

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2007

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning 7/01, 2007, and ending 6/30, 2008

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use  
IRS label  
or print  
or type.  
See  
specific  
instruc-  
tions.C CHILDREN ARE PEOPLE, INC.  
P.O. BOX 335  
HENDERSONVILLE, TN 37077-0335

D Employer identification number

62-1814354

E Telephone number

(615) 230-5702

F Accounting  
method:☐ Cash ☒ Accrual☐ Other (specify) ▶Section 501(c)(3) organizations and 4947(a)(1) nonexempt  
charitable trusts must attach a completed Schedule A  
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates. ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an  
organization covered by a group ruling? ☐ Yes ☒ No

G Web site: ▶ www.capinctn.org

J Organization type  
(check only one) ▶ ☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its  
gross receipts are normally not more than \$25,000. A return is not required, but if the  
organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 133,206.

I Group Exemption Number. ▶  
M Check ☐ if the organization is not required  
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds		1a			
b Direct public support (not included on line 1a)		1b	132,107.		
c Indirect public support (not included on line 1a)		1c			
d Government contributions (grants) (not included on line 1a)		1d			
e Total (add lines 1a through 1d) (cash \$ 124,103. noncash \$ 8,004.)		1e		132,107.	
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2			
3 Membership dues and assessments		3			
4 Interest on savings and temporary cash investments		4		1,099.	
5 Dividends and interest from securities		5			
6a Gross rents		6a			
b Less: rental expenses		6b			
c Net rental income or (loss). Subtract line 6b from line 6a		6c			
7 Other investment income (describe: )		7			
8a Gross amount from sales of assets other than inventory		(A) Securities		(B) Other	
b Less: cost or other basis and sales expenses		8a		8b	
c Gain or (loss) (attach schedule)		8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d			
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ 37,440. of contributions reported on line 1b)		9a			
b Less: direct expenses other than fundraising expenses		9b	3,974.		
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c		Statement 1 -3,974.	
10a Gross sales of inventory, less returns and allowances		10a			
b Less: cost of goods sold		10b			
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c			
11 Other revenue (from Part VII, line 103)		11			
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		129,232.	
13 Program services (from line 44, column (B))		13		116,606.	
14 Management and general (from line 44, column (C))		14		24,571.	
15 Fundraising (from line 44, column (D))		15		9,833.	
16 Payments to affiliates (attach schedule)		16			
17 Total expenses. Add lines 16 and 44, column (A)		17		151,010.	
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18		-21,778.	
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		159,550.	
20 Other changes in net assets or fund balances (attach explanation)		20			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21		137,772.	

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> .....	22a				
22b Other grants and allocations (att sch) (cash \$ _____) non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> .....	22b				
23 Specific assistance to individuals (attach schedule) .....	23				
24 Benefits paid to or for members (attach schedule) .....	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A .....	25a	17,000.	8,500.	4,250.	4,250.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B .....	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c .....	26	23,348.	14,007.	4,671.	4,670.
27 Pension plan contributions not included on lines 25a, b, and c .....	27				
28 Employee benefits not included on lines 25a - 27 .....	28				
29 Payroll taxes .....	29	3,650.	1,825.	912.	913.
30 Professional fundraising fees .....	30				
31 Accounting fees .....	31	4,699.		4,699.	
32 Legal fees .....	32				
33 Supplies .....	33	3,007.	959.	2,048.	
34 Telephone .....	34	2,962.	1,481.	1,481.	
35 Postage and shipping .....	35	510.	510.		
36 Occupancy .....	36				
37 Equipment rental and maintenance .....	37	6,529.	6,529.		
38 Printing and publications .....	38				
39 Travel .....	39				
40 Conferences, conventions, and meetings .....	40				
41 Interest .....	41				
42 Depreciation, depletion, etc (attach schedule) .....	42	16,218.	16,218.		
43 Other expenses not covered above (itemize):					
a See Statement 2 .....	43a	73,087.	66,577.	6,510.	
b .....	43b				
c .....	43c				
d .....	43d				
e .....	43e				
f .....	43f				
g .....	43g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15) .....	44	151,010.	116,606.	24,571.	9,833.

