2009 Exempt Organization Business Tax Return prepared for:

TENNESSEE VOICES FOR CHILDREN, INC.
701 BRADFORD AVENUE,
NASHVILLE, TN 37204

MICHAEL D. SULLIVAN, CPA 655 N Ellington Parkway Lewisburg, TN 37091

MICHAEL D. SULLIVAN, CPA 655 N Ellington Parkway Lewisburg, TN 37091 (931) 270-6715 cpamoney@ainweb.net

November 3, 2010

TENNESSEE VOICES FOR CHILDREN, INC. 701 BRADFORD AVENUE, NASHVILLE, TN 37204

Dear CHARLOTTE,

Enclosed is the 2009 U.S. Form 990, Return of Organization Exempt from Income Tax, for TENNESSEE VOICES FOR CHILDREN, INC. for the tax year ending June 30, 2010.

The return should be signed and dated by an authorized officer or fiduciary and mailed on or before November 15, 2010 to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

We very much appreciate the opportunity to serve you. If you have any questions regarding this return, please do not hesitate to call.

Sincerely,

MICHAEL D. SULLIVAN

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calend	dar year, o	or tax year beginning Jul 1 ,	, 2009, and	l endir	ig Jun		, 20					
В	Check if a	pplicable:		C Name of organization				D Employer Ide	entification	n Number				
	Addre	ess change	Please use IRS label	TENNESSEE VOICES FOR CHILDREN				62-157						
	H	change	or print or type.	Number and street (or P.O. box if mail is not delivered to	street addr)	Room/s	uite	E Telephone nu	ımber					
		return	See specific	701 BRADFORD AVENUE				(615)	269-	7751				
	-	ination	Instruc- tions.	City, town or country	State ZIP	code + 4	}	-						
	-	nded return	110113.	NASHVILLE	TN 37	7204	G Gross receipts \$ 4,306,782.							
			F Name :	and address of principal officer:			H(a) Is this	a group return for						
	M Appli	cation pending	1	E BRYSON 701 BRADFORD AVE NASHVILLE	TN 37	7204		affiliates included		Yes No				
						27	If 'No,'	attach a list. (see	instruction	1s)				
<u> </u>		xempt statu		(c) (3)~ (insert no.) 4947(a)(1)	/ 01 3	2.1								
<u>J</u>		ite: ► N/			T		tion: 199	exemption number		omicile: TN				
K		organization:	X Corpora	ation Trust Association Other	L Year o	or Forma	tion: IJJ	4 Im State (n legal do	micie: III				
۲a	int like	Summa	ary	· · · · · · · · · · · · · · · · · · ·	. כעזס	TTTAE	TELE	DIICATION	ΔΤ.					
	1 B	riefly descri	be the org	panization's mission or most significant activities	: CHAK	TIME	ਮੁਦ ਂਕ ਦ	DOCKTTON						
e C	_													
Governance	_													
/eri				if the organization discontinued its operations or			 re than 25							
Ğ	2 C	neck this bo	ting mom	bers of the governing body (Part VI, line 1a)	uisposeu	OI IIIOI	e triair 25							
∘ઇ	4 N	umber of in	denenden	t voting members of the governing body (Part VI	l. line 1b) .			4						
ties	5 T	otal number	of emplo	yees (Part V, line 2a)				5	64					
Activities	6 T	otal number	of volunt	eers (estimate if necessary)	· · · · · · · · · · · ·			6	50					
Ac	7a T	otal gross u	nrelated b	ousiness revenue from Part VIII, Icolumn (C), ine	: 12				а	0.				
	ЬN	et unrelated	business	taxable income from Form 990-T, line 34				<u></u> 7	Ь					
							F	rior Year		Current Year				
	8 C	ontributions	and gran	its (Part VIII, line 1h)	.		2	2,563,368		4,081,061.				
ηue	9 P	rogram ser	vice reven	ue (Part VIII, line 2g)				588,473		187,621.				
Revenue	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)								•	38,100.				
ŭ	11 0	ther revenu	e (Part VI	III, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)) . <i>.</i>			2,704						
	12 T	otal revenue	e – add li	nes 8 through 11 (must equal Part VIII, column ((A), line 12	2)	3	3,176,209	<u>. </u>	4,306,782.				
	13 G	rants and s	imilar am	ounts paid (Part IX, column (A), lines 1-3)										
				members (Part IX, column (A), line 4)										
	15 S			nsation, employee benefits (Part IX, column (A),				L,728,334		2,226,984.				
Expenses	16a P			ng fees (Part IX, column (A), line 11e)			1							
nec				nses (Part IX, column (D), line 25) >		0.	CEMAN SHORE		原型器					
ă	D 1						-	L,407,860	31.5 (SVS-21759)	1,954,669.				
				IX, column (A), lines 11a-11d, 11f-24f)				3,136,194		4,181,653.				
				nes 13-17 (must equal Part IX, column (A), line				40,015		125,129.				
	19 R	evenue less	s expense	s. Subtract line 18 from line 12				·						
Net Assets or Fund Balancos								nning of Year		End of Year				
sset				ne 16)				4,552,570		4,162,575.				
of A	1			, line 26)				L,697,870		1,182,744.				
		et assets or	r fund bala	ances. Subtract line 21 from line 20				2,854,700		2,979,831.				
Pa	art II		ure Blo											
		Under penalti	es of perjury	I declare that I have examined this return, including accompane. Declaration of preparer other than officer) is based on all info	nying schedule	s and st	atements, an	d to the best of my	knowledg	ge and belief, it is				
		true, correct,	and complete	1. Declaration of preparer (duter than onicer) is based on an and	omation of w	mon pro	parar naa arry	0	o					
Sig	gn		arlo	me Briton				11-4-1	<u>U</u>					
He	ere	Signature	of officer	in the Danisant		. .	£ " n"	ate >		. س				
			2AR.	INTE BRUSON,	_ ZXC	2/	TIVE	z D.R	cer	TOR				
		Type or p	rint name, ar	id title.										
			IK.		Date		(Check if	Prepare (see ins	r's idenlifying number tructions)				
Pa	id		411	MU A V				self- employed > X	!					
Pr		Preparer's signature	HAEL D. SULLIVAN	10		100	0299820							
	rer's	Firm's name	or MTC	CHAEL D. SULLIVAN, CPA										
Us		yours if self-	`	N Ellington Parkway				EIN - 20-8320757						
Or	ıly	employed), address, and ZIP + 4		visburg TN	37091				931)	270-6715				
N/-	v the ID			with the preparer shown above? (see instruction					X					
-				rwork Reduction Act Notice, see the separate in		s.		TEEA0101 0	7/20/09	Form 990 (2009				

