) 2008 CHILDNET, INC.

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Schedule R (Form 990) 2008 CHILDNET, INC.

Part V Transactions With Related Organizations			
Noto Comulate line 1 if any entity is listed in Parts II 111 or IV.		Yes	s No
<ol> <li>During the tay year did the provident and the following transactions with one or more related organizations listed in Parts II-IV?</li> </ol>	•		
Beceivt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlle		1a	×
		<b>4</b>	X
		10	×
diff, grant, or capital contribution with out of game and		1d	X
		1e	X
			af reach. Traite
<ul> <li>Cala at an athen a reconstruction (a)</li> </ul>		44	×
		19	X
g ruiciase di assets indiriorie diganizadoriyo		4	×
		<b>1</b>	×
Ease of facilities, equipment, or other assets from other organization(s)			
			×
Performance of services or membership or fundraising solicitations by other organization(s)		11 X	
m Sharing of facilities, equipment, mailing lists, or other assets	*****	E	X
n Sharino of naid employees		11	X
o Reimbursement paid to other organization for expenses		10	×
		1p	×
q Other transfer of cash or property to other organization(s)		÷ 12	
r Other transfer of cash or property from other organization(s)		1	4
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	action thresholds.		
A) Aranitation(c)	(B) Transaction	(C) Amount involved	ved
	type (a-r)		
(1) FAMILY CENTRAL	Ц	95,	875.
		***********	
(4)			
(5)			
832163 12-23-06	Schedu	Schedule R (Form 990) 2008	0) 2008

			(B)     (C)     (C)     (C)       Prinary activity     Logal (C)     (C)     (C)       Prinary activity     Prinary activity     Prinary activity     (C)       Prinary activity     Prinary activity     Prinary activity     (C)       Prinary activity     Prinary activity     Prinary activity     Prinary activity	(C)     (D)     (E)     (F)       ggal domiclie atte or toneign country)     Mare of endor regenerations ves     Mare of endor strate of endor organizations ves     Mare of endor regeneration of Schedule K1 ves     Mare of regeneration of Schedule K1 ves     Mare of regeneration ves     Mare of regeneration of Schedule K1 ves     Mare of regeneration of Schedule K1 ves     Mare of regeneration ves     Mare of regeneration ves     Mare of regeneration ves     Mare of regeneration ves     Ma
			(a)     (b)     (c)     (c)       Primay activity     Legal (c)     Partiney activity     Legal (c)       Partiney activity     Legal (c)     Partiney activity     Partiney activity       Partiney activity     Legal (c)     Partiney activity     Partiney activity       Partiney activity     Partiney activity     Partiney activity     Partiney activity       Partiney activity     Par	(C)     (D)     (E)     (E)       ggal domicile actions actions organizations?     (D)     (E)     (E)     (F)       gal domicile actions organizations?     (E)     (E)     (E)     (E)       results     action strates action strates     action strates action strates     (E)     (E)       results     results     results     action strates     (E)     (E)       results     results     results     results     action strates     (E)       results     results     results     results     results     (E)       results     results     results     results     results     (E)       results     results     results     results     results     results       results     results     results     results     results     res
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			(B)     (C)     (C)       Primary activity     Legal dominile (state of romeine consisting)     Legal dominile (state of romeine consisting)     CO     (C)       Primary activity     Legal dominile (state of romeine construction)     Legal dominile (state of romeine construction)     CO     (C)       Primary activity     Legal dominile (state of romeine construction)     Legal dominile (state of romeine construction)     CO     (C)       Primary activity     Legal dominile (state of romeine construction)     Legal dominile (state of romeine construction)     CO     (C)       Primary activity     Legal dominile (state of romeine construction)     Legal dominile (state of romeine construction)     CO     (C)       Primary activity     Legal dominile (state of romeine construction)     Legal dominile (state of romeine construction)     CO     (C)       Primary activity     Legal dominile (state of romeine construction)     Legal dominile (state of romeine construction)     CO     (C)       Primary activity     Legal dominile (state of romeine construction)     Legal dominile (state of romeine construction)     CO     (C)       Primary activity     Legal dominile (state of romeine construction)     Legal dominile (state of romeine construction)     CO     (C)       Primary activity     Legal dominile (state of romeine construction)     Legal dominile (state of romeine construction)     CO     (C)	(C)     (D)     (E)     (F)     (G)       ggal domicile atte or toreign country)     Asai bartres Aster of end.of: versitioners/ Ves     Share of end.of: bartres/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners/ versitioners
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			(B)     (C)     (C)     (C)     (C)     (C)       Primary activity     Legal domicile setures     Paral matrime setures     State of end/or setures     State of end/or setures     State of end/or setures     Code VUBI setures     Code VUBI setures   <	(C)     (C)     (C)     (C)       geal domicile atte or forreign atte or forreign contruty)     Areal attrees attrees operations year assets     (F)     (G)     (H)       Yes     No     Percentions attreations year assets     Percentions operations year assets     (H)     (G)     (H)       Yes     No     Yes     No     Yes     No
			(B)     (C)     (C)     (C)     (C)     (C)       Primary activity     Legal domicial states of chergin (state of chergin systems)     Para fastes states of country)     Rein of state of chergin (state of chergin systems)     Sine of state of chergin (state of chergin systems)     (C)     (C)       Yes     No     Yes     No     No     Yes     No       Yes     No     Yes     No     Yes     No       Image: Single of state of chergin states of states o	(C)     (D)     (E)     (F)     (G)       geal domicile section sorticity resching regention stationer/ section sorticity     Are all partness section sorticity resching regention sorticity     Name of end-of- thermaticity     (F)     (G)     (H)       Yes     No     Yes     No     Presentencer or strated antoenting     No     Presentencer antoenting     (H)       Yes     No     Yes     No     Presentencer or strated antoenting     Yes     No
			(B)     (C)     (C)     (C)     (C)     (C)     (C)       Primary activity     Legal domicile (state of ortegin primarianting)     Paral method (state of ortegin primarianting)     State of end/or (state of ortegin primarianting)     State of end/or (state of ortegin primarianting)     (C)     (C)     (C)       Yes     No     Yes     No     Yes     No     Yes     No       Image: State of ortegin primarianting     Yes     No     Yes     No     (F)     (G)       Image: State of ortegin primarianting     Yes     No     Yes     No     (F)     (G)       Image: State of ortegin primarianting     Yes     No     Yes     No     (F)     (G)       Image: State of ortegin primarianting     Yes     No     (F)     (G)     (G)       Image: State of ortegin primarianting     Yes     No     (F)     (F)     (G)       Image: State of ortegin primarianting     Yes     No     (F)     (G)     (G)       Image: State of ortegin primarianting     Yes     No     (F)     (G)     (G)       Image: State of ortegin primarianting     Yes     No     (F)     (G)     (G)       Image: State of ortegin primarianting     Image: State of ortegin primarianting     (G)     (G)     (G)	(C)     (C)     (C)     (C)       geal domicile atte or forreign contrustion     Area ill artrees attend attender veat assets     (E)     (F)     (G)     (H)       Area ill artrees attenditions     Veat assets veat assets     Dispropor- tionantions     Code VUBil attenditions     (H)     (H)       Yes     No     Yes     No     Yes     No       Image: Arrive of the origin attenditions     Yes     No     Yes     No