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

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

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

What is the organization's primary exempt purpose? ▶ See Statement 3

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

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

a All students were promoted to the next grade level. Reading for lower grade students were generally raised to above grade level. Impolite students became more polite. Shy students gained self-assurance. All students' self-esteem was raised.

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

116,606.

b

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

c

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

d

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

e Other program services. ....

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

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

116,606.

BAA

Form 990 (2007)

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

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45 Cash — non-interest-bearing		143,561.	45	68,624.
46 Savings and temporary cash investments			46	
ASSETS	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
53 Prepaid expenses and deferred charges	4,816.	53	6,750.	
54a Investments — publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a		
b Investments — other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b		
55a Investments — land, buildings, & equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment: basis	57a 95,137.			
b Less: accumulated depreciation (attach schedule)	57b 28,023.	13,111.	57c	67,114.
58 Other assets, including program-related investments (describe _____)		58		
59 Total assets (must equal line 74). Add lines 45 through 58.		161,488.	59	142,488.
LIABILITIES	60 Accounts payable and accrued expenses	1,938.	60	4,716.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe _____)		65	
	66 Total liabilities. Add lines 60 through 65.		1,938.	66
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	79,675.	67	128,257.
	68 Temporarily restricted	79,875.	68	9,515.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	159,550.	73	137,772.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	161,488.	74	142,488.

BAA

Form 990 (2007)

**Part IV-A** Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See the instructions.)

<b>a</b> Total revenue, gains, and other support per audited financial statements .....		<b>a</b>	202,864.		
<b>b</b> Amounts included on line a but not on Part I, line 12:					
1 Net unrealized gains on investments .....	<table border="1"> <tr> <td data-bbox="1010 262 1053 300"><b>b1</b></td> <td data-bbox="1053 262 1289 300"></td> </tr> </table>	<b>b1</b>			
<b>b1</b>					
2 Donated services and use of facilities .....	<table border="1"> <tr> <td data-bbox="1010 300 1053 336"><b>b2</b></td> <td data-bbox="1053 300 1289 336">69,658.</td> </tr> </table>	<b>b2</b>	69,658.		
<b>b2</b>	69,658.				
3 Recoveries of prior year grants .....	<table border="1"> <tr> <td data-bbox="1010 336 1053 371"><b>b3</b></td> <td data-bbox="1053 336 1289 371"></td> </tr> </table>	<b>b3</b>			
<b>b3</b>					
4 Other (specify): _____ <u>See Stm 5</u> .....	<table border="1"> <tr> <td data-bbox="1010 371 1053 430"><b>b4</b></td> <td data-bbox="1053 371 1289 430">3,974.</td> </tr> </table>	<b>b4</b>	3,974.		
<b>b4</b>	3,974.				
Add lines b1 through b4 .....		<b>b</b>	73,632.		
<b>c</b> Subtract line b from line a .....		<b>c</b>	129,232.		
<b>d</b> Amounts included on Part I, line 12, but not on line a:					
1 Investment expenses not included on Part I, line 6b .....	<table border="1"> <tr> <td data-bbox="1010 508 1053 543"><b>d1</b></td> <td data-bbox="1053 508 1289 543"></td> </tr> </table>	<b>d1</b>			
<b>d1</b>					
2 Other (specify): _____ _____ .....	<table border="1"> <tr> <td data-bbox="1010 543 1053 600"><b>d2</b></td> <td data-bbox="1053 543 1289 600"></td> </tr> </table>	<b>d2</b>			
<b>d2</b>					
Add lines d1 and d2 .....		<b>d</b>			
<b>e</b> Total revenue (Part I, line 12). Add lines c and d .....		<b>e</b>	129,232.		