Form	1990 (2009) TENNESSEE VOICES FOR CHILDREN, INC.	62-1576400 I	Page 2
Par	till Statement of Program Service Accomplishments	:	
	Briefly describe the organization's mission:		
1			
	CHARITABLE & EDUCATIONAL		
	Did to the state of the state o	la ariar	
2	Did the organization undertake any significant program services during the year which were not listed on		
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? Yes X	No
_	If 'Yes,' describe these changes on Schedule O.	Land Land	
	· · · · · · · · · · · · · · · · · · ·		
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocations to others the total	
	expenses, and revenue, if any, for each program service reported.	anocations to others, the total	
	evidence of a real contract in any processor program out to the contract of th		
4 a	a (Code:) (Expenses \$ 1,342,489. including grants of \$ 76,500.)	(Revenue \$ 1,523,45	59.)
	JUSTCARE FAMILY NETWORK PROVIDES A SERVICE INFRASTRUCTURE	•	·
	TO SERVE THE NEEDS OF CHILDREN AND YOUTH WITH SERIOUS EMOTIONAL		
	DISTURBANCES IN SHELBY COUNTY TENNESSEE		
	•		
	C(Code:) (Expenses \$444,688. including grants of \$0.) TENNESSEE PARENT INFORMATION RESOURCE CENTERS TO ESTABLISH STATEWIDE RESOURCE CENTERS FOR PARENTS OF MENTALLY ILL CHILDREN TO OBTAIN INFORMATION AND EDUCATIONAL OPPORTUNITIES		
40	(Code:) (Expenses \$ 364,687. including grants of \$ 0.) MULETOWN FAMILY NETWORK TO PROVIDE SERVICES TO FAMILIES OF MENTALLY ILL CHILDREN WITH EDUCATIONAL AND AWARENESS PROGRAMS IN THE COLUMBIA TENNESSEE AREA		67 <u>.</u>)
		-	
	d Other program services. (Describe in Schedule O.)		
4 (1 720 670 \	
		1,732,670.)	
40	e Total program service expenses ► 3, 687, 289.		

1.41	Girman Oncomist of Hodania Consumo		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		_X_
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 I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	esteristen
	Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>			
(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 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			
	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			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	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? If'Yes,' complete Schedule D, Part X			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	7.489.48E	X
	vear? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional			-
13	Is the organization a school described in section 170(b)(1)(A)(ii): If Tes, complete schedule 2	13 14a		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	1-74		1
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
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	17		Х
18	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	complete Schedule G. Part III	19		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		<u> 1</u>	<u>^</u>

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part 22 Х IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 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 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? ... 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete 25b Х Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete 27 Х Schedule L, Part III..... Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete X 28b Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 Х contributions? If 'Yes,' complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Х Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 36 36 X Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 Х 38 Х

BAA

Form 990 (2009)

