# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	e 201	5 calendar year, or tax year begin	ning 07/01, <b>201</b>	b, and e	nding	•			<b>20</b> 16			
<b>D</b> -		<u>.</u>	C Name of organization				D Employer ide	ntifica	ation nu	mber			
<b>-</b>	heck if ap		CHILDNET, INC.				65-114	935	1				
	Addre chang		Doing business as										
	Name	change	Number and street (or P.O. box if mail is r	ot delivered to street address)	Room/si	uite	E Telephone nu	mber					
	Initial	return	1100 WEST MCNAB ROAD (954) 414-6000										
	Final termin	return/	City or town, state or province, country, a	nd ZIP or foreign postal code									
	Amen	ded	FORT LAUDERDALE, FL 33	309			<b>G</b> Gross receipts	s \$	12	6,284	,828.		
	Applic	cation	F Name and address of principal officer:	H(a) Is this a gro		ırn for	Yes	X No					
	_ pendi	ng	1100 WEST MCNAB ROAD F	ORT LAUDERDALE, FL 33	3309		subordinates <b>H(b)</b> Are all subord		included?	Yes	No		
ī —	Tax-ex	empt st		) ◀ (insert no.) 4947(a)(1)		527	If "No," attac		_				
			WWW.CHILDNET.US	, ()	,	1	H(c) Group exem						
				Association Other	LY	ear of forma	tion: 2001 <b>M</b>	•			FL		
	art I		ımmary	teeseans.			2002	Otato	01.10941	40111101101			
			describe the organization's mission or	most significant activities: CHTLD	NET T	S AN OR	GANTZATTO	N					
ø	•		OTED TO THE DEVELOPMENT					=					
ů					TO TOD	5 1110 6							
š	2	Chaol	this box	acentinued its exerctions or dispos			of its not spect						
Governance				· ·				s.   <sub>3</sub>			12.		
			er of voting members of the governing l					4			12.		
es	4	Tatal	er of independent voting members of the	e governing body (Part VI, line 1b)				5			$\frac{12.}{624.}$		
Ξ			number of individuals employed in cale					-					
Activities &			number of volunteers (estimate if necess	**				6			$\frac{14.}{0}$		
`			unrelated business revenue from Part VI					7a			0.		
	b	Net ur	nrelated business taxable income from F	orm 990-1, line 34		<del></del>	Prior Year	7b		urrent Y	0.		
e	_	_											
			ibutions and grants (Part VIII, line 1h)				19,598,13	_	125	5,774			
en.			am service revenue (Part VIII, line 2g)					0.			0.		
Revenue			ment income (Part VIII, column (A), line				-45,10	_			,056.		
	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			93,63	_	· ·	<u>,482.</u>			
			revenue - add lines 8 through 11 (must				119,646,66			5,056			
			s and similar amounts paid (Part IX, colu				59,087,67	9.	6.	1,860	<u>,283.</u>		
			its paid to or for members (Part IX, colur				25,554,63	0.			0.		
es	15		es, other compensation, employee bene								,302.		
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)				0.			0.		
ă	b	Total t	fundraising expenses (Part IX, column (D	), line 25) $\triangleright$ 378, 312	2								
ш	17	Other	expenses (Part IX, column (A), lines 11a	a-11d, 11f-24e)			34,911,42	0.	3.9	9,517	,609.		
			expenses. Add lines 13-17 (must equal				19,553,73	6.		7,714			
	19	Rever	nue less expenses. Subtract line 18 from	line 12			92,92	4.		1,657	,339.		
Net Assets or Fund Balances						Begir	nning of Current	/ear	E	nd of Yea	ar		
sets	20	Total	assets (Part X, line 16)				15,098,72	7.	14	4,924	,090.		
AB	21	Total I	liabilities (Part X, line 26)				15,110,76	2.	16	5,238	,194.		
P.E.	22		ssets or fund balances. Subtract line 21				-12,03	5.		1,314	,104.		
Pa	rt II	Siç	gnature Block										
Und	der per	nalties c	of perjury, I declare that I have examined this	return, including accompanying sched	dules and	statements,	and to the best of	my !	knowled	ge and b	elief, it is		
true	e, corre	ct, and	complete. Declaration of preparer (other than	officer) is based on all information of wr	nich prepa	rer nas any k	nowleage.						
							04/2	5/2	017				
Sig			Signature of officer				Date						
He	re		EMILIO BENITEZ	PRESID	ENT/C	EO							
			Type or print name and title										
	_	Print/	Type preparer's name	Preparer's signature	Date		Check	if f	PTIN				
Paid		ANA	CUNILL				self-employ	ed					
	parer		sname ►MARCUM, LLP				Firm's EIN						
Use	Only		saddress ONE SE THIRD AVENUE, SUITI		Phone no. 305-995-9600								
May	the II		cuss this return with the preparer shown				T HOLIC HO.		-	Yes	No		
				- \			<del></del>	<del></del>					

For Paperwork Reduction Act Notice, see the separate instructions.

CHILDNET, INC. 65-1149351 Form 990 (2015) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: CHILDNET'S MISSION IS TO PROTECT BROWARD AND PALM BEACH COUNTIES' ABUSED, ABANDONED AND NEGLECTED CHILDREN, TO ENSURE THEIR SAFETY AND TO PROMPTLY PROVIDE THEM WITH A PERMANENT, LOVING HOME. 2 Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 61,860,283. ) (Revenue \$ 4a (Code: ) (Expenses \$ 124,413,035. including grants of \$ COMMUNITY BASED CARE - TO DELIVER A FULL RANGE OF CHILD PROTECTION SERVICES IN BROWARD COUNTY AND PALM BEACH COUNTY DIRECTLY OR INDIRECTLY THROUGH CONTRACTS, WHICH INCLUDES CASE MANAGEMENT, RESIDENTIAL SERVICES, FOSTER CARE MANAGEMENT AND SUPPORT, INTERVENTION SERVICES, RECRUITMENT OF ADOPTIVE PARENTS, AND DISBURSEMENT OF ADOPTION SUBSIDIES. SERVED 8,985 CHILDREN FOR FOSTER CARE, FINALIZED 456 ADOPTIONS AND SERVED 3,588 CHILDREN FOR KINSHIP CARE FOR FISCAL YEAR ENDED JUNE 30, 2016.

b (Code:	) (Expenses \$	includin	g grants of \$	) (Revenue \$	)
		<del></del>			, ,
(Code:	) (Expenses \$	includin	g grants of \$	) (Revenue \$	)
Other program	m services (Describe in	Schedule O.)			
(Expenses \$	includir		) (Revenue \$	)	
Total program	n service expenses <b>&gt;</b>	124,413,035			
020 1.000					Form <b>990</b> (2015
1177LA	B64M 5/10/2017	8:08:20 AM		171081	PAGE

CHILDNET, INC.