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
1	2017
2	2018
3	2019
4	2020
5	2021
6	2022
7	2023
8	2024
9	2025
10	2026
11	2027
12	2028
13	2029
14	2030
15	2031
16	2032
17	2033
18	2034
19	2035
20	2036
21	2037
22	2038
23	2039
24	2040
25	2041
26	2042
27	2043
28	2044
29	2045
30	2046
31	2047
32	2048
33	2049
34	2050
35	2051
36	2052
37	2053
38	2054
39	2055
40	2056
41	2057
42	2058
43	2059
44	2060
45	2061
46	2062
47	2063
48	2064
49	2065
50	2066
51	2067
52	2068
53	2069
54	2070
55	2071
56	2072
57	2073
58	2074
59	2075
60	2076
61	2077
62	2078
63	2079
64	2080
65	2081
66	2082
67	2083
68	2084
69	2085
70	2086
71	2087
72	2088
73	2089
74	2090
75	2091
76	2092
77	2093
78	2094
79	2095
80	2096
81	2097
82	2098
83	2099
84	2100
85	2101
86	2102
87	2103
88	2104
89	2105
90	2106
91	2107
92	2108
93	2109
94	2110
95	2111
96	2112
97	2113
98	2114
99	2115
100	2116
101	2117
102	2118
103	2119
104	2120
105	2121
106	2122
107	2123
108	2124
109	2125
110	2126
111	2127
112	2128
113	2129
114	2130
115	2131
116	2132
117	2133
118	2134
119	2135
120	2136
121	2137
122	2138
123	2139
124	2140
125	2141
126	2142
127	2143
128	2144
129	2145
130	2146
131	2147
132	2148
133	2149
134	2150
135	2151
136	2152
137	2153
138	2154
139	2155
140	2156
141	2157
142	2158
143	2159
144	2160
145	2161
146	2162
147	2163
148	2164
149	2165
150	2166
151	2167
152	2168
153	2169
154	2170
155	2171
156	2172
157	2173
158	2174
159	2175
160	2176

a	Total expenses and losses per audited financial statements .....	a	224,642.
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities .....	b1	69,658.
	2 Prior year adjustments reported on Part I, line 20 .....	b2	
	3 Losses reported on Part I, line 20 .....	b3	
	4 Other (specify): .....		
	See Stmt 6 .....	b4	3,974.
	Add lines b1 through b4 .....	b	73,632.
c	Subtract line b from line a .....	c	151,010.
d	Amounts included on Part I, line 17, but not on line a:		
	1 Investment expenses not included on Part I, line 6b .....	d1	
	2 Other (specify): .....		
	.....	d2	
	Add lines d1 and d2 .....	d	
e	Total expenses (Part I, line 17). Add lines c and d .....	e	151,010.

**Part V-A** **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
-----	----

75b	X
-----	---

75c	X
-----	---

75d	X
-----	---

75d	X
-----	---

**Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76		X
----	--	---

77		X
----	--	---


78a	X
-----	---

78b	N/A
-----	-----

7-25	37	11

79		X



80 a		X

☐ ☐ ☐

--	--	--

--	--	--

81 b		X
------	--	---

**Part VI** Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82 b	69,658		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed ▶ TN		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90 b	6
91 a	The books are in care of ▶ Jamie McMurray Telephone number ▶ (615) 824-2724		
	Located at ▶ 641 E. Main St. Hendersonville TN ZIP + 4 ▶ 37075		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 b	X
	If 'Yes,' enter the name of the foreign country ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

BAA

Form 990 (2007)

**Part VI Other Information** (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91 c ☐ Yes ☒ No

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here N/A ☐

and enter the amount of tax-exempt interest received or accrued during the tax year. 92 N/A

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts.					1,099.
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop.					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					-3,974.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					-2,875.
105 Total (add line 104, columns (B), (D), and (E))					-2,875.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	Net income from the friendraiser special event goes straight into the cash account for use in daily operations.
95	Interest Income goes straight into the cash account for use in daily operations.