1a Enter the number reported in Box 3 of form 1096, Annuel Summary and Transmittal of U.S. 1a 2.1		T-0.15(1.014)		Yes	No
be Enter the number of Forms W-26 included in line 1a. Enter -0- if not applicable	1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.	7 12 V		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?. 2 a Enter the number of employers reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calerad year ending with or within the year covered by the ration. 2 b If at least one is reported on line 2a, did the organization file all required to e-file this return. (see instructions) 3 b Id the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. 3 b If Yes' has it filed a Form 990-T for this year? If No., 'provide an explanation in Schedule O	ŀ				
2a Eath the number of emotopies regarded on Form W.3. Transmitted of Wage and Tax Statements, filed for the called the remaining with or within the year cower do by this return. 2b 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 this return. (see instructions) 3 bid the organization have unrelated businesse gross income of \$1,000 or nore during the year covered by this return? 4a All arry 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); a financial account in a foreign country (such as a bank account, securities account, or other financial account); a financial account in a foreign country (such as a bank account, securities account, or other financial account); a financial account in a foreign country (such as a bank account, securities account, or other financial account); a financial account in a foreign country (such as a bank account, securities account, or other financial account); a financial account in a foreign account in a financial account in a financial account in a financial account; a financial account in a financial		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1 c	X	
2b 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 this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3b If Yes' has it filed a Form 990-T for this year? If No, '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 account)? 4b If Yes,' enter the name of the foreign country: 5ce the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a If Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reparding Prohibited Tax Shelter Transaction? 5b If Yes, 'did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization declubile? 5c If Yes,' did the organization include whice every solicitation an express statement that such contributions or gifts were not deductible? 6a Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the peyor? 7a If Yes,' indicate the number of Forms 8282 filled during the year. 6b If Yes,' indicate the number of Forms 8282 filled during the year. 6c Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal personal benefit contract? 7b If Urb to organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal personal proparization, during the year, receive any funds, directly or indirectly, to pay premiums	2 a	Poter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the			
Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a bid the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? bit Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O. 4b If Yes' has it filed a Form 990-T for this year? If No, 'provide an explanation in Schedule O. 4b 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: \(\) 5b At At any time the name of the foreign country: \(\) 5b Be the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction? 5b If Yes, 'in line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? 5d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for solicit any contributions that were not tax deductible? 5c Day 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 and services provided to the payor? 5c Did the organization or receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 5d If Yes,' did the organization notify the donor of the value of the goods or services provided? 6d If Yes,' indicate the number of Forms 8282 filed during the year and payment of the property for which it was required to file form 8282. 7d If Yes,' indicate the number of Forms 8282 filed during the year and payment of the property for which it was r	2 t		2 b	Х	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' 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. Set the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If 'Yes,' to line 5a or 5b, did the organization file Form 886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If Yes, to line 5a or 5b, did the organization file Form 886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Sc If Yes, to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 5c Joes the organization include with every solicitation an express statement that such contributions or gifts were not deductible organization include with every solicitation an express statement that such contributions or gifts were not deductible to graphization file the organization on the file the organization on the file form 8262 file during the year or the goods or services provided? 5c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8262? 6d If Yes, 'Indicate the number of Forms 8282 filed during the year or defined ty, or a personal benefit contract? 7d Did the organization, during the year, receive any funds, directly or indirectly, or a pay premiums on a personal benefit c			11.74	dist.	
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 benk account, and other financial account)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to the organization that it was or is a party to a prohibited tax shelter transaction? 5b Was the organization bave annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c James the organization have annual gross receipts that are normally greater than \$100,000, and did the organization deductible? 5c James the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 5c James that may receive deductible contributions under section 170(c). 5d If Yes, indicate the number of Forms 8282 filed during the year. 5c Jiff Yes, indicate the number of Forms 8282 filed during the year. 5d Iff Yes, indicate the number of Forms 8282 filed during the year. 5d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5d Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 5d Did the organization of single please, receive any funds, directly or indirectly, on a personal benefit contract? 5d Did the organization of single please, receive any funds, directly or indirectly, on a personal benefit contract? 5d Did the organization make any taxable distributions under section 4966? 5d Sponsoring organizations maintaining donor advised funds a	3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	. 3a		Х
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Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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1 a	Enter the	number of voting	members of the	governing boo	dy				1a 13			計劃		
b	Enter the	number of voting	members that a	are independen	ıt			L	1b 13					
2	Did any officer, d	officer, director, truirector, truirector, trustee or	istee, or key em key employee?	ployee have a	family rel	lationship	or a busine	ess relat	ionship	with any	other	2	77.116	X
2	Did the c	organization delega s, directors or trus	te control over	management d	luties cust	tomarily r	erformed by	v or und	ler the d	irect supe	ervision	3		<u> </u>
		organization make										4		<u>X</u>
	since the	prior Form 990 w	as filed?											
5	Did the c	organization becom	ne aware during	the year of a r	naterial di	iversion o	of the organia	ization's	assets?	' <i></i>		5		<u>X</u>
6	Does the	organization have	members or st	ockholders?								6		<u>X</u>
7 a	Does the	organization have	members, stoc	kholders, or ot	her perso	ns who m	nay elect one	e or mo	re meml	pers of th	e 	7 a		X.
b	Are any	decisions of the go	verning body su	ubject to appro	val by me	mbers, st	tockholders,	or othe	r persor	ıs?		7b		X
8	-	organization conter												
		erning body?										8a	x	
h	Fach cor	mmittee with author	rity to act on be	half of the gov	erning bo	dy?						8 b	Х	
9	Is there	any officer, directo tion's mailing addr	r or trustee, or	key employee I	isted in P	art VII, S	ection A, wh	no canno	ot be rea	ached at t	he	9		Х
Sact	tion R	Policies (Ti	his Section F	requests in	oformati	ion abo	ut policies	s not re	equire	d by the	Interna	<u> </u>	-	
	nue Code		no occion L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,	,				
71000	nuc oouc												Yes	No
10 a	Does the	organization have	local chapters	branches, or a	affiliates?							10 a		<u>X</u>
b	If 'Yes,' and brar	does the organizat nches to ensure the	ion have written eir operations a	policies and p e consistent w	rocedures ith those	s governir of the org	ng the activit anization? .	ities of s	such cha	pters, aff	iliates, 	10b		
		organization provid							fore filin	g the forr	n?	11	X	544.24R
11 A	Describe	in Schedule O the	e process, if any	\prime , used by the ϵ	organizati	on to revi	ew this Forn	m 990.				405404	學院 经产品	CHANG
12 a	Does the	e organization have	e a written confl	ict of interest p	olicy? If '	No,' go to	o line 13					12a		<u>X</u>
	to conflic	ers, directors or trocts?										12b		
. с	Does the	e organization regu e O how this is do	larly and consis	tently monitor	and enfor	rce compl	iance with th	he polic	:y? <i>If 'Υε</i> ······	es,' descr	ibe in 	12 c		
13	Does the	e organization have	e a written whis	leblower policy	/?							13		X
14		e organization have										14	en ette	X
15	Did the persons	process for determ , comparability dat	ining compensa a, and contemp	tion of the follo oraneous subs	owing pers tantiation	sons inclu of the de	ide a review liberation ar	v and ap nd decis	proval t sion?	y indepe	ndent			
а	The orga	anization's CEO, E	xecutive Directo	r, or top mana	gement of	fficial						15 a		
b	Other of	ficers of key emplo	oyees of the org	anization				<i></i>				15 b	X	079688
		o line 15a or 15b,												
16 a	Did the e	organization investuring the year?	in, contribute a	ssets to, or pa	rticipate i	n a joint v	venture or si	imilar aı	rrangem 	ent with a	a taxable	16 a	ALEMETE.	X
b	If 'Yes,' in joint v status w	has the organization venture arrangement with respect to such	on adopted a wr nts under applic a arrangements?	itten policy or pable federal ta	procedure ix law, and	requiring d taken s	the organiz teps to safed	zation to guard th	o evalua ne organ	te its par ization's	ticipation exempt	16 b		
Sec	tion C.	Disclosures												
17		states with which a												
18	Section inspecti	6104 requires an o	organization to r ou make these a	nake its Forms available. Chec	K all that	apply.		990, and	d 990-T	(501(c)(3)s only) av	ailable	for pu	ublic
		n website	Another's		I	Jpon requ								
19	stateme	e in Schedule O wl ents available to the	e public.											cial
20	State th	e name, physical a	address, and tel	ephone numbe	r of the pe	erson who	o possesses	s the boo			of the organ	nizatio	n: 	
1		LOTTE BRYSON		BRADFOR		_AVE_				7204_	(6	515)_	<u> 269-</u>	7751

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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.

(A)	(B)			(0	:)			ctor, or trustee.	(E)	(F)
Name and Title	Average hours					hat appl		Reportable	Reportable compensation from	Estimated amount of other
	per week	adividual Irastee or director	ınstilulional kustee	Officer	xey amployee	Highest compensated employee	Forner	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
CHARLOTTE BRYSON										
EXECUTIVE DIRECTOR	40.00				X	X		126,159.	0.	0
LIST ATTACHED	5.00	х						0.	0.	. 0
				•						
							_			
						-				
							-			
			+	+-	-	 	\vdash			

Part VII Section A. Officers, Directors, Trus		ley	EII			es,	ani		ipensateu Lin	
. (A)	(B)	3) (c) rage Position (check all that apply)					noly)	(D)	(E)	(F)
Name and Title	hours per week			Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	-									
					_					
	-									
	-									
									-	
	-									
	_				<u> </u>					
					<u> </u>					
				-	-	-				
		-		<u> </u>	-					
	-	<u> </u>	_		_					
	-									
1 b Total	·····	····			• • • • •	••••	>	126,159.		
2 Total number of individuals (including but not limiter from the organization ► 1	d to thos	e lis	ted	abo	ve)	who	rec	eived more than \$	100,000 in reporta	ble compensation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it. 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater transitional individual. 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci. 	portable han \$15	con 0,00	nper 0? /	nsati If 'Ye	ion a	and comp	othe	r compensation free Schedule J for su	om Ich	Yes N 3 X 4 X 5 X
Section B. Independent Contractors										
Complete this table for your five highest compensation from the organization.	ea indej	a	en	COLL	uac		uidí			
(A) Name and business addre	SS							Description	of Services	(C) Compensation
Total number of independent contractors (including	hut not	limit	04 1	o th	000	licto	וה או	nove) who receive	d more than	
2 Total number of independent contractors (including		011111	icu l	io iii	use	11518	u al	JOVES WHO I CLEIVE	o more than	