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)       geal domicile series battees are or foreign regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regentention</td>	(C)     (D)     (E)     (F)       geal domicile series battees are or foreign regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regententioned regentention
			(B)     (C)     (C) <td>(C)     (C)     (C)     (C)       ggal domicile ate or foreign tate or foreign organizations (Form 1065)     (D)     (E)     (F)       ggal domicile tate or foreign organizations (Form 1065)     (D)     (E)     (F)       Yes     No     Yes     No       Yes     No     (Form 1065)     Persons       Image: State of the state organization organizations     Image: State of the state of state of the state of state of the state of form 1065)     (H)</td>	(C)     (C)     (C)     (C)       ggal domicile ate or foreign tate or foreign organizations (Form 1065)     (D)     (E)     (F)       ggal domicile tate or foreign organizations (Form 1065)     (D)     (E)     (F)       Yes     No     Yes     No       Yes     No     (Form 1065)     Persons       Image: State of the state organization organizations     Image: State of the state of state of the state of state of the state of form 1065)     (H)
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)     (G)     (H)       gal domicile ate or foreign country)     Are at pertness free or foreign organization (Form 1065)     Share of end-of- troated (Form 1065)     (E)     (F)     (G)     (H)       Yes     No     Yes     No     (Form 1065)     Yes     No       Yes     No     (Form 1065)     (Form 1065)     Yes     No</td>	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile ate or foreign country)     Are at pertness free or foreign organization (Form 1065)     Share of end-of- troated (Form 1065)     (E)     (F)     (G)     (H)       Yes     No     Yes     No     (Form 1065)     Yes     No       Yes     No     (Form 1065)     (Form 1065)     Yes     No
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)     (G)       gal domicile ate or foreign are or foreign country)     Are all pertness free or foreign regulations (Form 1065)     Share of end-of thomes     E     (F)     (G)     (H)       Yes     No     Yes     No     Yes     No     Pertness anothing (Form 1065)     Pertness anothing (Form 1065)     (H)</td>	(C)     (D)     (E)     (F)     (G)       gal domicile ate or foreign are or foreign country)     Are all pertness free or foreign regulations (Form 1065)     Share of end-of thomes     E     (F)     (G)     (H)       Yes     No     Yes     No     Yes     No     Pertness anothing (Form 1065)     Pertness anothing (Form 1065)     (H)
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)     (G)     (H)       gal domicile ate or foreign organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ ves     (E)     (F)     (G)     (H)       Are all partness ate or foreign organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ ves     (G)     (H)     (G)     (H)       Are all partness organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ ves     (F)     (G)     (H)       Are all partness organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organ</td>	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile ate or foreign organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ ves     (E)     (F)     (G)     (H)       Are all partness ate or foreign organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ ves     (G)     (H)     (G)     (H)       Are all partness organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ ves     (F)     (G)     (H)       Are all partness organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organizations/ organ
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign country)     Are all partnes country)     Share of end-of- vear assets     Dispropor- allocations vear assets     Code VUBI anount in box 20 anount in box 20 anount</td>	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign country)     Are all partnes country)     Share of end-of- vear assets     Dispropor- allocations vear assets     Code VUBI anount in box 20 anount
			(B)     (C)     (C)     (C)     (C)     (C)       Primary activity     Legal domicile settion sciences     Stare of end-of settion sciences     Stare of end-of settion sciences     Code V(B) settion science	(C)     (D)     (E)     (F)     (G)     (H)       ggal domiclie ate or foreign cognizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations vear assets     (E)     (F)     (G)     (H)       Are all partness organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizatione organizatione organizations organizat
			(B)     (C)     (D)     (E)     (G)       Primary activity     Legal domicile settor strate or fordor (state or fordor)     Legal domicile settor strate or fordor (state or fordor)     Legal domicile settor strate or fordor (state or fordor)     Demois settor (state or fordor)     Demois settor (state or fordor)     Mo       Yes     No     Yes     No     Frame (state or fordor)     Pinary settor (state or fordor)     Mo       Yes     No     Yes     No     Frame (state or fordor)     Pinary settor (state or fordor)     Pinary settor (state or fordor)     Mo       Yes     No     Yes     No     Frame (state or fordor)     Pinary settor (state or for	(C)     (D)     (E)     (F)     (G)     (H)       ggal domiclie ate or foreign organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations vear assets     (E)     (F)     (G)     (H)       Are all partnes organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizations organizatione organizatione organizations organizat
			(B)     (C)     (D)     (E)     (G)       Primary activity     Legal domicile seam services seam services     Stare of end-of. seam services     Legal domicile seam services     Colo     (C)     (C)       Yes     No     Yes     No     (C)     No     (C)     (C)       Yes     No     Yes     No     (C)     (C)     (C)     (C)       Yes     No     Yes     No     (C)     (C)     (C)     (C)	(C)     (C)     (C)     (C)       gal domicile ate or foreign ate or foreign section 3010(3) section 3010(3) year assets year year year assets year assets y
			(B)     (C)     (D)     (E)     (D)       Primary activity     Legal domicile series     As at partners series     Legal domicile series     As at partners series     Color (U)     (E)     (F)       Yes     No     Yes     No     Finaly     Finaly     Month       Yes     No     Yes     No     Finaly     Month       Image     No     Yes     No     Finaly     Month       Image     No     Finaly     Yes     No     Finaly	(C)     (C)     (C)     (C)       gal domicile agaid domicile sector sector sector vear assets     Ten     (F)     (F)     (F)       Are all partners sector sector vear assets     No     Code V-UBI sector vear assets     (F)     (F)       Yes     No     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (D)       Primary activity     Legal domicile seat instructor regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regentamenter regenter regentamenter regentamenter regentamenter regenter re	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign ate or foreign sector sector vear assets     Name of end-of- sector vear assets     Dispropo- sector ate or foreign sector vear assets     (F)     (G)     (H)       Yes     No     Yes     No     Yes     No       Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign control     Are all partners countrol)     Share of end-of- countrol     Dispropor- regal domicile ate or foreign vear assets     Code V-UBI centration Ves     (H)     (H)       Yes     No     Yes     No     Yes     No       Yes     No     (Form 1065)     Yes     No</td>	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign control     Are all partners countrol)     Share of end-of- countrol     Dispropor- regal domicile ate or foreign vear assets     Code V-UBI centration Ves     (H)     (H)       Yes     No     Yes     No     Yes     No       Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (C)     (D)       Primary activity     Legal domicile sentimization     Areal isattres (state or fond; of sentimization     Share of end-of sentimization     (D)     (D)       Yes     No     Yes     No     (Schedule frit)     Yes     No       Image: State of end-of     No     Yes     No     (Schedule frit)     Yes     No       Image: State of end-of     Yes     No     (Schedule frit)     Yes     No     (Schedule frit)     Yes       Image: State of end-of     No     Yes     No     (Schedule frit)     Yes     No       Image: State of end-of     No     (Schedule frit)     Yes     No     (Schedule frit)     Yes	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign contants organization(3)     Are all partners year assets     Share of end-of- organization(3)     Disprepor- veal assets     Code VUBI annaging anount in box 20 partner     (H)       ves     No     Yes     No     Yes     No       ves     No     Yes     No     Yes     No