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	0%			
	0%			
	0%			
	0%			

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

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

Please Sign Here

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

Signature of officer FRED D. BAILEY Date 11/08  
Type or print name and title. EXECUTIVE DIRECTOR

Paid Preparer's Use Only

Preparer's signature Karen Stephens, CPA Date 11/11/08 Check if self-employed ☐  
Firm's name (or yours if self-employed), address, and ZIP + 4 Parker, Parker & Associates  
1000 NorthChase Dr - Suite 260 EIN 62-1240315  
Goodlettsville, TN 37072 Phone no. (615) 859-8800  
Preparer's SSN or PTIN (See General Instruction X) P00293352

BAA

Form 990 (2007)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under  
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

▶ **MUST** be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No. 1545-0047

**2007**

Name of the organization

CHILDREN ARE PEOPLE, INC.

Employer identification number

62-1814354

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III** Statements About Activities (See instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ N/A  
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) . . . . .

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? . . . . .

2a X

b Lending of money or other extension of credit? . . . . .

2b X

c Furnishing of goods, services, or facilities? . . . . .

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .

2d X

e Transfer of any part of its income or assets? . . . . .

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.) . . . . .

3a X

b Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement . . . . .

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d X

- 4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g . . . . .

4a X

b Did the organization make any taxable distributions under section 4966? . . . . .

4b N/A

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c N/A

d Enter the total number of donor advised funds owned at the end of the tax year. . . . . ▶ N/A

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year. . . . . ▶ N/A

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year. . . . . ▶ 0.

**Part IV** Reason for Non-Private Foundation Status (See instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

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

☐ Type I    ☐ Type II    ☐ Type III-Functionally Integrated    ☐ Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					0.

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

BAA

Schedule A (Form 990 or 990-EZ) 2007

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

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

Calendar year (or fiscal year beginning in) .....	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) .....	176,472.	91,643.	56,482.	110,852.	435,449.
16 Membership fees received .....					0.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose .....					0.
18 Gross income from interest, dividends, ams rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975 .....	907.				907.
19 Net income from unrelated business activities not included in line 18 .....					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....					0.
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge .....	15,000.	12,300.	10,200.	8,400.	45,900.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets .....					0.
23 Total of lines 15 through 22 .....	192,379.	103,943.	66,682.	119,252.	482,256.
24 Line 23 minus line 17 .....	192,379.	103,943.	66,682.	119,252.	482,256.
25 Enter 1% of line 23 .....	1,924.	1,039.	667.	1,193.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. .... N/A .....					
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts .....					
c Total support for section 509(a)(1) test: Enter line 24, column (e) .....					
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					
22 _____ 26b _____					
e Public support (line 26c minus line 26d total) .....					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) .....					%
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ 0. (2005) _____ 0. (2004) _____ 0. (2003) _____ 0.					
c Add: Amounts from column (e) for lines: 15 _____ 435,449. 16 _____					
17 _____ 20 _____ 21 _____ 45,900.					
d Add: Line 27a total. .... 0. and line 27b total .....					
e Public support (line 27c total minus line 27d total) .....					
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) .....					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) .....					99.81 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) .....					0.19 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

N/A

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

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

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table –		
If the amount on line 40 is – The lobbying nontaxable amount is –			
Not over \$500,000 20% of the amount on line 40			
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000		41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000			
Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

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

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

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

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

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

BAA

Schedule A (Form 990 or 990-EZ) 2007

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

51 a (i)		X
----------	--	---

a (ii)		X
--------	--	---

[illegible]

b (i)		X
-------	--	---

b (ii)		X
--------	--	---

b (iii)		X
---------	--	---

b (iv)		X
--------	--	---

b (v)		X
-------	--	---

b (vi)		X
--------	--	---

C		X
---	--	---

market value of  
market value in

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

► ☐ Yes ☒ No

Schedule A (Form 990 or 990-EZ) 2007



CHILDREN ARE PEOPLE, INC.