Form 990 (2015) Page **3** 

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? // *Yes,* complete Schedule A. 2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *I** *Yes,* complete Schedule C. Part I. *  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? I *Yes,* complete Schedule C. Part II. *  5 Is the organization section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If *Yes,* complete Schedule C. Part III. *  5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If *Yes,* complete Schedule D. Part II. *  5 Did the organization received 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. *  5 Did the organization response or historic structures? If *Yes,* complete Schedule D. Part II. *  6 Did the organization or solved or organization response or historic structures? If *Yes,* complete Schedule D. Part IV. *  10 Did the organization in services? If *Yes,* complete Schedule D. Part IV. *  10 Did the organization in directly or through a related organization, hold assets in temporarily restricted endowments, pertament endowments, or quasi-endowments? If *Yes,* complete Schedule D. Part IV. *  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes,* complete Schedule D. Part IVI. *  11 Did the organization report an amount for lower assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If *Yes,* complete Schedule D. Part IVII. *	Part	Checklist of Required Schedules			
2 S Is the organization equired to complete Schedule 8, Schedule of Contributors (see instructions)?.  3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II.  4 Section 507 (C)(3) organizations. Did the organization engage in lobbying activities, or have a section 501 (h) election in effect during the tax year? If "Yes," complete Schedule C, Part III.  5 Is the organization or section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  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.  8 Did the organization report an amount in Part X, line 21, for secretor or custodial account liability, serve as a custodian for amounts on listed in Part X, complete Schedule D, Part IV.  9 Util the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, II. III. IV, Ar X as applicable.  10 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part V, IV, IV, IV, IV, X, Ar X as palpicable.  10 Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part X V, IV, IV, IV, IV, IV, IV, IV, IV, IV,				Yes	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  2 Is the organization required to complete Schedule C, Part I.  3 Section 501(c)(3) organization regogale in direct or indirect political campaign activities on behalf or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II.  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) deletion in officet during the tax yea? If "Yes," complete Schedule C, Part II.  5 Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as delined in Revenue Procedure 98-199? If "Yes," complete Schedule C, Part III.  5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic and areas, or historic structures? If "Yes," complete Schedule D, Part III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part V.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V.  12 Did the organization report an amount for investments-other securities in Part X, line 19 that is 5% or	1				
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public officer If "key," complete Schedule C, Part I.  5 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(1)(4) officer of the certain of the certain officer of the certain of the certain officer of the certain of the certain of the certain officer of the certain officer of the certain of the ce			1		
candidates for public office? If "Yes," complete Schedule C, Part I.  Section 501(c)(3) organizations. Did the organization rangage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization as section 501(c)(4), 501(c)(5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99-19? If "Yes," complete Schedule C, Part III.  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  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 III.  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 III.  Did the organization and in collections of works of art, historical treasures, or other similar assets? If "Yes," organization report an amount in Part X, line 21, for secrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI.  Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI.  If the organization services III Part X, line 19 If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments-organ related in Part X, line 19 If "Yes," organization report an amount for investments-program related in Part X, line 19 If Yes, complete Schedule D,	2		2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "res," complete Schedule C, Part III.  5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Pes," complete Schedule C, Part III.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "res," complete Schedule D, Part II.  7 Did the organization feeder or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "res," complete Schedule D, Part II.  8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, dobt management, credit repair, or debt negotiation services? If "res," complete Schedule D, Part IV.  10 Did the organization feetly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "res," complete Schedule D, Part V.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "res," complete Schedule D, Part VI.  11 Did the organization report an amount for investments-program related in Part X, line 10? The Part X, line 10 Part X, li	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) or			3		X
5 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.  7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  13 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  14 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII.  15 Did the organization report an amount for other liabilities in Part X, line 12? If "Yes," complete Schedule D, Part XIII.	4				
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.  5			4		X
Part III.  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.  Did the organization review 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 III.  Did the organization individual in the Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI.  Did the organization frectly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part VI.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other sasets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII.  Did the organization is separate, include riphered Schedule D, Part XIII.  Did the organization as chool described in section 1 Part X, line 16	5	- · · · · · · · · · · · · · · · · · · ·			
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.  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 III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, X, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  14 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III.  15 Did the organization separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III E.  16 Did the organization obtain separate, independent audited financial statements for the tax year? III Yes," complete		·			
have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.  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 III.  8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  10 Did the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V.  11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII, VIII, VIII, K, or X as applicable.  a Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  11 Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  12 Did the organization report an amount for investments-for the tax year vill.  13 Did the organization report an amount for investments-for the report and in Part X, line 10 or the organization report an amount for investments-for the tax year vill.  14 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part XIII and X.  15 Did the or			5		X
"Yes," complete Schedule D, Part I.  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.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  Did the organization report an amount for other liabilities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X III III X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III X  Did the organization maintain an office, employees, or agents outside of the United States, or aggregate for forei	6	· · · · · · · · · · · · · · · · · · ·			
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.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  9 Did the organization proort an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V.  12 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  14 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III.  15 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III.  16 Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III.  16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X III.  17 Did the organization assets in Depart X, line 25? If "Yes," complete Schedule D, Part X III.  18 Did the organization orban separate, independent audited financial statements for the tax year? II "Yes," complete Schedule D, Part X III.  18 Did the		- · · · · · · · · · · · · · · · · · · ·			
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			6		X
10 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V	7				
complete Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ione 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ione 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ione 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ione 10 part X/.  Did the organization services? If "Yes," complete Schedule D, Part V/.  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V/.  If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Part V/.  If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X/.  Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X and XII is optional.  Did the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional.  Did the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside of the United States, or aggregate foreign investments valued at \$100.00 or more? If "Yes," complete Schedule E, Parts II and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other as		·	7		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable.  12 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, or Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  13 b Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  2 c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  2 d Did the organization sliability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  2 d Did the organization botain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X  2 d Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII is optional.  13 Is the organization askered "No" to line 12a, then completing Schedule D, Part X and XII is optional.  14 Is Did the organization maintain an office, employees, or agents outside the United States, or aggregate foreign investments	8				
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V.  10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VIII, IX, or X as applicable.  12 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  13 b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  14 c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  15 Did the organization report an amount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X and XII is part and III is X and XII is part and III is X and XII is part and X and XII is part and X and XII is part X and XII is potional is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X and XII is p		·	8		X
debt negotiation services? If "Yes," complete Schedule D, Part IV.  10 Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII.  13 Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  14 Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  15 Did the organization report an amount for other labilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  16 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Interest Interes	9	· · · · · · · · · · · · · · · · · · ·			
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V					
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X Ind X I		- · · · · · · · · · · · · · · · · · · ·	9		X
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	10				
VII, VIII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  11a	11				
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII					
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  e Did the organization report an amount for other inabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  116	а			3.7	
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.  c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  11d X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.  b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization aschool described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E.  13		·	11a	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.  d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	b	· ·			37
of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			11b		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	С				37
reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		·	11C		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	a			37	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	_				
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			TTE	^	
Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	T		445	v	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	· · · · · · · · · · · · · · · · · · ·	111	Λ	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12a		122		x
"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	h		124		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		·	12h	x	
14a Did the organization maintain an office, employees, or agents outside of the United States?	13				X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					
fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					
foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV					
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.  15 X  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  16 X  17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.  18 X  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			14b		Х
for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- · · · · · · · · · · · · · · · · · · ·			
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	-		15		Х
assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16				
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			16		Х
Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17				
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			17		Х
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18				
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		18	Х	
	19				
			19		Х

Form 990 (2015) Page 4

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
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 lines 24b			
_	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	245		
	to defease any tax-exempt bonds?	24c		
d or -	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		21
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	205		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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	$ \label{lem:decomposition}  \mbox{Did the organization liquidate, terminate, or dissolve and cease operations?  \it{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			v
	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, Part II, III,	24	х	
25-	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	Λ	Х
35a		SSA		Λ
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 55		-22
J.	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	Х	
	· · · · · · · · · · · · · · · · · · ·		000	(0045

Form 990 (2015) Page **5** 

#### Part V Statements Regarding Other IRS Filings and Tax Compliance 28 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0. b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . . . . <u>1b</u> c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 Χ 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial Χ **b** If "Yes," enter the name of the foreign country: ▶ \_ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?........ Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 6a organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с X X e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Χ 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?............ Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966?............... **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 . . . . . . . . . . . . **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <u>10b</u> Section 501(c)(12) organizations. Enter: b Gross income from other sources (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . . . 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state?..... Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .

Form 990 (2015) CHILDNET, INC. 65-1149351 Page **6** 

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

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12	2		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did 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 organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a				
	with a taxable entity during the year?	16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
01	organization's exempt status with respect to such arrangements?	16b	X	
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶_FL,			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s: <b>&gt;</b>		

JSA 5E1042 1.000 Form **990** (2015) Form 990 (2015) CHILDNET, INC. 65-1149351 Page **7** 

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an y officer and a director/trustee)					an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)SIGRID MCCAWLEY	2.00									
CHAIRMAN	0.	Х						0.	0.	0.
(2)MELIDA AKITI	2.00									
VICE CHAIRMAN	0.	Х						0.	0.	0.
(3)ARMANDO FANA	2.00									
SECRETARY	0.	Х						0.	0.	0.
(4)JOSEPH ROGERS	2.00									
TREASURER	0.	Х						0.	0.	0.
(5)BETTY ANN PILGER	2.00									
DIRECTOR	0.	Х						0.	0.	0 .
(6)CATALINA AVALOS	2.00									
DIRECTOR	0.	Х						0.	0.	0
(7)JEFFREY DWYER	2.00									
DIRECTOR	0.	Х						0.	0.	0
(8)KALINTHIA DILLARD	2.00									
DIRECTOR	0.	X						0.	0.	0
(9)KEN_NOLAN	2.00									
DIRECTOR	0.	X						0.	0.	0
(10)LISA MCDERMOTT	2.00									
DIRECTOR	0.	X						0.	0.	0
(11)LIZ QUIRANTES	2.00									
DIRECTOR	0.	Х						0.	0.	0
(12)MICHAEL LEPERA	2.00									
DIRECTOR	0.	Х						0.	0.	0
(13)NICHOLE ANDERSON	2.00									
DIRECTOR	0.	Х						0.	0.	0
(14)PATRICIA ROWE-KING	2.00									
DIRECTOR	0.	X						0.	0.	0

JSA 5E1041 1.000

CHILDNET, INC. 65-1149351

Form 990 (2015)