			(B)     (C)     (D)     (E)     (E)     (E)     (E)       Primary activity     Legal domicile setter of roreign regentioned     Legal domicile setter of roreign regentioned     Para is retrieves regentioned     Para is retri regntioned     Para is regntioned     Pa	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign controline controline vestion stories?     Are all partners countroline vestion stories?     Dispropor- to box 20 vest assets     (F)     (G)     (H)       vestion stories?     Vest assets     Dispropor- to countroline vestion stories?     Dispropor- to box 20 vest assets     Code V-UBI amount in box 20 vest assets     (H)     (F)     (F)       vest in stories?     Vest No     Vest No     Vest No     Vest No     No       vest in stories?     Vest No     Vest No     Vest No     No
			(B)     (C)     (D)     (E)     (G)     (H)       Primary activity     Legal domicile state or foreign (state or foreign country)     Legal domicile state or foreign (state or foreign country)     Legal domicile state or foreign (state or foreign country)     Deproprint (state or foreign (state or foreign country)     (G)     (H)       Primary activity     Legal domicile state or foreign (state or foreign country)     Yes     No     (G)     (H)       Primary activity     Ves     No     Yes     No     (F)     No	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile section 501c(2) ate or foreign organizations?     Are all partness section 501c(2) organizations?     Fin (G)     (H)     (G)     (H)       Are all partness section 501c(2) organizations?     Are all partness section 501c(2) vear assets     Share of end-of- amount in box 20 amount in box 20 of Schedule K11     Code V-UBI amount in box 20 of Schedule K11     (H)       Are all partness     Yes     No     Yes     No       Are all partness     Are all partness     Are all partness     Are all partness       Are all partness     Yes     No     Yes     No
			(B)     (C)     (D)     (E)     (G)     (H)       Frimary activity     Legal domicile state or foreign (state or foreign country)     Legal domicile state or foreign (state or foreign country)     Legal domicile state or foreign (state or foreign country)     Disprose- state or foreign (state or foreign (state or foreign (state or foreign (state or foreign country)     (E)     (F)     (G)     (H)       Finary activity     Legal domicile state or foreign (state or forei	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile ate or foreign are or foreign organizations/ Country)     Are all partness section sortogy organizations/ Yes     Share of end-of- took V-UBI amount in box 20 Yes     (G)     (H)       Xes     No     Yes     No     Yes     No       Yes     No     Yes     No     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile state or foreign organizations/ organizations/ primary activity     Legal domicile state or foreign organizations/ organizations/ primary activity     Legal domicile state or foreign organizations/ primary activity     (P)     (F)     (G)     (H)       Primary activity     Legal domicile state or foreign organizations/ primary activity     Legal domicile state or foreign primarions/ primary activity     CO     (D)     (F)     (G)     (H)       Primary activity     Legal domicile state or foreign primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primarions/ primario	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile section 501c(2) ate or foreign organizations/ country)     Are all partness section 501c(2) region 501c(2
			(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile state of orded     Legal domicile state of end-of- ountry)     Legal domicile veal restrates     Code VUBI state of end-of- buses     Code VUBI state of end-of- primary activity     Code VUBI state of end-of- primary activity<	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile gal domicile ate or foreign organizations?     Are all partners south in box 20 organizations?     Are all partners south in box 20 amount in box 20 paraging veat assets     F)     (G)     (H)       x     ate or foreign organizations?     Ves     No     Code VUBI stread     Amount in box 20 paraging paraging       x     No     Yes     No     Yes     No
			(B)     (C)     (D)     (E)     (D)     (E)       Primary activity     Legal domicile keet in sorticis (state or foreign country)     Legal domicile keet in sorticis (state or foreign country)     Legal domicile keet in sorticis (state or foreign country)     Mo     (F)     (G)     (H)       Primary activity     Legal domicile keet in sorticis (state or foreign country)     Ves     No     (G)     (H)       Primary activity     Coole VUBI (state or foreign country)     Ves     No     (F)     Coole VUBI (state or foreign country)       Primary activity     Coole VUBI (state or foreign country)     Ves     No     (F)     Coole VUBI (state or foreign country)       Primary activity     Coole VUBI (state or foreign country)     Ves     No     (F)     Coole VUBI (state or foreign country)       Primary activity     Coole VUBI (state or foreign country)     Ves     No     (F)     P       Primary activity     Coole VUBI (state or foreign country)     Ves     No     (F)     P       Primary activity     Coole VUBI (state or foreign country)     P     P     P     P       Primary activity     Coole VUBI (state or foreign country)     P     P     P     P       P     P     P     P     P     P     P       P     P     P     P	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile gal domicile ate or foreign are of end of organizations/ country)     Are all partness section 501(0)33 Year assets     Are all partness section 501(0)33 Year assets     F)     (G)     (H)       x     No     Organizations/ toonurty)     Yeas assets     Dispropor- ationations/ Yes     No     Yeas assets     Anount in box 20 anount in box 20 of Schedule K-1 (Form 1065)     Partner/ Yes     No
			(B)     (C)     (D)     (E)     (D)       Primary activity     Legal domicile Areal areatrees (state or foreign country)     Areal areatrees (state or foreign country)     Areal areatrees (state or foreign country)     No     (G)     (H)       Yes     No     Yes     No     Yes     No       Yes     No     Yes     No     (F)     Yes	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of- section 501(c)33     Paranging     Ganeral or homanon     (G)     (H)       ate or foreign     coganizations7     veat assets     Dispropor- tomations7     Dispropor- section 501(c)33     (G)     (H)       veat assets     veat assets     Plocations7     of Schedule K-11     Veas     No       veat assets     veat assets     veat assets     Veas     No     Veas     No