62-1814354

Statement 1  
Form 990, Part I, Line 9  
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
Friendraiser	37,440.	37,440.	0.	3,974.	-3,974.
Total	<u>\$ 37,440.</u>	<u>\$ 37,440.</u>	<u>\$ 0.</u>	<u>\$ 3,974.</u>	<u>\$ -3,974.</u>

Statement 2  
Form 990, Part II, Line 43  
Other Expenses

	(A) <u>Total</u>	(B) <u>Program Services</u>	(C) <u>Management &amp; General</u>	(D) <u>Fundraising</u>
Advertising & promotions	5,152.		5,152.	
Background Checks	793.	793.		
Bank charges	40.		40.	
Board of directors	624.		624.	
Dues & subscriptions	544.	544.		
Field trips & camps	12,792.	12,792.		
Food & kitchen supplies	11,161.	11,161.		
Gifts	61.	61.		
Housekeeping	2,495.	2,495.		
Insurance	11,750.	11,750.		
Internet	210.	210.		
Licenses & permits	184.		184.	
Minor equipment	140.	140.		
Miscellaneous	1,210.	700.	510.	
Repairs & maintenance	10,119.	10,119.		
Student gifts	6,275.	6,275.		
Transportation	8,110.	8,110.		
Volunteer recognition	1,427.	1,427.		
Total	<u>\$ 73,087.</u>	<u>\$ 66,577.</u>	<u>\$ 6,510.</u>	<u>\$ 0.</u>

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

To assist at-risk children and their families with developing academic and life skills in order to produce responsible, self-sufficient adults who contribute to the community.

CHILDREN ARE PEOPLE, INC.

62-1814354

Statement 4  
Form 990, Part IV, Line 57  
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Automobiles / Transportation Equipment	\$ 81,155.	\$ 23,400.	\$ 57,755.
Machinery and Equipment	5,789.	1,229.	4,560.
Miscellaneous	8,193.	3,394.	4,799.
Total	<u>\$ 95,137.</u>	<u>\$ 28,023.</u>	<u>\$ 67,114.</u>

Statement 5  
Form 990, Part IV-A, Line b(4)  
Other Amounts

Special Events Expense.....	\$ 3,974.
Total	<u>\$ 3,974.</u>

Statement 6  
Form 990, Part IV-B, Line b(4)  
Other Amounts

Special Events Expense.....	\$ 3,974.
Total	<u>\$ 3,974.</u>

Statement 7  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Fred Bailey 118 Moyna Drive Hendersonville, TN 37075	Executive Director 0	\$ 17,000.	\$ 0.	\$ 0.
Diane Black 819 Plantation Way Gallatin, TN 37066	Director 0	0.	0.	0.
Charles Brewton P.O. Box 800 Hendersonville, TN 37077	Director 0	0.	0.	0.
Nancy Corley 163 Inlet Drive Hendersonville, TN 37075	Director 0	0.	0.	0.

CHILDREN ARE PEOPLE, INC.

62-1814354

Statement 7 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Jim Edwards 106 Longview Ridge Drive Hendersonville, TN 37075	Director 0	\$ 0.	\$ 0.	\$ 0.
Garry Forsythe 109 Chesapeake Harbor Blvd. Hendersonville, TN 37075	Director 0	0.	0.	0.
Dan Gerstner 100 Gap Blvd. Gallatin, TN 37066	Board Member 0	0.	0.	0.
Ken Hatchett 2016 Morgan's Way Gallatin, TN 37066	Chairman 0	0.	0.	0.
Rebecca J. Lunsford 110 Bluegrass Point Hendersonville, TN 37075	Board Member 0	0.	0.	0.
Jamie McMurry 111 Cabin Branch Circle Hendersonville, TN 37075	Treasurer 0	0.	0.	0.
Nancy Parker 108 Meadowlake Court Hendersonville, TN 37075	Director 0	0.	0.	0.
C.L. Rogers 103 Mayfield Lane Hendersonville, TN 37075	Director 0	0.	0.	0.
Hank Thompson P.O. Box 216 Hendersonville, TN 37077	Director 0	0.	0.	0.
Sandra Thompson 103 Doral Lane Hendersonville, TN 37075	Secretary 0	0.	0.	0.
Paul Waller 104 Choctaw Court Hendersonville, TN 37075	Director 0	0.	0.	0.
Joe Beaver 118 Crooked Creek Court Hendersonville, TN 37075	Vice Chairman 0	0.	0.	0.

CHILDREN ARE PEOPLE, INC.