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinue	ed)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	erson	e that or remployee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org an	timated nount of other pensation om the anization d related anizations
15) SAMUEL AMBROSE	2.00										
DIRECTOR	0.	X						0.	0.		0 .
16) SARAH MARMION	2.00										
DIRECTOR	0.	X						0.	0.		0 .
17) SARAH THOMAS	2.00										
DIRECTOR	0.	X						0.	0.		0 .
18) EMILIO BENITEZ	40.00										
CEO	0.			Х				222,262.	0.		50,066.
19) LARRY REIN	40.00										
EXECUTIVE DIRECTOR, PALM BEACH				Х				159,290.	0.		45,789.
20) AINSWORTH GEDDES	40.00										
CFO	0.			Х				157,574.	0.		43,595.
21) MONICA KING	40.00										
EXECUTIVE DIRECTOR, BROWARD	0.			Х				122,432.	0.		26,680.
22) DERRICK ROBERTS	40.00										
CLO	0.			Х				108,583.	0.		35,419.
23) DONNA SKEES	40.00										
INTERIM CFO	0.			Х				108,298.	0.		31,485.
24) LOURDES PONS	40.00										
C00				Х				24,412.	0.		0 .
1b Sub-total								0.	0.		0.
c Total from continuation sheets to Part VII, S	Section A		• • •	• •	• •			902,851.	0.	2	33,034.
d Total (add lines 1b and 1c)					• •			902,851.	0.		33,034.
Total number of individuals (including but not reportable compensation from the organization)	limited to t	hose		d a	bov	e) who	o re				
· · · · · ·											Yes No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched										3	X
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	0,0	00?	i It	"Yes	3,"	complete Schedu	le J for such	_	
individual										4	X
5 Did any person listed on line 1a receive of											
for services rendered to the organization? If "	res," comple	te Sch	nedu	ıle J	I for	such	per	son		5	X
Section B. Independent Contractors											

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

-		
(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
ATTACHMENT 1		

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

Form 990 (2015) CHILDNET, INC. 65-1149351 Page **9** 

Part VIII Statement of Revenue

		Check if Schedule O co	nitains a respoi	ise of flote to any			(C)	
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
z st	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
À.	С	Fundraising events	1c					
<u> </u>	d	Related organizations	1d					
Sign	е	Government grants (contribu	itions) 1e	125,172,790.				
her	f	All other contributions, gifts,						
ğ		and similar amounts not included		601,639.				
ä	g h	Noncash contributions included in <b>Total</b> . Add lines 1a-1f		312,584.	125,774,429.			
ne		Total / Ida iii e i i i i i i i i i i i i i i i i		Business Code	123,774,423.			
ven	2a							
e Re	b							
Σ	С							
Se	d							
ram	е							
Program Service Revenue	f	All other program service rev						
<u>α</u>	g	Total. Add lines 2a-2f			0.			
	3	•	cluding divider		0.			
	4	and other similar amounts). Income from investment of			0.			
	5	Royalties			0.			
		,	(i) Real	(ii) Personal				
	6a	Gross rents	71,251.					
	b	Less: rental expenses						
	С	Rental income or (loss)	71,251.					
	d	Net rental income or (loss) .			71,251.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		192,155.				
	b	Less: cost or other basis						
	_	and sales expenses		203,211.				
	c d	Gain or (loss)  Net gain or (loss)			-11,056.			-11,056
•	8a	Gross income from fundra			11,030.			11,030
Other Revenue	Ou	events (not including \$	-					
Ševe		of contributions reported on						
ē		See Part IV, line 18	a	169,022.				
퉏	b	Less: direct expenses	b					
	С	Net income or (loss) from fu		ATCH 2 ▶	144,260.			144,260
	9a	Gross income from gaming						
		See Part IV, line 19						
	b	Less: direct expenses Net income or (loss) from g			0.			
	10a	Gross sales of inventor	•		0.			
	.va	returns and allowances						
	b	Less: cost of goods sold						
	c	Net income or (loss) from sal	les of inventory		0.			
		Miscellaneous Revenu	е	Business Code				
	11a	ADMINISTRATIVE FEE		900099	77,971.			77,971
	b							
	С							
	d	All other revenue			20.55			
	е 12	Total. Add lines 11a-11d - Total revenue. See instruction			77,971.			211.175
	1.4	LUMI LEVENUE, DEE INSHIUCTIO	HID		176 1156 855			

JSA 5E1051 1.000

Form 990 (2015) CHILDNET, INC. 65-1149351 Page **10** 

# Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	53,760,064.	53,760,064.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	8,100,219.	8,100,219.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	902,851.	827,630.	75,118.	103.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.	10 001 602	1 814 665	0.250
	Other salaries and wages	20,608,638.	18,891,623.	1,714,665.	2,350.
8	Pension plan accruals and contributions (include	204 002	361,992.	22 056	4 5
	section 401(k) and 403(b) employer contributions)	394,893. 2,892,978.	2,651,949.	32,856. 240,699.	45. 330.
9	Other employee benefits	1,536,942.	1,408,891.	127,876.	175.
10	Payroll taxes	1,330,942.	1,400,091.	127,070.	1/5.
11	Fees for services (non-employees):	0.			
	Management	79,678.	66,534.	12,800.	344.
	Legal	81,600.	68,139.	13,109.	352.
	Accounting Lobbying	0.	00,1001	13,103.	
	Professional fundraising services. See Part IV, line 17	0.			
	Investment management fees	0.			
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	931,107.	777,508.	149,583.	4,016.
12	Advertising and promotion	0.			
13	Office expenses	598,598.	437,231.	159,669.	1,698.
14	Information technology	119,354.	110,401.	8,953.	
15	Royalties	0.			
16	Occupancy	3,200,469.	3,094,848.	105,621.	
17	Travel	704,353.	668,696.	35,342.	315.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates  Depreciation, depletion, and amortization	446,062.	408,618.	36,500.	944.
22 23	Insurance	983,468.	911,667.	71,801.	
24	Other expenses. Itemize expenses not covered	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	222,777.1	. = , = = .	
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CONTRACTS & OTHER SERVICES	30,473,845.	30,106,205.		367,640.
b	OTHER PROGRAM SERVICE EXP.	312,584.	312,584.		
_	TELEPHONE	515,809.	486,924.	28,885.	
d	EQUIPMENT & LEASES	618,371.	564,567.	53,804.	
е	All other expenses	452,311.	396,745.	55,566.	
	Total functional expenses. Add lines 1 through 24e	127,714,194.	124,413,035.	2,922,847.	378,312.
26	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
JSA	following SOP 98-2 (ASC 958-720)	0.			5 000 (2045)

JSA 5E1052 1.000

Form 990 (2015) Page **11** 

#### Part X **Balance Sheet**

Ιά	ILA	Dalance Sheet					
		Check if Schedule O contains a response of	r note	e to any line in this P	art X		X
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			2,399,678.	1	6,678,525.
	2	Savings and temporary cash investments			0.	2	0.
	3	Pledges and grants receivable, net		[	9,234,872.	3	4,678,236.
	4	Accounts receivable, net		[	0.	4	0.
	5	Loans and other receivables from current and the	forme	r officers, directors,			
		trustees, key employees, and highest co	omper	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
S		organizations (see instructions). Complete Part II of Sche	dule L		0.	_	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
As	8	Inventories for sale or use Prepaid expenses and deferred charges			0.		0.
	9			ATCH 3	692,497.	9	1,978,510.
	10 a	Land, buildings, and equipment: cost or					
		• • • • • • • • • • • • • • • • • • •	10a				
	1	Less: accumulated depreciation			1,140,635.		741,889.
	11	Investments - publicly traded securities			0.		0.
	12	Investments - other securities. See Part IV, line 11				12	0.
	13	Investments - program-related. See Part IV, line 11			0.		0.
	14	Intangible assets		14	0.		
	15	Other assets. See Part IV, line 11			1,631,045.		846,930. 14,924,090.
-	16 17	Total assets. Add lines 1 through 15 (must equal			15,098,727. 13,689,085.	16 17	14,924,090.
	18	Accounts payable and accrued expenses		13,009,003.		0.	
	19	Grants payable Deferred revenue		19	100,000.		
	20	Tax-exempt bond liabilities		20	0.		
	21	Escrow or custodial account liability. Complete Pa	of Schedule D	0.		0.	
က္	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
abil		disqualified persons. Complete Part II of Schedule			0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines	17-2	4). Complete Part X			
		of Schedule D			1,421,677.	25	1,297,442.
	26	Total liabilities. Add lines 17 through 25			15,110,762.	26	16,238,194.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		there X and			
auc	27	Unrestricted net assets			-1,142,956.	27	-2,057,334.
Ba	28	Temporarily restricted net assets			1,130,921.	28	743,230.
pq	29	Permanently restricted net assets		<u></u>	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here 🕨 🔃 and			
sts.	30	Capital stock or trust principal, or current funds				30	
SSE	31	Paid-in or capital surplus, or land, building, or equ		it fund		31	
Net Assets	32	Retained earnings, endowment, accumulated inco	ome, o	or other funds		32	
Š	33	Total net assets or fund balances			-12,035.	33	-1,314,104.
	34	Total liabilities and net assets/fund balances			15,098,727.	34	14,924,090.
							Earm 990 (2015)

CHILDNET, INC. 65-1149351

Page **12** Form 990 (2015)