Par	t VIII Statement of Revenue		Y		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ANTS	1a Federated campaigns 1a b Membership dues 1b				
MOL MOL	c Fundraising events				
R A	d Related organizations 1 d				
NS, GII	e Government grants (contributions) 1e 4,060,844	-			
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1 f 20,217				
FO	g Noncash contribns included in Ins 1a-1f: \$				
8	h Total. Add lines 1a-1f	4,081,061.			
	Business Code		394355T003949	THE REPORT OF THE	
EN	2a CONTRACTS 624100	100,363.	100,363.	0.	0.
Ĕ	b CONSULTING FEES 541900	0.	0.	0.	0.
9		87,258.	87,258.	0.	0.
PROGRAM SERVICE REVENUE	c CONFERENCE REVENUE 541900	07,230.	07,230.		
¥ .	e				
GR.	f All other program service revenue				
80	g Total. Add lines 2a-2f	187,621.		服器的 数据多数数	
	3 Investment income (including dividends, interest and other similar amounts)		36.55	0.	38,100.
	4 Income from investment of tax-exempt bond proceeds .				
Ì	5 Royalties				
	(i) Real (ii) Personal		5.00 Feeks (660.00 to		no constant the line
	6a Gross Rents				
	b Less: rental expenses .				
	c Rental income or (loss)				
	d Net rental income or (loss)	-			
	7a Gross amount from sales of (i) Securities (ii) Other				
.	assets other than inventory .				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)			SA TELEPARTIDA SER L'ALISA DE CERT	ONE CONTRACTOR OF PRINCIPAL INC.
	d Net gain or (loss)				MAC 1995
TUE.	8a Gross income from fundraising events (not including . \$				
Ž	of contributions reported on line 1c).				
2	See Part IV, line 18 a				
OTHER REVENUE	b Less: direct expenses b				
5	c Net income or (loss) from fundraising events	- 1 Management of the control of the	Commission of the Commission o	property of the property of the state of the	
	9a Gross income from gaming activities. See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities		Pario and provide a substance of the control of the	JANGANAGANGANAGAN WASAN SA	loolis Cololiolisistaviaa ahaakinollasiisistaviisti
			55 C 27 C 17		
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory	-			
	Miscellaneous Revenue Business Code				
	11 a				
	b				
	~				
	d All other revenue	<u>'</u>	2201403000000000000000000000000000000000		Sec. Discrete 1000 of the April 1000
	e Ibiai. Add lines fla-fld		DEMANDING TO THE		20 100
	12 Total revenue. See instructions	4,306,782.	187,621.	0.	38,100.

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must com		(B)	(C)	
Do 1 6b, 2	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	126,159.	0.	126,159.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,753,716.	1,620,579.	133,137.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	74,263.	50,273.	23,990.	0.
9	Other employee benefits	118,555.	111,812.	6,743.	0.
10	Payroll taxes	154,29Ì.	134,856.	19,435.	0.
11	Fees for services (non-employees)				
а	Management				
b	Legal				
	: Accounting		22,438.	22,438.	0.
	Lobbying		aran kuwa wasa za wa kanapisi ke ma		
	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees		400 400	11 705	0.
_	Other		402,420.	11,785.	U.
	Advertising and promotion		0.	5,633.	0.
13	Office expenses		U.	7,033.	<u> </u>
14	Information technology				
15	Royalties		172,732.	5,971.	0.
16	Occupancy	210,970.	196,949.	14,021.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	210/370:			
19	Conferences, conventions, and meetings	143,271.	76,806.	66,465.	
20	Interest	1,621.	0.	1,621.	0.
21	Payments to affiliates			20.010	
22	Depreciation, depletion, and amortization	32,018.	0.	32,018.	0.
23	Insurance	10,102.	8,511.	1,591.	0.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		Total Control of the		
=	TELEPHONE	56,664.	52,243.	4,421.	0.
	CONTRACT SERVICES	469,916.	469,916.	0.	0.
	MISCELLANEOUS EXP	7,476.	0.	7,476.	0.
	STIPENDS/FLEX FUNDS	16,532.	16,532.	0.	0.
6					
f	All other expenses	362,682.	351,222.	11,460.	
25	Total functional expenses. Add lines 1 through 24f	4,181,653.	3,687,289.	494,364.	0.
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	444,659.
1	2	Savings and temporary cash investments				2	1,620,254.
	3	Pledges and grants receivable, net			551,937.	3	703,896.
	4	Accounts receivable, net			47,345.	4	7,032.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, truste I of Sch	es, key employees, nedule L		5	
	6	Receivables from other disqualified persons (as define	d unde	r section 4958(f)(1))			
		and persons described in section 4958(c)(3)(B). Comp	lete Pa	rt II of Schedule L		6	
A S	7	Notes and loans receivable, net				7	
ASSETS	8	Inventories for sale or use				8	
T S	9	Prepaid expenses and deferred charges				9	46,916.
	10 a	Land, buildings, and equipment: cost or other basis		1,690,177.			
		Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	438,855.	1,262,221.	10 c	1,251,322.
		Investments — publicly-traded securities			100,831.	11	83,824.
		Investments — other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	4,672.
	16	Total assets. Add lines 1 through 15 (must equal line				16	4,162,575.
	17	Accounts payable and accrued expenses		17	348,601.		
	18	Grants payable	18				
	19	Deferred revenue			19	20,119.	
Ļ	20	Tax-exempt bond liabilities				20	
AB	21	Escrow or custodial account liability. Complete Part I				21	
B-L-T	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per					
- 1		of Schedule L				22	,
E	23	Secured mortgages and notes payable to unrelated th	ird part	ies		23	
	24	Unsecured notes and loans payable to unrelated third	parties		857,659.	24	814,024.
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25				26	1,182,744.
N E T		Organizations that follow SFAS 117, check here ►	X ar	d complete lines			
		27 through 29 and lines 33 and 34.			2,846,050.	27	2,979,831.
S	27	Unrestricted net assets					0.
SETS	28	Temporarily restricted net assets			0,030.	29	
	29	Permanently restricted net assets		and complete	ration and the	7.1	
Q R		Organizations that do not follow SFAS 117, check he	re -	and complete			
F 020		lines 30 through 34.			ar all a stand side that converted a standard and a standard and	30	
	30	Capital stock or trust principal, or current funds			31		
Ā	31	Paid-in or capital surplus, or land, building, and equip			32		
Ā	32	Retained earnings, endowment, accumulated income,	or othe	er tunas	2 054 700	33	2,979,831.
B女儿女兄にい	33	Total net assets or fund balances				34	4,162,575.
5	34	Total liabilities and net assets/fund balances			4,552,570.	34	Form 990 (2009)