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partnets     Share of end-of-     Dispropriations(2)     Country)       Yes     No     Yes     No     Yes     No     Yes     No       Imary activity     Legal domicile     Are all partnets     Share of end-of-     Dispropriations(2)     Yes     No       Imary activity     Yes     No     Yes     No     Yes     No       Imary activity     Yes     No     Yes     No     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile gal domicile ate or foreign organizations/ country)     Are all partness section sort(org) vear assets     Are all partness sections/ vear assets     In pox 20 section sort(org) vear assets     (G)     (H)       x     No     Toped V-UBI section sort(org) vear assets     No     Yes     No       x     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partnets     Share of end.of-     Deroson-     Code VUBI     General or       Area of partnet     State of roreign     State of end.of-     Legal domicile     Area of end.of-     Deroson-     Code VUBI     General or       (atte or foreign     state of end.of-     Legal domicile     Ves     No     Formany activity     Country)       Yes     No     Yes     No     Formany activity     Ves     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile gal domicile ate or foreign organizations/ country)     Are all partness section 501(c)3 year assets organizations/ year assets     Dispropor- tionste allocations/ year assets     (G)     (H)       xee of end-of- tionations/ year assets     Dispropor- allocations/ year assets     Dispropor- tionate allocations/ year assets     Code V-UBI tionations/ of Schedule K-1 (Form 1065)     (G)     (H)
			(B)     (C)     (D)     (E)     (P)     (d)       Primary activity     Legal domicile strate of roreign creationer/ year assets     Are all partnes strate of end-of- trate of end-of- year assets     Pinary activity     Legal domicile strate of end-of- trate of end-of- year assets     Pinary activity     (d)     (h)       Yes     No     Yes     No     Pinary strate of end-of- trate of end-of- trate of end-of- year assets     Pinary strate of end-of- trate of end-of- tr	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign are of end of organizations?     Are all partness Share of end of uppartications?     Share of end of total     Dispropor- ations     Code V.UBI amount in box 20 of Schedule K-1     (H)       x     No     Yes     No     Presentions     Of Schedule K-1     Presentions       x     No     Yes     No     Presentions     Presentions     Presentions
			(B)     (C)     (D)     (E)     (F)     (d)       Primary activity     Legal domicile set an partners organizations?     Are all partnes (state or foreign organizations?)	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile gal domicile ate or foreign organizations/ country)     Are all partness section 501(c)3 year assets organizations/ year assets     Ison for thomate attorn 1065)     (G)     (H)       x     No     Oscode V-UBI thomate organizations/ year assets     Dispropor- ationations/ year assets     Dispropor- attorn 1065)     (G)     (H)       x     No     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile seral partners     Legal domicile seral partners     Legal domicile seral partners     Legal domicile seral partners     Code VUBI managing organizations?     (G)     (H)       Primary activity     Legal domicile seral partners     Share of end-of- tionations?     Demogrations?     Code VUBI managing organizations?     Code VUBI managing     Code VUBI managing     Code VUBI managing       Country)     Yes     No     (F)     (G)     (H)       Presentioners     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign are of end of organizations?     Are all partness Share of end of upper     Share of end of to scations     F)     (G)     (H)       ate or foreign organizations?     Are all partness year assets     Dispropor- autount in box 20 of Schedule K-1     Code V.UBI amanging     General or partner?     (H)       country)     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile state or foreign organizations?     Areal partness tomations?     Share of end-of- tomations?     Disperson- tomations?     Code VUBI amazina     Code VUBI amazina     Code VUBI amazina     Code VUBI amazina       Yes     No     Yes     No     Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile gal domicile ate or foreign organizations/ country)     Are all partners section 501(c)3 year assets     Dispropor- tionate allocations/ year assets     Code V-UBI tionate allocations/ year assets     (G)     (H)       xe or foreign organizations/ country)     Yes     No     Code V-UBI tionate of Schedule K-1     Yes     No       Yes     No     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile state or foreign organizations?     Legal domicile veat assets     Pare of end of: tomat in box 20 anotations?     Pineror tomat in box 20 anotations?     Code VUBI managing anotations?     Code VUBI managing anotations?     (H)       Yes     No     Yes     No     Yes     No     Pineror	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign are of end of organizations?     Are all partness Share of end of upper     Share of end of to section sort(of organizations?     F)     (G)     (H)       xee all partness are or foreign organizations?     Are all partness year assets     Dispropor- autount in box 20 of Schedule K-1     Code V.UBI managing antount in box 20 of Schedule K-1     All partness       xee or foreign     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (d)       Primary activity     Legal domicile     Retent stress series     Share of end-of- torate     Primary activity     Legal domicile     Retent of series     (H)       Primary activity     Legal domicile     Retent of series     Share of end-of- torate     No     (G)     (H)       Primary activity     Legal domicile     Retent of series     No     Yes     No     (H)       Primary activity     Ves     No     Yes     No     (Form 1065)     Primary	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign are of control     Are all partness section 501(0)33 year assets     Share of end-of- tionations/ year assets     Dispropor- ationations/ year assets     Code V-UBI tionations/ year assets     (G)     (H)       x     No     Organizations/ tionations/ year assets     Dispropor- ationations/ year assets     Dispropor- ationations/ year assets     Code V-UBI tionations/ year assets     (G)     (H)       x     No     Organizations/ (Form 1065)     Yes     No     Yes     No
			(B)     (C)     (D)     (E)     (F)     (d)     (H)       Primary activity     Legal domicile settion software     Areal bartness state or foreign organizations?     Eigen bartness year assets     Eigen bartness state or foreign organizations?     Fin     (d)     (H)       Yes     No     Yes     No     Form 1065)     Presenter anount in box.     Presenter anount in bo	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile gal domicile ate or foreign organizations?     Are all partness section 501(c)3 year assets     Are all partness thore to anount in box 20 of Schedule K-1     G)     (H)       xee of end-of- to ganizations?     Are all partness year assets     Dispropor- to anount in box 20 of Schedule K-1     General or pantner?     (H)       xes ountry)     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (d)       Primary activity     Legal domicile settini sortigin (state or foreign organizationer)     Legal domicile vestini sortigin (state or foreign organizationer)     Legal domicile vestini sortigin (state or foreign organizationer)     Parter of end-or- to material of Schedule K1     (d)     (h)       Yes     No     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign are of end of organizations/ country)     Are all partness section sort(cg) year assets     Are all partness support attorn 1065)     F)     (G)     (H)       year assets     Dispropor- autornt in box 20 of Schedule K-1     Dispropor- ananging partner/ (Form 1065)     Code V.UBI ananging partner/ (Form 1065)     (G)     (H)
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile gal domicile ate or foreign organizations/ country)     Are all partners section 501(c)3 year assets     Dispropor- tionate ationations/ year assets     Code V-UBI bitomate ationations/ year assets     (H)     (H)       Are of end-of- tionations/ country)     Are all partners/ year assets     Dispropor- ationations/ year assets     Code V-UBI tionations/ of Schedule K-1 (Form 1065)     (H)</td>	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile gal domicile ate or foreign organizations/ country)     Are all partners section 501(c)3 year assets     Dispropor- tionate ationations/ year assets     Code V-UBI bitomate ationations/ year assets     (H)     (H)       Are of end-of- tionations/ country)     Are all partners/ year assets     Dispropor- ationations/ year assets     Code V-UBI tionations/ of Schedule K-1 (Form 1065)     (H)