	10 (2010)				. u	<del>go                                    </del>		
Part								
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			56,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	27,7	14,1	94.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,657,339.			39.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-12,035				
5	Net unrealized gains (losses) on investments	5		0				
6	Donated services and use of facilities	6		311,733.				
7								
8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))	10		-1,3	14,1	04.		
Part	XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X		
			1		Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or					
	reviewed on a separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a					
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght					
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	ınt?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	າ in					
	Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b	Х			

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

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Inspection

Nam	e of	the organization					Employer ide	ntification number
CH:	LDI	NET, INC.					65	-1149351
Pa	rt I	Reason for Public Cha	rity Status (All o	organizations must o	complet	e this pa	art.) See instructions	6.
The	orga	anization is not a private fou	ndation because it	t is: (For lines 1 through	gh 11, ch	eck only	one box.)	
1		A church, convention of chu						
2		A school described in <b>secti</b>		·	-		: :	
3		A hospital or a cooperative	•	_				
4		A medical research organiz		conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A	)(iii). Enter the
_		hospital's name, city, and st						
5		An organization operated to section 170(b)(1)(A)(iv). (C)		a college or universit	ty owner	d or ope	erated by a governme	ental unit described ii
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170	'b)(1)(A)(v).	
7	X	An organization that norma	-					om the general public
		described in section 170(b)	=	•		3-		and games and param
8		A community trust describe		•	Part II.)			
9		An organization that norma			-		contributions, memb	ership fees, and gros
		receipts from activities rela	ated to its exemp	t functions - subject	to certa	in excep	otions, and (2) no mo	ore than 331/3% of its
		support from gross invest	tment income an	d unrelated business	taxable	income	e (less section 511	tax) from businesses
		acquired by the organizatio	n after June 30, 19	975. See <b>section 509</b>	(a)(2). (C	Complete	e Part III.)	
10		An organization organized	and operated excl	usively to test for publi	ic safety.	See sec	ction 509(a)(4).	
11		An organization organized	•	-	-			
		one or more publicly suppo	=					
		the box in lines 11a through					•	<del>-</del>
а	L	☐ Type I. A supporting organization.	•	•			• , ,	
		the supported organization			elect a m	ajority o	of the directors or trus	stees of the supporting
		organization. You must c	-					
b			· · · · · · · · · · · · · · · · · · ·					
		control or management of		=	the sam	e persor	ns that control or mai	nage the supported
_	Г	organization(s). You must	-		م ما اممه		n with and functions	طائب أمده معمدم ما بيناله
С		_ Type III functionally integrated its supported organization						illy integrated with,
d	Г	Type III non-functionally		-				rted organization(s)
<u> </u>	_	that is not functionally into			-			- ' '
		requirement (see instruct	-		-		•	a an attentiveness
е		Check this box if the orga	•	•				II. Type III
		functionally integrated, or						
f	En	ter the number of supported	• •			•		
g	Pro	ovide the following information	on about the supp	orted organization(s).				
	<b>(i)</b> N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Vaa	No	·	
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (	Form 990 or 990-EZ) 2015	Р
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)	
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify	under
	Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)	

Sec	tion A. Public Support	. ,				,	
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	66,418,730.	91,373,672.	111,426,071.	119,598,137.	126,086,162.	514,902,772.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	66,418,730.	91,373,672.	111,426,071.	119,598,137.	126,086,162.	514,902,772.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
_6_	Public support. Subtract line 5 from line 4.						514,902,772.
	tion B. Total Support		1		T		
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
7	Amounts from line 4	66,418,730.	91,373,672.	111,426,071.	119,598,137.	126,086,162.	514,902,772.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					71,251.	71,251.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH 1					77,971.	77,971.
11	Total support. Add lines 7 through 10						515,051,994.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	<b>First five years.</b> If the Form 990 is f organization, check this box and <b>stop here</b>	<u> </u>					
Sec	tion C. Computation of Public Sup		_				
14	Public support percentage for 2015 (li					14	99.97%
15	Public support percentage from 2014					15	100.00%
16a	331/3% support test - 2015. If the o	_					
	this box and <b>stop here.</b> The organization	•		•			
D	331/3% support test - 2014. If the c	_					
170	check this box and <b>stop here</b> . The organic <b>10%-facts-and-circumstances test</b> - 2						
11a	10% or more, and if the organization	_					
	Part VI how the organization meets t					•	•
	organization			_	•		
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the organic						
	Explain in Part VI how the organizati						-
	supported organization				•	•	
18	Private foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	,
	instructions						

65-1149351

CHILDNET, INC.

Schedule A (Form 990 or 990-EZ) 2015 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			· · · · · · · · · · · · · · · · · · ·	·	·	
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
-	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
9	Amounts from line 6						
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
40	carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first. seco	nd, third. fourth	, or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and <b>stop here</b> .	•	·				` ` ` ` _
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,			mn (f))		15	%
16	Public support percentage from 2014 Sche					16	%
	tion D. Computation of Investmen					- 1	,3
17	Investment income percentage for 2015 (lin			3, column (f))		17	%
18	Investment income percentage from 2014 S					18	%
	331/3% support tests - 2015. If the org						
	17 is not more than 331/3%, check this						
h	331/3% support tests - 2014. If the orga						
~	line 18 is not more than 331/3%, check						. $\square$
20	<b>Private foundation.</b> If the organization of		•	•			<del></del>

JSA 5E1221 1.000 CHILDNET, INC. 65-1149351

Schedule A (Form 990 or 990-EZ) 2015 Page **4** 

# Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

Secu	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
D	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

CHILDNET, INC. 65-1149351

Schedu	le A (Form 990 or 990-EZ) 2015		I	Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins  The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.	struct	ions):	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
			Yes	
2	Activities Test. Answer (a) and (b) below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

CHILDNET, INC.

Schedule A (Form 990 or 990-EZ) 2015 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970. <b>See in</b>	structions. All
other Type III non-functionally integrated supporting organizations must con	•		
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	,		
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionall	y-integra	ated Type III supporting	organization (see
instructions).			•

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

Part	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		
2	Amounts paid to perform activity that directly furthers exer	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
5	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d				
е	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 Page **8** 

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOM	E		- =	ATTACHMENT 1	
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL
ADMINISTRATIVE FEE					77,971.	77,971.
TOTALS				-		77,971.

# Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

CHI	ILDNET, INC.	65-1149351
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	n donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	nds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	y other purpose
	conferring impermissible private benefit?	Yes No
Pa	Irt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		f a historically important land area
		f a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	Held at the End of the Tax Year
	easement on the last day of the tax year.	
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	2d
3	historic structure listed in the National Register	
3	tax year >	tied by the organization during the
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	on, handling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cons	
	<b>&gt;</b>	Ç ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year
	<b>▶</b> \$	•
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sectio	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	expense statement, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	al statements that describes the
	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educ	evenue statement and balance sheet ation, or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that desc	ribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its re-	
	works of art, historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of
	public service, provide the following amounts relating to these items:	<b>&gt;</b> 0
	(i) Revenue included in Form 990, Part VIII, line 1	
•	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1	▶ ¢
a h	Assets included in Form 990, Part X	• • • • • • • • • • • • • • • • • • •

5E1268 1.000

Schedule D (Form 990) 2015

65-1149351

CHILDNET, INC.

Schedule D (Form 990) 2015 Page **2** 

Par	Organizations Maintaining Coll	ections of Art,	Historical 1	reasure	es, c	or Oth	er Simila	r Asset	t <b>s</b> (cor	ntinue	ed)
3	Using the organization's acquisition, acce	ssion, and other	records, chec	k any of	the	follow	ing that a	re a sign	ificant	use c	of its
	collection items (check all that apply):										
а	Public exhibition	d	I Loan	or excha	nge p	orograr	ns				
b	Scholarly research	е	Other								
С	Preservation for future generations										
4	Provide a description of the organization's	s collections and	explain how	they furt	her t	the org	ganization's	exempt	purpo	se in	Part
	XIII.										
5	During the year, did the organization solicit	or receive donati	ons of art, hist	orical tre	easur	es, or o	other simila	ar _			_
	assets to be sold to raise funds rather than	to be maintained	as part of the	organiza	tion's	collec	tion?		Yes		No
Par	t IV Escrow and Custodial Arrangen	nents.									
	Complete if the organization ans	wered "Yes" on	Form 990, Pa	art IV, Iir	ne 9,	or re	oorted an	amount	on Fo	rm	
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custo		-						_		,
	included on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part X	III and complete	the following ta	ble: _							
							Ar	nount			
	Beginning balance				1c						
	Additions during the year				1d						
е	Distributions during the year				1e						
f	Ending balance				1f						
	Did the organization include an amount on								Yes		No
b	If "Yes," explain the arrangement in Part X	III. Check here if	the explanation	n has bee	n pro	ovided o	on Part XIII				
Par											
	Complete if the organization ans	wered "Yes" on	Form 990, P								
	(a) C	urrent year (	<b>(b)</b> Prior year	(c) Two	years	back	(d) Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the c	urrent year end b	alance (line 1g	, column	(a)) h	neld as:					
	Board designated or quasi-endowment >_	%	, 0		` '/'						
b	Permanent endowment ▶%										
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c s										
3a	Are there endowment funds not in the pos-	session of the org	ganization that	are held	l and	admin	istered for	the			
	organization by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organ	nizations listed as r	equired on Sch	nedule R?	?				3b		
4	Describe in Part XIII the intended uses of t		endowment fu	nds.							
Par	Land, Buildings, and Equipment Complete if the organization ans	eworod "Voe" on	Form 990 F	Part I\/ I	ina 1	112 9	oo Form (	000 Par	t Y line	. 10	
	Description of property	(a) Cost or other b		or other bas			umulated		Book va		
		(investment)		other)			eciation				
	Land										
	Buildings				$\perp$						
	Leasehold improvements			19,56	_		18,046.				514.
	Equipment		2,	701,84	_	1,9	69,673.		7	32,1	
	Other			8,20							200.
Tota	. Add lines 1a through 1e. (Column (d) mus	st equal Form 990	, Part X, colum	n (B), line	e 10c	:.)	<u></u> ▶		7	41,8	389.