62-1814354

Statement 7 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Paul Decker 134 Meadowvue Drive Hendersonville, TN 37075	Director 0	\$ 0.	\$ 0.	\$ 0.
Jim Hawkins 475 Bay Point Drive Gallatin, TN 37066	Director 0	0.	0.	0.
Jamie Totten 108 Governors Point Blvd Hendersonville, TN 37075	Director 0	0.	0.	0.
Allen Hanks 500 Belvedere Dr. Gallatin, TN 37066	Director 0	0.	0.	0.
Chemeka Dabney 105 Carrington Road Hendersonville, TN 37075	Director 0	0.	0.	0.
Randy Hoffman 700 Johnny Cash Parkway Hendersonville, TN 37075	Director 0	0.	0.	0.
Arthur McClellan 116 Public Square Gallatin, TN 37066	Director 0	0.	0.	0.
Monique Robinson-Wright 203 Wheaton Ct. Nashville, TN 37214	Director 0	0.	0.	0.
	Total	\$ 17,000.	\$ 0.	\$ 0.



**SUMMARY OF FINANCIAL ACTIVITIES  
OF A  
CHARITABLE ORGANIZATION**

## Department of State

Division of Charitable Solicitations & Gaming  
William R. Snodgrass Tennessee Tower  
312 Rosa L. Parks Avenue, 8<sup>th</sup> Floor  
Nashville, TN 37243  
(615) 741-2555 FAX (615) 253-5173

INSTRUCTIONS: A charitable organization must use this form to report financial activities for its most recently completed fiscal year. Amounts entered below must correspond with entries on the organization's Internal Revenue Service Form 990. This completed financial statement must be signed by two (2) separate authorized officers in the presence of a Notary Public and filed with the Secretary of State along with the application for registration or exemption request form. A copy of the filed IRS Form 990, and any other forms required to be filed with the IRS, must accompany this form unless the organization is not required to file such form. Organizations with gross revenue in excess of five hundred thousand dollars (\$500,000) must also submit an audit prepared by an independent public accountant or certified public accountant.

Name of Organization: Children Are People, Inc.Address: P.O. Box 335 City: Hendersonville State: TN Zip Code: 37077-0335Federal ID: 62-1814354 State ID: \_\_\_\_\_ Telephone: 615-230-5702Accounting Year End: 06/30/2008 Has your accounting year changed? Yes \_\_\_\_\_ No x**A. Gross Revenue**

1. Public Contributions .....	\$	<u>132,107</u>
2. Government grants .....	\$	_____
3. Program service revenue .....	\$	_____
4. Special events and activities .....	\$	_____
5. Gross sales of inventory .....	\$	_____
6. Other Revenue .....	\$	<u>1,099</u>
7. Total Revenue [add line 1 through line 6] .....	\$	<u>133,206.00</u>

**B. Expenses**

8. Total Program Expenses .....	\$	<u>116,606</u>
9. Direct Expenses from Special Events .....	\$	<u>3,974</u>
10. Cost of goods sold .....	\$	_____
11. Management and general expenses .....	\$	<u>24,571</u>
12. Fund raising expenses .....	\$	<u>9,833</u>
13. Payments / services to affiliates .....	\$	_____
14. Total Expenses [add line 8 through line 13] .....	\$	<u>154,984.00</u>
15. Excess / Deficit for the year [line 7 minus line 14] .....	\$	<u>(21,778.00)</u>

**C. Changes in Net Assets or Fund balances**

16. Net assets / fund balances at beginning of year .....	\$	<u>159,550</u>
17. Other changes in net assets or fund balances .....	\$	_____
18. Net assets / fund balances [add line 15 through line 17] .....	\$	<u>137,772.00</u>
19. Total assets .....	\$	<u>142,488</u>
20. Total liabilities .....	\$	<u>4,716</u>
21. Net assets / fund balances [line 19 minus line 20] .....	\$	<u>137,772.00</u>

**D. Accounting Method Used:**CASH: \_\_\_\_\_ ACCRUAL: x OTHER: \_\_\_\_\_