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of- section sorticity     Pispropor- section sorticity     Code V-UBI     General or paraging       ate or foreign     organizations?     Year assets     Dispropor- autount in box 20     Code V-UBI       country)     Yes     No     Yes     No</td>	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of- section sorticity     Pispropor- section sorticity     Code V-UBI     General or paraging       ate or foreign     organizations?     Year assets     Dispropor- autount in box 20     Code V-UBI       country)     Yes     No     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners transitions()     Veal a partners (state or foreign organizations()     Share of end-of- organizations()     (F)     (G)     (H)       Yes     No     Yes     No     Yes     No     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign are of control     Are all partners section 501(0)33     Share of end-of- toramizations/ Ves     Dispropor- toramizations/ Ves     Code V-UBI section 501(0)33     (H)       All output     Dispropor- toramizations/ Ves     Dispropor- toramizations/ Ves     Dispropor- toramizations/ Ves     Code V-UBI section 501(0)33     (H)       All output     Dispropor- toramizations/ Ves     Dispropor- toramizations/ Ves     Dispropor- toramizations/ Ves     Code V-UBI section 501(0)33     (H)
			(B)     (C)     (D)     (E)     (P)     (G)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Discropor-     Discropor-     Code V/UBI     General of context of schedule K-11     Code V/UBI     General of schedule K-11     Vest assets     amount in box 201     amount in box 201     amount in box 201     Discretions     Code V/UBI     General of schedule K-11     Vest assets     amount in box 201	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile gal domicile ate or foreign organizations/i     Are all partness section 501(c)3 year assets     Share of end-of- tionate organizations/i     F)     (G)     (H)       Are all partness ate or foreign organizations/i     Are all partness year assets     Dispropor- tionate allocations/i     Dispropor- ationations/i     Code V.UBI amount in box 20 of Schedule K-1     (G)     (H)       Country)     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile section sort(cg) ate or foreign organizations?     Are all partners section sort(cg) vear assets     F)     (G)     (H)       ate or foreign organizations?     Are all partners vear assets     Dispropor- autount in box 20 of Schedule K-1     Code V-UBI managing     General or partner?       country)     Yes     No     (Form 1065)     Yes     No</td>	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile section sort(cg) ate or foreign organizations?     Are all partners section sort(cg) vear assets     F)     (G)     (H)       ate or foreign organizations?     Are all partners vear assets     Dispropor- autount in box 20 of Schedule K-1     Code V-UBI managing     General or partner?       country)     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (d)       Primary activity     Legal domicile     Are all pertners     Share of end-of-     Dispropor-     Dispropor-       Primary activity     Legal domicile     Are all pertners     Share of end-of-     Dispropor-     Dispropor-       Researd of or doreign     organizations()     Yes     No     Of Schedule K-1     Yes       Yes     No     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile gal domicile ate or foreign organizations/ country)     Are all partners section 501(c)3 year assets     Ten of Code V-UBI homes ate or foreign organizations/ year assets     (E)     (F)     (G)     (H)       Are all partners organizations/ country)     Are all partners year assets     Dispropor- tionate ate or foreign of Schedule K-1     Code V-UBI managing partner?     (F)     (G)     (H)
			(B)     (C)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Discrosor-     Code V-UBI       Primary activity     Legal domicile     Are all partners     Share of end-of-     Discrosor-     Code V-UBI       Research     organizations/     Yes     No     Yes     No       Yes     No     Yes     No     (Form 1065)     Yes	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile     Are all partners     Share of end-of- section 501(c)3     Dispropor- tionate     Dispropor- ationations?     Code V.UBI     General or managing       ate or foreign     organizations?     Year assets     Dispropor- tionate     Dispropor- ationation     Code V.UBI     General or managing       country)     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (C) <td>(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or       ate or foreign     areaning     year assets     allocations?     Of Schedule K-1     Partner?       country)     Yes     No     Yes     No     (Form 1065)     Yes     No</td>	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or       ate or foreign     areaning     year assets     allocations?     Of Schedule K-1     Partner?       country)     Yes     No     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI       Rate or foreign     creations/     year assets     attoantinns/     of Schedule K-1     Partnanging       Rate or foreign     creations/     year assets     attoantinns/     of Schedule K-1     Yes     No       Rate or foreign     country)     Yes     No     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile ate or foreign organizations/ country)     Are all partness section 501(c)3 Yes     No     (E)     (F)     (G)     (H)       grantarions/ country)     Are all partness year assets     Share of end-of- tionate allocations/ year assets     Dispropor- ationations/ year assets     Dispropor- allocations/ year assets     Code V.UBI tionations/ of Schedule K-1 (Form 1065)     (H)
			(B)     (C)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners (state or foreign organizations)     Share of end-of- veal partners     Code V-UBI vear assets     (H)     (G)     (H)       Yes     No     Yes     No     Yes     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile     Are all partners     Share of end-of- section 501(c)3     Paramonan     Dispropor- tionate     Code V.UBI     General or managing       ate or foreign     organizations?     Year assets     Dispropor- tionate     Dispropor- of Schedule K-1     Go     (H)       vest in     year assets     Incontinent in box 20 allocations?     Dispropor- tionate     Dispropor- of Schedule K-1     Yes     No
			(B)     (C)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI       Remain     reaction 50 r(c)2     year assets     allocations/     of Schedule K-1     Partner/       Remain     reaction 50 r(c)2     year assets     allocations/     of Schedule K-1     Yes     No       Remain     Yes     No     Yes     No     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or       ate or foreign     section sort(cg)     year assets     atlocations7     of Schedule K-1     Partner7       country)     Yes     No     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (a)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI       Rate or foreign     organizations7     year assets     anount in box 20     mana       Country)     Yes     No     (Form 1065)     Yes	(C)     (D)     (E)     (F)     (G)     (A)       ggal domicile     Are all partners     Share of end-of-     Disproper-     Code V-UBI     Generations/       ate or foreign     organizations/     year assets     Disproper-     Code V-UBI     Generations/       ate or foreign     organizations/     year assets     attoinde     Of Schedule K-1     Partner       country)     Yes     No     (Form 1065)     Yes     Yes