65-1149351

CHILDNET, INC.

Schedule D (F	orm 990) 2015			Page
Part VII	Investments - Other Securities. Complete if the organization answered	Yes" on Form 990	, Part IV, line 11b.	See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value		c) Method of valuation: or end-of-year market value
(1) Financia	al derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
<u>(G)</u>				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered "	Voc" on Form 000	Part IV line 11e	Soc Form 000 Port V line 12
	(a) Description of investment	(b) Book value		) Method of valuation: or end-of-year market value
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
I all IX	Complete if the organization answered "	Yes" on Form 990	Part IV line 11d	See Form 990 Part X line 15
	(a) Desc		, , , , , , , , , , , , , , , , , , , ,	(b) Book value
(1) FUNDS	FOR CLIENTS-SSA BENEFITS			512,711
	RITY DEPOSITS			334,219
	R RECEIVABLES			
	RRED LEASE			
	FROM TECH CARE FOR KIDS			
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶ 846,93
Part X	Other Liabilities. Complete if the organization answered	Yes" on Form 990	, Part IV, line 11e d	or 11f. See Form 990, Part X,
	line 25.			
1.	(a) Description of liability	(b) Book valu	9	
	al income taxes			
	S FOR CLIENTS - SSA BENEFITS	512,		
	TAL LEASE LIABILITY	163,		
	RRED RENT	621,	23.	
(5)				
(6)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	1,297,4	42.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

PAGE 28

CHILDNET, INC. 65-1149351

Schedule D (Form 990) 2015 Page **4** 

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	-	
	Add lines <b>4a</b> and <b>4b</b>	4c 5	
5 Part		_	
T GIT	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	
_	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	1	
	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part 2	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 CHILDNET, INC. 65-1149351 Page **5** 

### Part XIII Supplemental Information (continued)

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

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

1177LA B64M 5/10/2017

8:08:20 AM

#### **SCHEDULE G** (Form 990 or 990-EZ)

2

3

6

7

8

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number CHILDNET, INC. 65-1149351 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1

9							
10							
Total							
3	List all states in which the organiza registration or licensing.	tion is registered o	r licensed	to solicit	contributions or	has been notified	it is exempt from
-							
Eor B	aperwork Reduction Act Notice, see the Instruc	tions for Form 990 or 90	00-E7			Schadula C (Fo	rm 990 or 990-EZ) 2015
I UI F	abel work Neudchon Act Nonce, 5ee lije iii5li ul	110113 101 FUIIII 330 01 93	7U-EL.			Julieuule G (FO	1111 330 OI 330-EL) 2013

CHILDNET, INC. 65-1149351

Schedule G (Form 990 or 990-EZ) 2015

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

		gross receipts greater than \$5,00	00.			
			(a) Event #1 PALM BEACH LUNC	(b) Event #2 BROWARD LUNCH (event type)	(c) Other events  2.	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	70,924.	98,098.		169,022
ш	2	Less: Contributions				
		Gross income (line 1 minus				
		line 2)	70,924.	98,098.		169,022
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ct Exp	7	Food and beverages				
Direct	8	Entertainment				
	9	Other direct expenses	13,180.	11,582.		24,762
	10	Direct expense summary. Add lines 4	through 9 in column (d)			24,762
	11	Net income summary. Subtract line 1	0 from line 3, column (d	)	<u> ▶</u>	144,260
Pa	rt l	Gaming. Complete if the orgathan \$15,000 on Form 990-E		es" on Form 990, Par	t IV, line 19, or repo	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes%	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2	2 through 5 in column (d)		▶	
	8	Net gaming income summary. Subtra	act line 7 from line 1, col	umn (d)	<b>.</b>	
9 a b	ls	nter the state(s) in which the organizat the organization licensed to conduct of "No," explain:				. Yes No
		ere any of the organization's gaming l	licenses revoked, suspe	nded or terminated durin	ig the tax year?	_ Yes No

CHILDNET, INC. 65-1149351

Sched	ule G (Form 990 or 990-EZ) 2015
11 12	Does the organization conduct gaming activities with nonmembers?
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2015

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

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

2015

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization CHILDNET, INC. 65-1149351 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) 4 KIDS OF SOUTH FLORIDA 827 SOUTH STATE RD & #B 61-1416525 501(C)(3) 2,342,756 FOSTER HOME MANAGEME (2) ADVOCATE COUNSELING SERVICES 200 SE 6TH STREET, STE 400 65-0651316 501(C)(3) 5,094 VMR CHILD WELFARE SERVIC (3) AGENCY FOR COMMUNITY TREATMENT 4612 N 56TH STREET TAMPA, FL 33610 59-1860626 501(C)(3) 958,885 FMV RESIDENTIAL GROUP CA (4) ALPHA HOUSE OF TAMPA 201 SOUTH TAMPANIA AVENUE TAMPA, FL 33609 59-2655523 501(C)(3) 30,255 (5) ALTERNATE FAMILY CARE 5925 MCKINLEY STREET HOLLYWOOD, FL 33021 59-1860626 N/A 30,768 FMV RESDIENTIAL TREATMEN (6) ALTERNATE GROUP CARE 96,828 46-2464364 N/A 5925 MCKINLEY STREET HOLLYWOOD, FL 33021 FMV RESDIENTIAL TREATMEN (7) ATLANTIC SHORES HOSPITAL 20-3788069 4545 NORTH FEDERAL HIGHWAY rm7 SUBSTANCE ABUSE AND (8) BEHAVIOR BASICS, INC. 3315 NW PERIMETER ROAD PALM CITY, FL 34990 84-1647103 193,894 FMV BEHAVIOR ANALYSIS SE (9) BOYS TOWN CENTRAL FLORIDA 975 OKLAHOMA STREET OVIEDO, FL 32765 20-0654235 501(C)(3) 346,621 FMV RESIDENTIAL GROUP CA (10) BOYS TOWN OF NORTH FLORIDA, INC 20-0655144 501(C)(3) 12,810 3555 COMMONWEALTH BLVD FMV EMERGENCY SHELTER RE (11) BOYS TOWN OF SOUTH FLORIDA, INC 9525 STERLING DRIVE PERRINE, FL 33157 59-1085320 501(C)(3) 933,320 FMV FAMILY PRESERVATION (12) BROOKWOOD FLORIDA 901 7TH AVE SOUTH ST PETERSBURG, FL 33705 26-2287919 501(C)(3) RESIDENTIAL GROUP CA Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 

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

Schedule I (Form 990) (2015)