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Par	TXI Financial Statements and Reporting			
			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	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
3 a	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?	3 a	х	
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b	x	

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization 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. ► See separate instructions.

| Employer identification number

Open to Public Inspection

TEN	INE	SSEE VOICES E	OR CHILDREN,	INC.					62-15				
Par	1 I	Reason for Pub	olic Charity Status	(All organizations	must c	omplet	te this	part.)	See in	structi	ons		
The	orga	nization is not a priva	ate foundation because	e it is: (For lines 1 throug	gh 11, ch	eck only	one bo	k.)					
1	П	A church, conventio	n of churches or assoc	ciation of churches descr	ibed in s	ection 1	70(b)(1)	(A)(i).					
2	П	A school described	in section 170(b)(1)(A)	(ii). (Attach Schedule E	.)		`						
3	П	A hospital or cooper	ative hospital service	organization described in	n sectior	170(b)(1)(A)(iii)						
4				in conjunction with a ho	spital de	scribed i	in sectio	n 170(t	o)(1)(A)(i	ii). Ente	r the hospita	al's	
5	П	name, city, and state An organization ope	rated for the benefit of	f a college or university	owned or	operate	d by a g	overnn	nental ur	nit descri	bed in secti	on	
_		170(b)(1)(A)(iv). (C	omplete Part II.)	overnmental unit describ	ad in sac	tion 170	γ ι λγ1)(Δ)(v).					
6 7	x	An organization that	t normally receives a s (A)(vi). (Complete Pa	substantial part of its sup	port fron	n a gove	ernmenta	il unit o	r from th	ne gener	al public de:	scribe	d
8		A community trust of	lescribed in section 17	70(b)(1)(A)(vi). (Complete	e Part II.)								
9		An organization that from activities relate investment income June 30, 1975. See	t normally receives: (1 ed to its exempt function and unrelated busines section 509(a)(2). (Co) more than 33-1/3 % of ons – subject to certain s taxable income (less s mplete Part III.)	its supp exception ection 51	ort from ns, and 1 tax) fr	om busi	1162262	acquire	thip fees % of its d by the	, and gross s support fro organization	receip m gro n after	ots ess
10		An organization org	anized and operated e	xclusively to test for pub	olic safety	. See s	ection 5	09(a)(4)).				
11		more nublicly cuppe	orted organizations de of supporting organiza	exclusively for the benefit scribed in section 509(a ation and complete lines)(1) or se 11e thro	agh 11h.)9(a)(2). ·	See Se	or carry ection 50	out the page 19(a).	Check the	DOX III	or iat
		a Type I	b Type II	c Type III	l — Funci	ionally i	ntegrate	a			Type III— (
(e 🔝	By checking this bo than foundation may 509(a)(2).	x, I certify that the org nagers and other than	anization is not controlle one or more publicly su	ed directly pported o	or indir organiza	rectly by tions de:	one or scribed	in section	squalifie on 509(a	(1) or secti	on	
i	f	If the organization r		rmination from the IRS t		<i></i> .					anization,		. 🗆
4	g	Since August 17, 20	006, has the organizati	ion accepted any gift or	contribu	tion from	n any of	the follo	owing pe	ersons?	Г	V	
						illa mana	ana das	aribad i	n (ii) an	4 (!!!)		Yes	No
		(i) a person who	directly or indirectly overning body of the su	ontrols, either alone or to pported organization?	ogether v	viui pers					. 11 g (i)		
		(ii) a family mem	her of a nerson descr	ibed in (i) above?				<i>.</i>			. 11 g (ii)		
		(iii) a 35% control	led entity of a nerson	described in (i) or (ii) ab	ove?						. 11 g (iii)		
	h			e supported organization									
		i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) l organizat (i) listed gove	s the ion in col. I in your rning nent?	(v) Did you the organ col. (your su	ization in (i) of	(vi) li organizati (i) organiz U.S	on in col.	(vii) Amount	of Sup	port
					Yes	No	Yes	No	Yes	No			
									 				
					VII. 1 (01 (10) - 11	-0-ver-do-c-t-		18, 70235244444	TEMPERATE	18,100,000,000			
-	_1												

Page 2

Schedule A (Form 990 or 990-EZ) 2009 TENNESSEE VOICES FOR CHILDREN, INC. 62-1576400

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.)							
Sec	tion A. Public Support				1			
begir	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	2,200,438.	1,652,364.	2,483,948.	3,151,841.	4,268,682.	13,757,273.	
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
	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		•				10. 550. 050	
	Total. Add lines 1-through 3	2,200,438.	1,652,364.	2,483,948.	3,151,841.	4,268,682.	13,757,273.	
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)							
	Public support. Subtract line 5 from line 4						13,757,273.	
Sec	tion B. Total Support	·		I	T	I		
Cale: begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4	2,200,438.	1,652,364.	2,483,948.	3,151,841.	4,268,682.	13,757,273.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	45,329.	69,633.	85,876.	21,664.	38,100.	260,602.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				2,704.	THE STATE OF THE S	2,704.	
	Total support. Add lines 7 through 10		1976 - 1871 - 1976 - 1871 - 1977 - 1977				14,020,579.	
	Gross receipts from related activ	vities, etc. (see ins	structions)					
	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Sec	ection C. Computation of Public Support Percentage 4 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)							
15	Public support percentage from	2008 Schedule A,	Part II, line 14			15	97.94%	
16 a	6 a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
ì	33-1/3 support test – 2008. If th and stop here. The organization	e organization did qualifies as a put	not check a box of licly supported or	on line 13, or 16a ganization	, and line 15 is 33	-1/3% or more, ch	eck this box ►	
	7a 10%-facts-and-circumstances test − 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization							
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an Private foundation. If the organ	meets the facts-a id-circumstances'	test. The organia	zation qualifies as	a publicly suppor	ted organization.	►	
_18	Private foundation. If the organi	ization did not che	ch a bux on mile,	13, 100, 100, 170	, or 170, cricci trii	chadule A (Form	990 or 990-FZ) 2009	

Schedule A (Form 990 or 990-EZ) 2009 TENNESSEE VOICES FOR CHILDREN, INC.