			(B)     (C)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners (state or foreign organisations)     Share of end-of- veal assets     D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile (state or foreign organisations)     Yes     No     Code V-UBI (attractions)     (G)     (H)       Ves     No     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or       ate or foreign     section 5010(3)     Year assets     Dispropor-     Code V-UBI     General or       ate or foreign     organizations?     Year assets     Dispropor-     Code V-UBI     General or       ate or foreign     organizations?     Year assets     Dispropor-     Code V-UBI     General or       ate or foreign     Organizations?     Year assets     Dispropor-     Code V-UBI     General or       country)     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Correction       Ramaging     state or foreign     section 50 (c)27     Yes     No     (F)     (G)     (H)       Ramaging     state or foreign     section 50 (c)27     Yes     No     (F)     (G)     (H)       State or foreign     section 50 (c)27     Yes     No     (F)     (G)     P       State or foreign     country)     Yes     No     (Form 1065)     Partner/2	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or       ate or foreign     arganizations?     year assets     atlocations?     of Schedule K-1     Parnaging       ato ountry)     Yes     No     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Constants/     Code V-UBI     Code V-UBI     Constants/     Code V-UBI     Code V-UBI     Constants/     Code V-UBI     Constants/     Code V-UBI     Code V-UBI     Code V-UBI     Constants/     Code V-UBI     Code V-U	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners section 501(0)3     Are all partners     Share of end-of- tionate     Dispropor- tionate     Code V-UBI     General or partner?       ate or foreign organizations/     Are all partners     Share of end-of- tionate     Dispropor- allocations?     Code V-UBI     General or partner?       country)     Yes     No     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners (state or foreign organizations)     Share of end-of- veal partners     D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile (state or foreign organizations)     Share of end-of- veal partners     D)     (F)     (G)     (H)       Ves     No     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or       ate or foreign     section 501(c)3     year assets     Dispropor-     Code V-UBI     General or       ate or foreign     organizations?     year assets     Dispropor-     Code V-UBI     General or       ate or foreign     organizations?     year assets     Dispropor-     Code V-UBI     General or       ate or foreign     organizations?     year assets     Dispropor-     Code V-UBI     General or       ate or foreign     organizations?     year assets     Dispropor-     Code V-UBI     General or       country)     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all pærners     Share of end-of-     Dispropor-     Code V-UBI     Ramanging       Primary activity     Legal domicile     Are all pærners     Share of end-of-     Dispropor-     Code V-UBI     Areasing       Reaction So (reg)     organizations/     year assets     almount in box 20     parner/     parner/       Country)     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General of paraging       ate or foreign     organizations?     year assets     amount in box 20     paraging       organizations?     year assets     amount in box 20     paraging       country)     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Coneral or managing       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Coneral or managing       (state or foreign     organizations?     Yes     No     Yes     No     Yes     No       (country)     Yes     No     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or       ate or foreign     graminations/     year assets     allocations/     Of Schedule K-1     Paraging       ate or foreign     reaninations/     year assets     allocations/     of Schedule K-1     Yes     No       country)     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or managing       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or managing       (state or foreign     organizations7     Ves     No     Yes     No     Yes     No       (com11065)     Yes     No     (Form 1065)     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of- section 501(c)3     Dispropor- year assets     Dispropor- titonate     Code V-UBI     General or managing       ate or foreign organizations/     year assets     Dispropor- titonate     Dispropor- allocations/     Code V-UBI     General or managing       xection 501(c)3     year assets     Dispropor- allocations/     Dispropor- titonate     Code V-UBI     General or partner/       xection 501(c)3     year assets     Dispropor- allocations/     Dispropor- of Schedule K-1     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or ananging       Reaction Sol (c)3     vear assets     allocations?     vear assets     allocations?     vear assets     allocations?       Ves     No     (Form 1065)     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     General or       ate or foreign     section 5010(3)     year assets     attorations?     Of Schedule K-1     Yes     No       country)     Yes     No     Yes     No     (Form 1065)     Yes     No
			(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of     Dispropor- tionate     Code V-UBI     Generations       regard control     regarizations     year assets     allocations?     year assets     of Schedule K-1       regarizations     regarizations?     year assets     allocations?     year assets     of Schedule K-1       regarizations     year assets     allocations?     year assets     of Schedule K-1     year	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       atte or foreign     organizations/     year assets     allocations/     of Schedule K-1     Partno       country)     Yes     No     (Form 1065)     Yes
			(B)     (C)     (D)     (E)     (F)     (a)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       regard to receive     Society     Year assets     allocations/     Year assets     allocations/     Yes	(C)     (D)     (E)     (F)     (G)     (A)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       ate or foreign     organizations?     year assets     allocations/     of Schedule K-1     Damaa       country)     Yes     No     Yes     No     (Form 1065)     Yes
			(B)     (C)     (D)     (E)     (F)     (a)     (a)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/     organizations/	(C)     (D)     (E)     (F)     (G)     (A)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations       ate or foreign     organizations?     year assets     allocations?     of Schedule K-1     Dartn       country)     Yes     No     (Form 1065)     Yes     Yes
			(B)     (C)     (D)     (E)     (F)     (a)     (a)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       section 501(c)3     year assets     section 501(c)3     year assets     amount in box 20     mana       country)     Yes     No     (Form 1065)     Yes     Yes	(C)     (D)     (E)     (F)     (G)     (A)       gal domicile     Are all partners     Share of end-of-     Disproper-     Code V-UBI     Gene       ate or foreign     organizations/     year assets     allocations/     of Schedule K-1     Partner       country)     Yes     No     (Form 1065)     Yes
			(B)     (C)     (D)     (E)     (F)     (G)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       regard control     organizations/     year assets     allocations/     of Schedule K-1     Partna       regard control     Ves     No     Yes     No     (Form 1065)     Yes	(C)     (D)     (E)     (F)     (G)     (H)       gal domicile     Are all partners     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       ate or foreign     organizations/     year assets     allocations/     of Schedule K-1     Partners       country)     Yes     No     Yes     No     (Form 1065)     Yes
			(B)     (C)     (D)     (E)     (F)     (G)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       regard to receive     Society     Year assets     allocations/     Year assets     allocations/     Of Schedule K-1       regord     Yes     No     Yes     No     (Form 1065)     Yes	(C)     (D)     (E)     (F)     (G)     (H)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations       ate or foreign     organizations?     year assets     allocations/     of Schedule K-1     Partners       ate or foreign     organizations?     year assets     allocations/     of Schedule K-1     Partners       country)     Yes     No     Yes     No     (Form 1065)     Yes