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

2015

OMB No. 1545-0047

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization CHILDNET, INC. 65-1149351 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) CAMELOT COMMUNITY CARE, INC. PO BOX 850001 ORLANDO, FL 32885 31-1659302 501(C)(3) 927,968 (2) CARLTON MANOR 45 WESTWOOD TERR. NORTH 59-2058176 501(C)(3) 86,410 VMR THERAPEUTIC GROUP HO (3) CATALANO'S NURSES REGISTRY, INC 5803 NW 151ST STREET MIAMI LAKES, FL 33014 59-1303456 N/A 498,178 FMV ONE-ON-ONE SUPERVISI (4) CHILDREN'S HARBOR 19425 SW 58TH MANOR 31-1471766 501(C)(3) 1,383,099 RESIDENTIAL GROUP CA (5) CHILDREN'S HOME SOCIETY OF FLORIDA 59-0192430 501(C)(3) 325 CROTON ROAD MELBOURNE, FL 32935 10,966,678 FMV SHELTER PROGRAM FOST (6) CHOICES CHILDREN AND FAMILIES CONSORTIUM 59-2357179 501(C)(3) 2300 NW 6TH STREET POMPANO BEACH, FL 33069 748,307 FMV SHELTER PROGRAM FOST (7) CHRYSALIS CENTER 501(C)(3) 3521 W BROWARD BLVD 3,052,915. rm7 RESIDENTIAL GROUP CA (8) CITRUS HEALTH NETWORK 4175 WEST 20TH STREET HIALEAH, FL 33012 59-1865751 501(C)(3) 223,289 FMV RESIDENTIAL GROUP CA (9) C.O.R.T.E. 4733 W. ATLANTIC AVE, SUITE 21 74-3041421 N/A 424,082 FMV OUTPATIENT RECOVERY (10) COVENANT KIDS MANOR 928,028 2587 FLOWERING DOGWOOD DRIVE 59-3664515 501(C)(3) FMV RESIDENTIAL GROUP CA (11) DEVEREAUX 23-1390618 501(C)(3) RESIDENTIAL GROUP CA 5850 TG LEE BLVD ORLANDO, FL 32822 2,135,378 FMV (12) ECKERD KIDS 100 NORTH STARCREST DRIVE 59-2551416 501(C)(3) RESIDENTIAL GROUP CA Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 

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

Schedule I (Form 990) (2015)

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

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

OMB No. 1545-0047 2015

► Attach to Form 990. Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

**Open to Public** Inspection

Employer identification number Name of the organization CHILDNET, INC. 65-1149351 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) FAMILY CENTRAL, INC 840 SW 81ST AVE. NORTH LAUDERDALE, FL 33068 59-1487190 501(C)(3) 71,155 (2) FAMILY HEALTH COUNSELING CENTER 2677 FOREST HILL BLVD, STE 102 20-2528862 N/A 177,492 VMR DRUG TESTING SERVICE (3) FIFTH STREET COUNSELING CENTER, INC. 4121 NW 5TH STREET, #206 65-0362232 N/A 733,760 FMV DRUG TESTING SERVICE (4) FLORIDA BAPTIST CHILDREN'S HOMES P.O. BOX 2000 BOYS RANCH, FL 32064 23-7303117 501(C)(3) 293,803 RESIDENTIAL GROUP CA (5) FLORIDA SHERIFF'S YOUTH RANCH 65-0821321 184 SPARROW DRIVE 501(C)(3) 32,520. FMV RESIDENTIAL GROUP CA (6) GRANDMA'S PLACE 184 SPARROW DRIVE 65-0821321 501(C)(3) 622,354 FMV EMERGENCY SHELTER (7) GROVE COUNSELING CENTER 23-7109532 501(C)(3) 111 W. MAGNOLIA AVE, STE 100 67,331 rm7 RESIDENTIAL DRUG COU (8) GULF COAST TREATMENT CENTER 1015 MAR WALT DRIVE 56-1341134 468,276 FMV BEHAVIORAL HEALTH TR (9) HEART OF FLORIDA YOUTH RANCH 15833 US 301 CITRA, FL 32113 23-7109532 501(C)(3) 165,101 FMV (10) HENDERSON MENTAL HEALTH 59-0711167 501(C)(3) 4740 N STATE RD 7 # 201 1,816,274 FMV PLACEMENT PARTNERSHI (11) HIBISCUS CHILDREN'S CENTER 2400 NE OLD DIXIE HWY 59-2632361 501(C)(3) 1,093,208 FMV EMERGENCY SHELTER RE (12) HIS HOUSE INC 20000 NW 47TH AVENUE OPA LOCKA, FL 33055 65-0145994 501(C)(3) HELPING CHILDREN AND Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . .

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

Schedule I (Form 990) (2015)

5E1288 1.000

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

2015

OMB No. 1545-0047

**Open to Public** 

Department of the Treasury

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization

Inspection Employer identification number

CHILDNET, INC.  Part I General Information on Grants and	d Assistano					65-114935	<u>L</u>
					all all all the fact that the		
1 Does the organization maintain records to s			•	•			X Yes No
the selection criteria used to award the grant							A res No
Describe in Part IV the organization's proced							
Part    Grants and Other Assistance to D							es" on Form
990, Part IV, line 21, for any recip	ient that rec	eived more th	an \$5,000. Part II	can be duplica	ated if additional spa	ce is needed.	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) IMAGES OF GLORY							
6960 ALOMA AVE WINTER PARK, FL 32792	59-3614281	501(C)(3)	343,725.		FMV		RESIDENTIAL GROUP CA
(2) JAFCO EMERGENCY SHELTER							
4200 N UNIVERSITY DRIVE SUNRISE, FL 33351	20-0898587	501(C)(3)	494,595.		FMV		EMERGENCY SHELTER CA
(3) KIDS IN DISTRESS INC							
819 NE 26TH STREET	59-1927289	501(C)(3)	3,070,475.		FMV		COORDINATED FAMILY S
(4) LEGAL AID SERVICES OF BROWARD COUNTY							
491 N. STATE ROAD 7 PLANTATION, FL 33317	59-1547191	501(C)(3)	61,938.		FMV		LEGAL AID SERVICES
_(5) LUTHERAN SERVICES							
221 NORTHWEST 43RD COURT	59-2198911	501(C)(3)	151,617.		FMV		RESIDENTIAL GROUP CA
(6) MENTAL HEALTH ASSOC OF BROWARD							
7145 W OAKLAND PK BLV LAURDERHILL, FL 33313	59-0816448	501(C)(3)	197,649.		FMV		PARENT EDUCATION SER
(7) MIAMI BRIDGE YOUTH AND FAMILY SERVICES							
2810 NW SOUTH RIVER DRIVE MIAMI, FL 33125	59-2569847	501(C)(3)	60,820.		FMV		EMERGENCY SHELTER CA
(8) MOUNT BETHEL HUMAN SERVICES CORP							
1021 NW 6TH STREET	65-0441414	501(C)(3)	122,882.		FMV		NEIGHBOURHOOD PARTNE
(9) NATIONAL MENTOR HEALTH CARE							
600 N. PINE ISLAND RD #230	04-2893910	N/A	367,783.		FMV		HEALTH SERVICES
(10) NATIONAL YOUTH ADVOCATE PROG							
1801 WATERMARK DRIVE # 200	34-1404302	501(C)(3)	1,721,030.		FMV		ENHANCED FOSTER CARE
(11) ORGANIZATION FOR FAMILY IMPROVEMENT							
2701 W. OAKLAND PARK BLVD	46-1384095	501(C)(3)	33,558.		FMV		THERAPY, EDUCATION A
(12) OUR MOTHER'S HOME	_						
7438 CARRIER RD FORT MYERS, FL 33912	65-0510103	•	89,609.		FMV		TRANSITION FROM FOST
2 Enter total number of section 501(c)(3) an	•	•					
3 Enter total number of other organizations I	isted in the lii	ne 1 table				<u> </u>	

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

Schedule I (Form 990) (2015)

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

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

CHILDNET, INC.						65-1149351	L
Part I General Information on Grants and	d Assistanc	e				•	
<ol> <li>Does the organization maintain records to so the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's proced</li> </ol>	s or assistand dures for mor	e? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip		_					es" on Form
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) PARENT CHILD CENTER							
2001 W. BLUE HERON BLVD	59-1964034	501(C)(3)	46,230.		FMV		FAMILY PRESERVATION
(2) PLACE OF HOPE, INC.							
9078 ISAIAH LANE	65-0841384	501(C)(3)	3,670,204.		FMV		RESDIENTIAL GROUP AN
(3) PROJECT TOUCH INC							
3541 SW 144 AVENUE MIRAMAR, FL 33027	65-1108058	501(C)(3)	346,021.		FMV		NEW LIGHTHOUSE GROUP
(4) REAL LIFE CHILDREN'S RANCH							
7777 US 441 OKEECHOBEE, FL 34974	59-6173061	501(C)(3)	121,805.		FMV		RESIDENTIAL GROUP CA
(5) RENFREW CENTER FAMILY SERVICES							
7700 RENFREW LANE COCONUT CREEK, FL 33073	20-0995125	N/A	32,802.		FMV		OUTPATIENT RECOVERY,
(6) REYNA GROUP HOME							
8960 RALEIGH STREET HOLLYWOOD, FL 33024	27-0047003	501(C)(3)	1,282,389.		FMV		RESIDENTIAL GROUP CA
(7) SITA DEVI, INC.							
809 SW 8TH STREET FORT LAUDERDALE, FL 33315	01-0717367	N/A	511,620.		FMV		TUTORING SERVICES
(8) SOS CHILDREN'S VILLAGE							
3681 NW 59TH PLACE COCONUT CREEK, FL 33073	65-0080301	501(C)(3)	2,101,668.		FMV		LONG TERM RESIDENTIA
(9) ST. AUGUSTINE YOUTH SERVICES							
201 SIMONE WAY ST. AUGUSTINE, FL 32086	59-2925271	501(C)(3)	143,655.		FMV		THERAPEUTIC SERVICES
(10) THE CHILDREN'S PLACE							
2840 6TH AVENUE SOUTH LAKE WORTH, FL 33461	59-1935485	501(C)(3)	1,081,899.		FMV		SHELTER PROGRAM FOST
(11) THE GROVE							
111 WEST MAGNOLIA AVENUE LONGWOOD, FL 32750	23-7109532	501(C)(3)	149,711.		FMV		OUTPATIENT RECOVERY,
(12) THE TOBY CENTER							
250 E. PARK AVENUE, SUITE 244	91-2115363	501(C)(3)	7,400.		FMV		COUNSELING AND PAREN
2 Enter total number of section 501(c)(3) an	•	•	listed in the line 1 t	able			