Partilla Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sect	ion A. Public Support	······································					
Calen	dar year (or fiscal yr beginning in)►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(1) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')			·			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity						
	that is related to the organization's tax-exempt purpose		T T T T T T T T T T T T T T T T T T T				
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	J				,	
	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
-	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						,
_	Add lines 7a and 7b						
		saya ya Kwan Nasa			124350 Chi.a. (4)		
8	Public support (Subtract line				Manager Control	4(40)4 3:	
	7c from line 6.)	Constitution of the second	CLEAN SEATHS CHARGANAL	Printer of the Control of the Contro	Territoria de la compania de la comp	The southers have been been as a second	a confission
	tion B. Total Support			1 1 0007	(-I) 0000	(~) 2000	(n Total
	tion B. Total Support	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale:	ndar year (or fiscal yr beginning in) > Amounts from line 6	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale:	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10 a	Amounts from line 6		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10 a	Amounts from line 6		(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10 a b	Amounts from line 6		(b) 2006				(f) Total
Caler 9 10 a b c 11 12	Amounts from line 6						
Caler 9 10 a b c 11 12	Amounts from line 6	is for the organiza	tion's first secon	d third fourth, o	r fifth tax year as	a section 501(c)(3)
Calei 9 10 a b c 11 12 13 14	Amounts from line 6	is for the organiza	ition's first, secon	d third fourth, o	r fifth tax year as	a section 501(c)(3)
Calei 9 10 a b c 11 12 13 14 Sec	Amounts from line 6	is for the organiza stop here	ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Calei 9 10 a b c 11 12 13 14 Sec	Amounts from line 6	is for the organiza stop here	ition's first, secon	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Calei 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiza stop here	ition's first, secon Percentage (f) divided by lin Part III, line 15	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Calei 9 10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6	is for the organiza stop here iblic Support F 109 (line 8, column 2008 Schedule A, vestment Inco	tion's first, secon Percentage (f) divided by lin Part III, line 15 me Percentag	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Caler 9 10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6	is for the organiza stop here iblic Support F 109 (line 8, column 2008 Schedule A, vestment Inco	tion's first, secon Percentage (f) divided by lin Part III, line 15	d, third, fourth, o	r fifth tax year as	a section 501(c)(3)
Calei 9 10 a b c c 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6	is for the organiza stop here iblic Support For the stop of the stop o	e A. Part III, line	d, third, fourth, o e 13, column (f)) e d by line 13, colur	r fifth tax year as	a section 501(c)(3)
Calei 9 10 a b b c c 11 12 13 14 Sec 15 16 Sec 17 18 19 3	Amounts from line 6	is for the organiza stop here	e A, Part III, line d not check the b. The organization	d, third, fourth, o e 13, column (f)) e d by line 13, colur 17 ox on line 14, and	r fifth tax year as	a section 501(c	c)(3) 15 % 16 % 17 % 18 % and line 17 is not
Calei 9 10 a b c c 11 1 12 13 14 Sec 15 16 Sec 17 18 19:	Amounts from line 6	is for the organiza stop here Iblic Support For the stop here 2008 Schedule A, vestment Incomo 2008 Schedule 10c, from 2008 Schedule the organization direction and stop here. The organization direction the stop and stop the stop and stop and stop the stop the stop and stop the stop the stop and stop the stop and stop the stop t	etion's first, secon Percentage (f) divided by lin Part III, line 15 me Percentag column (f) divided e A, Part III, line d not check the bo The organization d not check a box b here. The organ	e 13, column (f)) e d by line 13, colur 17	mn (f)) d line 15 is more to blicly supported on a, and line 16 is ms a publicly supported supported on the supported of the supported on the	a section 501(chan 33-1/3%, rganization	c)(3)

Schedule A	A (Form 9	990 or 990	-EZ) 2009	TENN	ESSEE	VOICES	FOR C	HILDRE	N, INC.		52-15/64	100	Page 4
Part IV	Suppl	emental	Inform	ation. Co	omplete	this par	t to prov	ide the	explanation r addition	ns requi	red by Pa	art II, line • instruct	: 10; tions.
	Part II	i, line 17	a or 17	b; and P	art III, I	1116 12. [Tovide a	ny oute	addition	21 111101111			
Other_	Income	Part_	II, L	ine 10									,
Descri	ption:	MISCE	LLANE	ous									
,,,													
													and the second second second second
	. 												
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

TENNESSEE VOICES FOR CHILDREN, INC.	62-1576400
Part Organizations Maintaining Donor Advised Funds or Other Similar Fur	nds or Accounts Complete if
the organization answered 'Yes' to Form 990, Part IV, line 6.	,
(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate contributions to (during year)	
3 Aggregate 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 dor funds are the organization's property, subject to the organization's exclusive legal control?	les like
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds used only for charitable purposes and not for the benefit of the donor or donor advisor or for a purpose conferring impermissible private benefit??	Yes No
Part II Conservation Easements Complete if the organization answered 'Yes'	to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (e.g., recreation or pleasure)	of an historically important land area
Protection of natural habitat Preservation	of certified historic structure
Preservation of open space	
and the second s	the form of a conservation easement on the
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in tall last day of the tax year.	
	Held at the End of the Year
a 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	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminate	ed by the organization during the tax
year ►	•
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, han and enforcement of the conservation easement it holds?	Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments
during the year 🟲 💮	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easement	ts \$
during the year ►	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of sec 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	ction Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and include, if applicable, the text of the footnote to the organization's financial statements that deconservation easements.	
Partill Organizations Maintaining Collections of Art, Historical Treasures, o	or Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line	e 8.
1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement transures or other similar assets held for public exhibition, education, or research in furthera	ent and balance sheet works of art, historical
the text of the footnote to its financial statements that describes these items.	and the second s
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement a treasures, or other similar assets held for public exhibition, education, or research in furthera amounts relating to these items:	lince of public service, provide the following
(i) Revenues 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 assets f amounts required to be reported under SFAS 116 relating to these items:	for financial gain, provide the following
a Pevenues included in Form 990 Part VIII. line 1	
b Assets included in Form 990, Part X	⊁\$