			(B)     (C)     (D)     (E)     (F)     (a)     (a)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/     Mana       reate or foreign     regenizations/     year assets     amount in box 20     mana       country)     Yes     No     (Form 1065)     Yes	(C)     (D)     (E)     (F)     (G)     (A)       ggal domicile     Are all partness     Share of end-of-     Dispropor-     Code V-UBI     Generations       ate or foreign     organizations/     year assets     allocations/     of Schedule K-1     Dartness       organizations/     Yes     No     (Form 1065)     Yes
			(B)     (C)     (D)     (E)     (F)     (a)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       section 501(c)3     year assets     section 501(c)3     year assets     allocations?     of Schedule K-1     partner       country)     Yes     No     (Form 1065)     Yes     Yes	(C)     (D)     (E)     (F)     (G)     (A)       ggal domicile     Are all partners     Share of end-of-     Disproper-     Code V-UBI     Gene       ate or foreign     organizations/     year assets     allocations/     of Schedule K-1     Partn       country)     Yes     No     (Form 1065)     Yes
			(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations       sections     sections     society     society     society     Primary activity     Code V-UBI     Generations       result     result     society     society     society     society     society     society     society     society       result     result     result     result     result     result     result     result     result       result     result     result     res     No     result     result     result       result     result     result     result     result     result     result     result	(C)     (D)     (E)     (F)     (G)     (A)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations       atte or foreign     organizations?     year assets     allocations?     of Schedule K-1     Partnot       country)     Yes     No     (Form 1065)     Yes     Yes
			(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI       Rana     graninary     activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI       Rana     activity     transf     regaritions7     year assets     allocations7     of Schedule K-1       Country)     Yes     No     Yes     No     (Form 1065)     Yes	(C)         (D)         (E)         (F)         (G)         (H)         (H)         (G)         (H)
			(B)     (C)     (D)     (E)     (F)     (G)     (A)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/     Mana       reation for login     organizations?     year assets     amount in box 20     mana       country)     Yes     No     (Form 1065)     Yes	(C)         (D)         (E)         (F)         (G)         (H)         (H)         (G)         (H)         (H)         (G)         (H)
			(B)     (C)     (D)     (E)     (F)     (G)     (A)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       section 501(c)?     Yes     No     Yes     No     (Form 1065)     Yes	(C)     (D)     (E)     (F)     (G)     (A)       gal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       atte or foreign     organizations/     year assets     allocations/     of Schedule K-1     Partner       country)     Yes     No     (Form 1065)     Yes     Yes
			(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       (a)     (b)     (c)     State or foreign     sections/     year assets     allocations/     of Schedule K-1       (c)     (c)     (c)     (c)     (c)     (c)     (c)     partners/       (c)     (c)     (c)     (c)     (c)     (c)     partners/     pilocations/     of Schedule K-1       (c)     (c)     (c)     (c)     (c)     (c)     (c)     partners/       (c)     (c)     (c)     (c)     (c)     (c)     partners/	(C)     (D)     (E)     (F)     (G)     (A)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Gener       atte or foreign     organizations?     year assets     allocations?     of Schedule K-1     Partnara       country)     Yes     No     (Form 1065)     Yes     Yes
			(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       (a)     (a)     (a)     (b)     (c)     Dispropor-     Code V-UBI     Generations/       (a)     (a)     (c)     (c)     Dispropor-     Code V-UBI     Generations/       (a)     (c)     (c)     Dispropor-     Code V-UBI     Generations/       (b)     (c)     (c)     Dispropor-     Code V-UBI       (c)     (c)     (c)     (c)     Dispropor-     Code V-UBI       (c)     (c)     (c)     (c)     (c)     Dispropor-     Code V-UBI       (c)     (c)     (c)     (c)     (c)     Dispropor-     Code V-UBI       (c)     (c)     (c)     (c)     (c)     Dispropor-     Dispropor-	(C)         (D)         (E)         (F)         (G)         (G)         (H)           ggal domicile         Are all partners         Share of end-of-         Dispropor-         Code V-UBI         Generations           ate or foreign         organizations?         year assets         Dispropor-         Code V-UBI         Generations           organizations?         year assets         allocations?         of Schedule K-1         partners           country)         Yes         No         (Form 1065)         Yes
			(B)     (C)     (D)     (E)     (F)     (G)     (A)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generationary       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generationary       section 501(c)3     year assets     allocations/     year assets     allocations/     of Schedule K-1       country/     Yes     No     Yes     No     (Form 1065)     Yes	(C)         (D)         (E)         (F)         (G)         (G)         (H)           ggal domicile         Are all partners         Share of end-of-         Dispropor-         Code V-UBI         Generations
			(B)     (C)     (D)     (E)     (F)     (G)     (A)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Disprepor-     Code V-UBI     Generations       Rate or foreign     organizations?     year assets     allocations?     of Schedule K-1     Partners       country)     Yes     No     (Form 1065)     Yes     No	(C)     (D)     (E)     (F)     (G)     (A)       ggal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Gener       atte or foreign     organizations?     year assets     allocations?     of Schedule K-1     Partn       country)     Yes     No     (Form 1065)     Yes     Yes
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations/       regard to mana     section 501(c)3     year assets     allocations?     of Schedule K-1     Partners/       country)     vos Into     vos Into     vos Into     vos Into     vos Into     vos Into	(C)     (D)     (E)     (F)     (G)     (G)     (H)       agal domicile     Ara all partners     Share of end-of-     Dispropor-     Code V-UBI     Gener       atte or foreign     organizations?     year assets     allocations?     of Schedule K-1     Partners       country)     Vac     No     (Form 1065)     Yes     Yes
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Gener       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Gener       section 501(c)3     year assets     allocations7     of Schedule K-1     partner       countrol     organizations7     year assets     allocations7     of Schedule K-1	(C)         (D)         (E)         (F)         (G)         (G)         (H)           ggal domicile         Are all partners         Share of end-of- section 501(c)3         Dispropor- tonate         Dispropor- tionate         Code V-UBI         Generation for an anount in box 20         Generation for an anount in box 20         Generation for an anount in box 20         Generation for for an an anount in box 20         Dispropor- tionate         Code V-UBI         Generation for for an an anount in box 20         Dispropor- to an anount in box 20         Dispropor- to an an anount in box 20         Dispropor- to for an an anount in box 20         Dispropor- to for an an anount in box 20         Dispropor- to for an an an anount in box 20         Dispropor- to for an