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

Schedule I (Form 990) (2015)

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

2015

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization CHILDNET, INC. 65-1149351 **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant or government if applicable cash assistance non-cash assistance or assistance grant (1) THE TWELVE FOR CHILDREN 1881 NE 26TH STREET #221 34-1970957 501(C)(3) 158,634 ENHANCED FOSTER CARE (2) UNITED CEREBRAL PALSY 3595 2ND AVENUE NORTH LAKE WORTH, FL 33461 65-0229776 501(C)(3) 28,038 VMR RESIDENTIAL GROUP CA (3) UNITY HOUSE 2431 SIXTH AVENUE TROY, NY 12180 26-0404705 N/A 191,862 FMV RESIDENTIAL GROUP CA 600 N SWAN ROAD TUCSON, AZ 85711 86-0278038 2,319,100. RESIDENTIAL GROUP CA (5) VITA NOVA 1800 S AUSTRALIAN AVENUE 65-0298299 501(C)(3) 496,042 FMV INDEPENDENT LIVING S (6) WEST FOSTER HOME 5109 NE 5TH AVENUE OAKLAND PARK, FL 33334 26-4418877 N/A 55,367 FMV RESIDENTIAL GROUP CA (7) WINGS OF SHELTER 21301 S. TAMIAMI TRAIL ESTERO, FL 33928 26-3441610 501(C)(3) 167,475 RESIDENTIAL GROUP CA (8) (9) (10)(11)(12)52. 15.

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

Schedule I (Form 990) (2015)

CHILDNET, INC. 65-1149351

Schedule I (Form 990) (2015)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ASSISTANCE & GRANTS TO FOSTER PARENTS	953.	8,100,219.		N/A	
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

THE ORGANIZATION CURRENTLY MONITORS THE USE OF GRANT FUNDS ON A QUARTERLY AND ANNUAL BASIS. MONITORING INVOLVES OBTAINING THE QUARTERLY AND ANNUAL FINANCIAL STATEMENTS FROM ALL CONTRACTED PROVIDERS AND CONDUCTING A FINANCIAL STATEMENT ANALYSIS AS WELL AS CONTRACTUAL REVIEW AND AUDIT PROGRAM TO ENSURE CONTINUOUS QUALITY IMPROVEMENT. THIS ANALYSIS YIELDS THE VARIOUS SOLVENCY, LIQUIDITY, DEBT RATIOS AND GOING CONCERN ISSUES.

THE FINANCE DEPARTMENT IS ALSO A MEMBER OF THE COLLABORATIVE FUNDERS
MONITORING TEAM. THE TEAM IS COMPRISED OF VARIOUS FUNDERS THAT MONITORS

Schedule I (Form 990) (2015)

CHILDNET, INC. 65-1149351

Schedule I (Form 990) (2015)

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	
	Part III can be duplicated if additional space is needed.	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_ 2					
3					
_4					
_ 5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THE USE OF GRANT FUNDS BY SELECTING AND TESTING EXPENDITURES TO ENSURE

FUNDS ARE BEING EXPENSED BASED UPON CONTRACTED GUIDELINES.

## **SCHEDULE J** (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CHILDNET, INC. 65-1149351 Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
-	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
EMILIO BENITEZ	(i)	222,262.	0.	0.	33,748.	16,318.	272,328.	
1 <sup>CEO</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
LARRY REIN	(i)	159,290.	0.	0.	29,463.	16,326.	205,079.	
2EXECUTIVE DIRECTOR, PALM BEACH	(ii)	0.	0.	0.	0.	0.	0.	0.
AINSWORTH GEDDES	(i)	157,574.	0.	0.	22,050.	21,545.	201,169.	
3 <sup>CFO</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
_10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
40	(i)							
13	(ii)							
44	(i) (ii)							
_14								
45	(i) (ii)							
15	(i)							
46	(i) (ii)							
16	(11)							

Schedule J (Form 990) 2015

## Part | Supplemental Information

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

Schedule J (Form 990) 2015

## **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Art - Works of art	Par	Types of Property							
2 A11 - Historical treasures			Check if	Number of contributions or	Noncash contribution amounts reported on		f deteri		
2 A11 - Historical treasures	1	Art - Works of art							
3 Art - Fractional interests. 4 Books and publications . 5 Clothing and household goods. 5 Clothing and household goods. 6 Cars and other vehicles . 6 Cars and other vehicles . 7 Boats and planes . 8 Intellectual property . 9 Securities - Publicly traded . 9 Securities - Partnership, LLC, or trust interests . 13 Securities - Partnership, LLC, or trust interests . 14 Qualified conservation contribution - Historic structures . 14 Qualified conservation contribution - Other . 15 Real estate - Seidenfial . 16 Real estate - Commercial . 17 Real estate - Commercial . 17 Real estate - Commercial . 18 Collectibles . 19 Food inventory . 19 Securities specimens . 19 Securities									
A Books and publications									
5 Clothing and household goods									
goods,		· · · · · · · · · · · · · · · · · · ·							
6 Cars and other vehicles		=							
8 Intellectual property 10 Securities - Publicky traded 11 Securities - Publicky traded 12 Securities - Miscellaneous 13 Qualified conservation 14 Contribution - Historic 15 structures 16 Real estate - Residential 17 Real estate - Residential 18 Real estate - Residential 19 Collectibles 19 Food inventory 10 Drugs and medical supplies 11 Taxidemy 12 Sicertific specimens 13 Archeological artifacts 14 Collectibles 15 Other ► ATCH 1 16 Part H 17 Other ► ATCH 1 17 Other ► ATCH 1 18 Other ► ATCH 1 19 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 16 Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 10 If *Yes," describe in Part II. 11 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 18 If *Yes," describe in Part II. 18 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 10 If *Yes," describe in Part II. 11 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 19 If *Yes," describe in Part II. 10 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 19 If *Yes," describe in Part II. 10 If *Yes," describe in Part II. 11 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 11 If the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 19 If *Yes," describe in Part II. 10 If *Yes," describe in Part II. 11 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	6								
8 Intellectual property	-								
9 Securities - Publicly traded 10 Securities - Potnership, LLC, or trust interests 11 Securities - Miscellaneous 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 - Commercial 18 Collectibles 19 Food inventory 19 Tougs and medical supples 10 Tougs and medical supples 10 Tougs and medical supples 10 Securities - Publicles 10 Securities - Publicles 11 Taxidermy 12 Historical artifacts 13 Scientific specimens 14 Archeological artifacts 15 Other ► ( ATCH 1 ) 192 312,584.  16 Other ► ( ATCH 1 ) 192 312,584.  27 Other ► ( ) 192 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 19 Number of Forms 8283 received by the organization and property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required contributions? 20 If "Yes," describe the arrangement in Part II. 21 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 22 If "Yes," describe the arrangement in Part II. 23 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 22 If "Yes," describe the arrangement in Part II. 23 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 30 If "Yes," describe in Part II.		•							
10 Securities - Closely held stock									
11 Securities - Partnership, LLC, or trust interests.  12 Securities - Miscellaneous.  13 Qualified conservation contribution - Historic structures  14 Qualified conservation contribution - Other .  15 Real estate - Residential .  16 Real estate - Commercial .  17 Real estate - Other .  18 Collectibles.  19 Food inventory .  20 Drugs and medical supplies .  21 Taxidermy .  22 Historical artifacts .  23 Scientific specimens .  24 Archeological artifacts .  25 Other ► ( ATCH 1 ) 192 .  27 Other ► ( )  28 Other ► ( )  29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .  29 Ling the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .  29 Lif "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .  30 Lif "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .  30 Lif "Yes," describe the arrangement in Part II.  31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .  31 X									
or trust interests									
12 Securities - Miscellaneous	• •	• • • • • • • • • • • • • • • • • • • •							
13 Qualified conservation contribution - Historic structures.  14 Qualified conservation contribution - Other	12								
contribution - Historic structures  14 Qualified conservation contribution - Other  15 Real estate - Residential  16 Real estate - Commercial  17 Real estate - Commercial  18 Collectibles  19 Food inventory  20 Drugs and medical supplies  21 Taxidermy  22 Historical artifacts  23 Scientific specimens  24 Archeological artifacts  25 Other ► ( ATCH 1 ) 192  27 Other ► ()  28 Other ► ()  29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement  29 Lif "Yes," describe the arrangement in Part II.  31 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  31 X  32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  31 X  32b If "Yes," describe in Part II.									
structures  14 Qualified conservation contribution - Other		-,							
14 Qualified conservation contribution - Other									
contribution - Other	14								
15 Real estate - Residential									
16 Real estate - Commercial	15								
17 Real estate - Other	-								
Taxidermy	-								
19 Food inventory									
Drugs and medical supplies	-								
Taxidermy									
22 Historical artifacts		=							
23 Scientific specimens		-							
Archeological artifacts									
25 Other ►( ATCH 1 )	-								
26 Other ►(				192.	312,584.				
27 Other ►(		Other ►(							
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		Other ►(							
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	28	Other ►(							
which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for				
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?						29			
28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  31 X  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 an amount in column (c) for a type of property for which column (a) is checked,		·		,				Yes	No
to be used for exempt purposes for the entire holding period?  b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32 b If "Yes," describe in Part II.  33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
b If "Yes," describe the arrangement in Part II.  31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?  32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  32 b If "Yes," describe in Part II.  33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,		28, that it must hold for at least th	ree years fr	om the date of the initial c	ontribution, and which is	not required			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		to be used for exempt purposes for	the entire h	olding period?			30a		Х
contributions?	b	If "Yes," describe the arrangement in	n Part II.						
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 an amount in column (c) for a type of property for which column (a) is checked,	31	Does the organization have a	gift accept	ance policy that require	s the review of any r	on-standard			
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		_	-				31		Х
<ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,</li> </ul>	32a					ell noncash			
<ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,</li> </ul>		contributions?					32a		X
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,	b								
describe in Part II.	33	If the organization did not report an	amount in	column (c) for a type of pro	perty for which column (a)	is checked,			
		describe in Part II.							