Schedule D (Form 990) 2009 TENNE	SSEE VOI	CES FO	OR CHILDRE	EN,	INC.		62-157	6400		Page 2
Part III Organizations Maintai	ning Colle	ctions	of Art, Histo	rica	l Treasures, o	r Other S	imilar Ass	ets (co	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):	n accession a	and other	records, check	апу	of the following th	at are a si	gnificant use c	of its col	lection	
a Public exhibition			d Loan o	r exc	change programs					
b Scholarly research			e 🗌 Other							
c Preservation for future genera	ıtions									
4 Provide a description of the organ Part XIV.								in		
5 During the year, did the organizat assets to be sold to raise funds ra	ither than to b	e maintai	ined as part of	the o	organization's colle	ection?		Yes		No
Part IV Escrow and Custodia 9, or reported an amo	: Arrangem unt on Forr	ients Co n 990, f	omplete if or Part X, line 2	gan 21.	nization answe	red 'Yes'	to Form 99	90, Pa 	rt IV,	line
1a Is the organization an agent, trust included on Form 990, Part X?	ee, custodian	, or other	intermediary fo	or co	ntributions or othe	r assets no	ot [Yes		No
b If 'Yes,' explain the arrangement										
, ,								Amount	<u> </u>	
c Beginning balance						1c				
d Additions during the year										
e Distributions during the year										
f Ending balance						1f				
2a Did the organization include an ar	mount on Forr	n 990, Pa	rt X, line 21? .					Yes	L	No
b If 'Yes,' explain the arrangement	in Part XIV.							· · · · · · · · · · · · · · · · · · ·		
Part V Endowment Funds Co	mplete if or	rganizat	ion answere	ed 'Y	es' to Form 99	90, Part	IV, line 10.			
Property and the second	(a) Current		(b) Prior year		(c) Two years bac	k (d) T	hree vears back		Four year	s back
1 a Beginning of year balance										
b Contributions										
Net burntment comings gains										
c Net Investment earnings, gains, and losses	1				See Francisco		对是东西 和特		1617.45	排引数
d Grants or scholarships										
e Other expenditures for facilities and programs										13 14 18 14 18 1
f Administrative expenses	<u> </u>									
g End of year balance	<u> </u>							加到為哲學	Wasan	
Provide the estimated percentage	of the year e	end baland	ce held as:							
a Board designated or quasi-endow	ment 🟲		 &							
b Permanent endowment ►	*									
c Term endowment ►	 &									
3a Are there endowment funds not in organization by:	າ the possessi	ion of the	organization th	at ar	re held and admin	istered for	the	Γ	Yes	No
(i) unrelated organizations						· 		. 3a(i)		
(ii) related organizations								. 3a(ii)		
b If 'Yes' to 3a(ii), are the related o	raanizations I	isted as r	equired on Sch	edule	a R?			——————————————————————————————————————		
4 Describe in Part XIV the intended								L		<u> </u>
Part VI Investments—Land, B	uildings, a	nd Eau	ipment. See	Fo	rm 990. Part X	(, line 10				
Description of investment		(a) Cost	or other basis estment)		o) Cost or other basis (other)	(c) Acc	cumulated eciation	(d) l	Book Va	alue
1 a Land					200,604.				200	,604.
b Buildings		1			1,121,275.		77,199.	1	,044	,076.
c Leasehold improvements							,			
d Equipment		1			368,298.		361,656.		6	,642.
e Other										
Total. Add lines 1a through 1e (Column	n (d) must ear	ual Form	990, Part X, co.	lumn	(B), line 10(c).) .		. .	1	,251	,322.
BAA							Sched	dule D (l	Form 99) 0) 200

Part VII Investments-Other Securities See Fo	orm 990, Part X, li	ne 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Cost of the of year market value
Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.) Part VIII Investments—Program Related (See F	Form 990 Part X	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		·
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)		
Part IX Other Assets (See Form 990, Part X,	line 15)	providence and the control of the co
	scription	(b) Book value
DEPOSITS		4,672
Total. (Column (b) must equal Form 990, Part X, col.(B), lir	20. 15)	4,672
Rart X Other Liabilities (See Form 990, Part		
(a) Description of Liability	(b) Amount	
Federal Income Taxes	(B) / WHOCH	
rederar income raxes		
•		Approximate the second

Schedule D (Form 990) 2009 TENNESSEE VOICES FOR CHILDREN, INC.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

^{2.} FIN 48 Footnote. In Part XIV, 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.

Sche	dule D (Form 990) 2009 TENNESSEE VOICES FOR CHILDREN, INC		62-157	6400	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to F	inand	cial Statements		
	Total revenue (Form 990, Part VIII,column (A), line 12)				
2	Total expenses (Form 990, Part IX, column (A), line 25)				
	Excess or (deficit) for the year. Subtract line 2 from line 1				
3	Net unrealized gains (losses) on investments			,	
4	Donated services and use of facilities				
5					
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	ind 9 .			
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen				
1	Total revenue, gains, and other support per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains on investments	2a	7前12		
	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2 c	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
	Other (Describe in Part XIV)	2d			
	Add lines 2a through 2d		2e		
_	Subtract line 2e from line 1				
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		TOTAL STATE OF THE		
4		/12			
	Investments expenses not included on Form 990, Part VIII, line 7b	4b			
	Other (Describe in Part XIV)		DARABI		
	Add lines 4a and 4b				
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	·····	With Everynana nay Date	140	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts v	vitn Expenses per Reit	arn I	
7	Total expenses and losses per audited financial statements				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities				
J	Prior year adjustments	2 b			
	Other losses	2 c			
	Other (Describe in Part XIV)	2 d	2.2.7.18年 1787年		
	Add lines 2a through 2d				
3	Subtract line 2e from line 1				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
1	Other (Describe in Part XIV)	4b			
	: Add lines 4a and 4b				
_ '	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		5		
				1	
-	t XIV				
Corr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar	t III, lir	nes 1a and 4; Part IV, lines 1	b and 2b; Pa	rt V, ditional
line	4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar mation.	IO 4D.	Also complete this part to pre	viue ally au	ultioriai
111101	mation.				
			TO SEASON SHARED STREET STORED STREET STREET STATES SARED STREET STREET STREET STREET		

Schedule D (Form 990) 2009 TENNESSEE	VOICES FOR CHILDREN, INC.	62-13/6400 Page 3
Schedule D (Form 990) 2009 TENNESSEE Part XIV Supplemental Information	(continued)	
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BAA	TEEA3305 07/10/09	Schedule D (Form 990) 2009

BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

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

Attach to Form 990.

Open to Public Inspection

Name of the organization TENNESSEE VOICES FOR CHILDREN, INC.	62-1576400
Pt XI, Line 3b AUDIT IS IN PROCESS AT THIS TIME	
Pt VI-B, Line 11A THE FORM 990 IS PRESENTED TO THE BOARD FOR REVI	EW
BEFORE IT IS FILED.	
Pt VI-C, Line 19 THESE DOCUMENTS ARE AVAILABLE IN THE OFFICE OF	
AGENCY FOR ANYONE DESIRING TO VIEW THEM.	
	<u> </u>

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 4d (continued)