			(B)     (C)     (D)     (E)     (F)     (G)     (H)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI     Generations       Retrieve     State or foreign     organizations?     year assets     allocations?     of Schedule K-1     Partner	(C)         (D)         (E)         (F)         (G)         (G)         (H)           ggal domicile         Are all partners         Share of end-of-         Dispropor-         Code V-UBI         Gener           action 501(c)3         Are all partners         Share of end-of-         Dispropor-         Code V-UBI         Gener           action 501(c)3         year assets         allocations7         of Schedule K-1         partners
Yes No (Totti toou) Yes No	Yes No (Totti toou) Yes No		(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI       Primary activity     (state or foreign     section so (c)(3)     year assets     allocations/     of Schedule K-1	(C)         (D)         (E)         (F)         (G)           agal domicile         Are all partners         Share of end-of- section 501(c)3         Dispropor- tionate         Code V-UBI amount in box 20           ate or foreign         organizations7)         year assets         allocations7         of Schedrule K-1
Yes No (Form 1065) Yes No	Yes No (Form 1065) Yes No	Yes No (Form 1065) Yes No	(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Disprepor-     Code V-UBI       Primary activity     (state or foreign     section section sections     Vear assets     allocations?     20-0-0-4-10-44	(C)         (D)         (E)         (F)         (G)           agal domicile         Are all partners         Share of end-of- tionate         Dispropor- tionate         Code V-UBI amount in box 20           ate or foreign         contracte         Are all partners         Share of end-of- tionate         Dispropor- tionate         Code V-UBI amount in box 20
country)     Yes     No       Yes     No     (Form 1065)       Yes     No	Country)     Yes     No       Yes     No     (Form 1065)       Yes     No	Country)     Yes     No       Yes     No     (Form 1065)       Yes     No	(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI	(C)         (D)         (E)         (F)         (G)           ggal domicile         Are all partners         Share of end-of-         Disprepor-         Code V-UBI           station for formition         section 501(c/3)         vear asserts         introvate         amount in pox 20
country) Yes No (Form 1065) Yes No	country) <u>Yes</u> No Control (Form 1065) <u>Yes</u> No	country) Yes No (Form 1065) Yes No	(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI	(C)         (D)         (E)         (F)         (G)           ggal domicile         Are all partners         Share of end-of-         Dispropor-         Code V-UBI           section 50 (system of on 50 (system of end-of-         Dispropor-         Code V-UBI         Intonate         amount in box 20
Country)     Yes     No     Of Schedule K-1     Detretrand organizations/       Country)     Yes     No     (Form 1065)     Yes     No	country) Yes No (Form 1065) Yes No (Form 1065) Yes No	According organizations/     Of Schedule K-1       Country)     Yes     No       (Form 1065)     Yes     No	(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code V-UBI	(C)         (D)         (E)         (F)         (G)           agal domicile         Are all partners         Share of end-of- tionate         Dispropor- tionate         Code V-UBI content in hor 200
(state or foreign organizations?) Year assets allocations? of Schedule K-1 partner? country) Yes No (Form 1065) Yes No	(state or foreign organizations?) Year assets allocations? of Schedule K-1 partner? country) Yes No (Form 1065) Yes No	(state or foreign organizations?) Year assets allocations? Of Schedule (K-1 partner?) country) Yes No (Form 1065) Yes No	(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Dispropor-     Code, V/UBI	(C)         (D)         (E)         (F)         (G)           gal domicile         Are all partners         Share of end-of-         Disprepor-         Code V-UBI
(state or foreign organizatione?) Year assets allocations? Of Schedule K-1 partner? country) Yes No (Form 1065) Yes No	(state or foreign organizations) year assets allocations? Of Schedule K-1 partner? country) Yes No (Form 1065) Yes No	(state or foreign organizations? year assets allocations? of Schedule K-1 partner?) country) Yes No (Form 1065) Yes No	(B)     (C)     (D)     (E)     (F)     (G)       Primary activity     Legal domicile     Are all partners     Share of end-of-     Disprepor-     Code V-UBI	(C)         (D)         (E)         (F)         (G)           coal domicile         Are all partners         Share of end-of-         Dispropor-         Code V-UBI
(state or foreign section or upped assets allocations?) year assets allocations? (Schedule KY-1 or of Schedule KY-1 of Schedu	(state or foreign section of the North of Schedule K-1 allocations) vear assets allocations? (of Schedule K-1 of Schedule K-1 country) Yes No (Form 1065) Yes No	(state or foreign section or upped assets allocations' of Schedule K-1 parters' of Schedule K-1 parters' country) Yes No (Form 1065) Yes No	(B) (C) (D) (E) (F) (G) Dimensional contraction of the all partners Share of end-of- Disperson- Code V-I JBI	(C) (D) (E) (F) (G) (G)
(state or foreign section 50103) vear assets amount in box 20 anaraging organizations? Ves No (Form 1065) Yes No (Form 1065) Yes No	(state or foreign section 50103) year assets amount in box 20 managing organizations? Yes No (Form 1065) Yes No (Form 1065) Yes No	(state or foreign section 5010;30 year assets to amount in box 20 managing organizations? Yes No (Form 1065) Yes No (Form 1065) Yes No	(B) (C) (D) (E) (F) (G)	(C) (D) (E) (F) (G)
Filled y acuvity     Lega domined (state or foreign organizations)     Each of Soficing year assets     Lega domations allocations/ year assets     Month ibox 20 allocations/ year assets     managing allocations/ year       Country)     Yes     No     (Form 1065)     Yes     No	Filled y acuvity     Lega ucurities (state or foreign organizations/ country)     Filled year assets     anount in box 20 allocations/ year assets     managing allocations/ year assets       regation of provide (form 1065)     of Schedule K-1 year     partner/ year     of Schedule K-1 (form 1065)     partner/ year	Filled y acuvity     Lega doutroite (state or foreign organizations)     Solicity year assets     Lega doutrin box 20 allocations/ year assets     managin allocations/ year assets       Country)     Yes     No     (Form 1065)     Yes     No	(B) (C) (D) (E) (F) (G)	(C) (D) (E) (F) (G)
Primary activity Legal domicile action and the intervent and the i	Primary activity Legal domicile Area in Partres Share or end-officients and parters Share or foreign exercise Share or for	Primary activity Legal domicile vera in partres Share or end-officients and participations? Vear assets allocations? Ves No (Form 1065) Yes No	(B) (C) (D) (E) (C)	(C) (D) (E) (F) (G)
Primary activity     Legal domicile (state or foreign organizations)     Are all pærtners (state or foreign organizations)     Not (state or foreign of Schedule K-1     Dispropor- to and of- to and of- all country)     Code V-UBI vear assets     Code V-UBI all country     Code V-UBI annaging of Schedule K-1       vear asset     anorations/ all country)     vear assets     all country     Primary (Form 1065)     Presend annaging	Primary activity     Legal domicile section 50 (c) (state or foreign organizations7)     Are all pærtners vear assets     Code V-UBI torations7     Code V-UBI annount in Dox 20 allocations7     Code V-UBI of Schedule K-1       country)     Yes     No     Yes     No	Primary activity     Legal domicile (state or foreign organisations?)     Are all partners trionations?     Dispropor- trionations?     Code V-UBI amount in box 20 of Schedule K-1     Caereat or amount in amount in box 20       country)     Yes     No     Yes     No     (Form 1065)     Yes     No		(C) (D) (E) (G)
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