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015) Page **2** 

Part II Suppleme

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

ATTACHMENT 1

#### SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
HOLIDAY DONATION	X	104.	193,275.	FMV
ADOPTION APPRECIATION M	ION X	2.	2,100.	FMV
FOSTER APPRECIATION MON	ITH X	26.	5,261.	FMV
BACK TO SCHOOL	X	16.	48,075.	FMV
GENERAL DONATIONS	Х	21.	32,298.	FMV
LEADERSHIP TRAINING	X	1.	1,500.	FMV
SAFE PLACE	X	13.	16,040.	FMV
THANKSGIVING DONATIONS	X	4.	5,300.	FMV
CARE FOR KIDS LUNCHEON	X	3.	3,000.	FMV
IL GRADUATION	X	2.	5,735.	FMV
TOTALS	=	192.	312,584.	

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

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Employer identification number 65-1149351

Name of the organization CHILDNET, INC

FORM 990, PART 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR CHILDREN AND FAMILIES SERVED BY THE BROWARD COUNTY AND PALM BEACH

COUNTY CHILD PROTECTION AND FOSTER CARE SYSTEM. CHILDNET'S MISSION IS TO

DEVELOP AND MANAGE A COMPREHENSIVE, COMMUNITY-BASED, COORDINATED SYSTEM

OF CARE FOR ABUSED, NEGLECTED, AND ABANDONED CHILDREN AND THEIR FAMILIES

AND FOR CHILDREN AND FAMILIES WHO ARE AT RISK OF MALTREATMENT AND/OR

PLACEMENT IN THE FOSTER CARE SYSTEM.

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

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

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

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY THROUGH COMMUNICATION. IN

THE EVENT OF A CONFLICT, THE PERSON RECUSES HIMSELF/HERSELF FROM ALL

DISCUSSIONS OR FROM VOTING.

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

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

Name of the organization

CHILDNET, INC.

Employer identification number

65-1149351

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC THROUGH THEIR WEBSITE THE AUDITED FINANCIAL STATEMENTS AS WELL AS FORM 990. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST DOCUMENTS ARE MADE AVAILABLE THROUGH THE ORGANIZATION'S INTERNAL DASHBOARD AND AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

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

FORM 990, PART XI, LINE 8

CHILDNET, INC. IS PRESENTING A PRIOR PERIOD ADJUSTMENT ON ITS 2015 TAX

RETURN IN THE AMOUNT OF \$43,537 RESULTING FROM A CORRECTION FROM ITS 2008

TAX YEAR. CHILDNET, INC. DID NOT RECORD THIS ADJUSTMENT ON ITS BOOKS AND

THEREFORE, IT HAS CARRIED FORWARD AND RECORDED THIS TAX DIFFERENCE AS AN

INCREASE IN TOTAL NET ASSETS. CHILDNET, INC. WILL BE RECORDING THIS

ADJUSTMENT ON THEIR BOOKS IN THE NEXT TAX YEAR.

ATTACHMENT 1

#### 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

DESCRIPTION OF SERVICES COMPENSATION

BRENDA KNOWLES
15656 SW 5TH COURT
MIRAMAR, FL 33027

SITA DEVI, INC.
809 SW 8TH TERRACE
FORT LAUDERDALE, FL 33315

Schedule O (Form 990 or 990-EZ) 2015

Name of the organization	Employer identification number				
CHILDNET, INC. 65-1149351					
<u>.</u>	ATTACHMENT 2				

## FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
PALM BEACH LUNCHEON	70,924.	13,180.	57,744.
BROWARD LUNCHEON	98,098.	11,582.	86,516.
TOTALS	169,022.	24,762.	144,260.

ATTACHMENT 3

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

DESCRIPTION ENDING BOOK VALUE

PREPAID EXPENSES 1,978,510.

TOTALS \_\_\_\_\_1,978,510.

FORM 990, PART X - DEFERRED REVENUE

ENDING DESCRIPTION BOOK VALUE

DEFERRED REVENUE 100,000.

TOTALS 100,000.

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2015
Open to Public Inspection

Name of the organization

CHILDNET, INC.

Employer identification number
65-1149351

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
						Yes	No
(1) BROWARD CARES FOR KIDS FOUNDATION, INC. 20-2273948							
1100 W. MCNAB ROAD FT. LAUDERDALE, FL 33309	FUNDRAISING	FL	501(C)(3)	LINE 7	N/A		Х
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2015

Schedule R (Form 990) 2015

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

				, ,					
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contro entit	tion ()(13) olled ity?
								Yes	No
(1) TECH CARE FOR KIDS, INC. 47-2079268									
1100 W MCNAB ROAD FORT LAUDERDALE, FL 33309	SOCIAL PURPOSE CO	FL	N/A	C CORP	0.	0.	100.0000		Х
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
· ·	7								

JSA 5E1308 1.000 Schedule R (Form 990) 2015

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

Schedule R (Form 990) 2015

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
е	Loans or loan guarantees by related organization(s)				1e	X
f	Dividends from related organization(s)				1f	Х
ď	Sale of assets to related organization(s)				1g	X
9 h					1h	X
	Purchase of assets from related organization(s)				1i	X
:	Exchange of assets with related organization(s)  Lease of facilities, equipment, or other assets to related organization(s)				1j	X
J	Lease of facilities, equipment, of other assets to related organization(s)				-1,	A
1-	Longo of facilities, aguinment, or other assets from related arganization(a)				414	X
K	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
0	Sharing of paid employees with related organization(s)				10	Х
р	Reimbursement paid to related organization(s) for expenses				1p	X
q	Reimbursement paid by related organization(s) for expenses				1q	X
r	Other transfer of cash or property to related organization(s)				1r	X
s	Other transfer of cash or property from related organization(s)				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	ered relationships and trans	action thre	sholds.	
	(a)	_ (b)	(c)		(d)	
	Name of related organization	Transaction type (a-s)	Amount involved	Method	of deterr Int involv	
		type (a-s)		amou	iiit iiivoiv	eu
(1)	BROWARD CARES FOR KIDS FOUNDATION, INC.	M, N		NO ALI	LOCAT	ION
(2)	TECH CARE FOR KIDS, INC.	M, N	11,960.	COST A	ALLOC	PLAN
<u>\-/</u>		,	,			
(3)						
(5)						
(4)						
(4)				-		
(E)						
<u>(5)</u>				<u> </u>		
(=)						
(6)						

Yes No

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

Schedule R (Form 990) 2015

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	501 organiz	ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop alloc	(h) portionate ations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General or managing partner?		(k) Percentage ownership	
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
3)													
(4)													
(5)													
(6)													
7)													
(8)													
(9)													
10)													
11)													
12)													
13)													
14)													
15)													
16)													
10)													

JSA 5E1310 1.000 Schedule R (Form 990) 2015

Schedule R (Form 990) 2015 Page 5

#### Supplemental Information Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).