Expenses 349,964. FAMILIES OF MENTALLY ILL CHILDREN WITH EDUCATIONA AND AWARENESS PROGRAMS Code: Description: FAMILY CONNECTIONS PROGRAM TO HELP FAMILIES WITH EXPENSES 189,625. MENTALLY ILL CHILDREN CONNECT WITH SUPPORT GROUPS AND OTHER FAMILIES FOR MUTUAL ASSISTANCE AND SUPPORT GROUPS AND OTHER FAMILIES FOR MUTUAL ASSISTANCE AND SUPPORT GROUPS GROU	each prog	ram service repo	orted.
Grants Of Revenue 390,729. Code: Description: FAMILY CONNECTIONS PROGRAM TO HELP FAMILIES WITH Expenses 189,625. MENTALLY ILL CHILDREN CONNECT WITH SUPPORT GROUPS AND OTHER FAMILIES FOR MUTUAL ASSISTANCE AND SUPPORT GROUPS 613,912. MENTALLY ILL CHILDREN IN OBTAINING EDUCATION AND ASSISTANCE IN COPING Code: Description: OTHER PROGRAMS AND CONTRACTS TO PROVIDE SERVICES TO PARENTS WITH MENTALLY ILL CHILDREN IN OBTAINING EDUCATION AND ASSISTANCE IN COPING Code: Description: EARLY CHILDHOOD INTERVENTION SERVICES TO ASSIST IN EDUCATION OF CITIZENS CONCERNING EARLY CHILDHOOD MENTAL ILLNESS AND THE ASSISTANCE AVAILABLE Code: Description: K—TOWN YEN PROGRAM PROVIDES SERVICES TO SEREVE THE NEE EXPENSES 243,046. CHILDREN AND YOUTH IN KNOXVILLE TENNESSEE Code: Description: K—TOWN YEN PROGRAM PROVIDES SERVICES TO SEREVE THE NEE EXPENSES 243,046. CHILDREN AND YOUTH IN KNOXVILLE TENNESSEE			
Code: Description: FAMILY CONNECTIONS PROGRAM TO HELP FAMILIES WITH Expenses 189,625. MENTALLY ILL CHILDREN CONNECT WITH SUPPORT GROUPS AND OTHER FAMILIES FOR MUTUAL ASSISTANCE AND SUPPORT GROUPS Grants Of Code: Description: OTHER PROGRAMS AND CONTRACTS TO PROVIDE SERVICES TO PARENTS WITH MENTALLY ILL CHILDREN IN OBTAINING EDUCATION AND ASSISTANCE IN COPING Code: Description: EARLY CHILDHOOD INTERVENTION SERVICES TO ASSIST IN EDUCATION OF CITIZENS CONCERNING EARLY CHILDHOOD GRAPH ASSISTANCE AVAILABLE Code: Description: EARLY CHILDHOOD INTERVENTION SERVICES TO ASSIST IN EDUCATION OF CITIZENS CONCERNING EARLY CHILDHOOD GRAPH ASSISTANCE AVAILABLE Code: Description: K—TOWN YEN PROGRAM PROVIDES SERVICES TO SEREVE THE NEE CHILDREN AND YOUTH IN KNOXVILLE TENNESSEE CHILDREN AND YOUTH IN KNOXVILLE TENNESSEE			
Code: Description: FAMILY CONNECTIONS PROGRAM TO HELP FAMILIES WITH Expenses 189,625. MENTALLY ILL CHILDREN CONNECT WITH SUPPORT GROUPS AND OTHER FAMILIES FOR MUTUAL ASSISTANCE AND SUPPORT GROUPS Greene. 244,400. Code: Description: OTHER PROGRAMS AND CONTRACTS TO PROVIDE SERVICES TO PARENTS WITH Expenses 613,912. MENTALLY ILL CHILDREN IN OBTAINING EDUCATION AND ASSISTANCE IN COPING Grants Of 0. ASSISTANCE IN COPING Code: Description: EARLY CHILDHOOD INTERVENTION SERVICES TO ASSIST Expenses 138,878. IN EDUCATION OF CITIZENS CONCERNING EARLY CHILDHOOD GRAPH OF COMMENTAL ILLNESS AND THE ASSISTANCE AVAILABLE GRAPH OF COMMENTAL ILLNESS AND THE ASSISTANCE AVAILABLE CODE: CO			AND AWARENESS PROGRAMS
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Expenses 243,046. CHILDREN AND YOUTH IN KNOXVILLE TENNESSEE Grants Of 0.	Revenue	158,988.	
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Expenses 243,046. CHILDREN AND YOUTH IN KNOXVILLE TENNESSEE Grants Of 0.			
Expenses 243,046. CHILDREN AND YOUTH IN KNOXVILLE TENNESSEE Grants Of 0.	Code:	Description:	K-TOWN YEN PROGRAM PROVIDES SERVICES TO SEREVE THE NEEDS
Grants Of 0.		· · · · · · · · · · · · · · · · · · ·	CHILDREN AND YOUTH IN KNOXVILLE TENNESSEE
	Revenue	277,911.	

Supporting Statement of:

Form	990	g	9/	Government	Grants
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Description	Amount
GOVERNMENT GRANTS	3,600,436.
ADM OVERHEAD EARNED	460,408.
Total .	4,060,844.

Supporting Statement of:

Form 990 p 9/Line 3 Column D

Description	Amount
INTEREST	30,432.
DIVIDENDS	13.
UNREALIZED APPRECIATION	7,655.
Total	38,100.

Supporting Statement of:

Form 990 p 11/Line 1, column (B)

Description	Amount
PETTY CASH	159.
CHECKING	437,813.
AFLAC FLEXIBLE SPENDING	6,687.
Total	444,659.

Supporting Statement of:

Form 990 p 11/Line 4, column (B)

Description	Amount
ACCTS RECEIVABLE-GENERAL TRAVEL ADVANCES	3,729. 3,303.
Total	7,032.

Supporting Statement of:

Form 990 p	11/Line	11,	column	(B)
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Description	Amount
FIRST TENN BROKERAGE	90,096.
UNREALIZED APPRECIATION	-6,759.
UPS STOCK	487.
Total	83,824.

Supporting Statement of:

Form 990 p 11/Line 17, column (A)

Description	Amount
ACCOUNTS PAYABLE ACCRUED EXPENSES	46,962. 218,528.
Total	265,490.

Supporting Statement of:

Form 990 p 11/Line 17, column (B)

Description	Amount
ACCTS PAYABLE	123,207.
ACCRUED EXPENSES	211,623.
PAYROLL WITHHOLDINGS	13,771.
Total	348,601.

Supporting Statement of:

Form 990 p 11/Line 24, column (A)

Description	Amount
MORTGAGE ON BUILDING	857,659.
Total	857,659.

Board of Directors \$ 2010

Dziewulski. Heather

Board Immediate PastPresident Chief Executive Officer 18297 Mullfield Village Ter. Leesburg, VA 20176

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Home:

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Lee. Ron

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Parent

First Term Exp. 12/10

Wood, Jeune J.

Board Secretary

Chief Executive Officer

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E-mail: jeune.wood@gmail.com

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1824 New Riverdale

Germantown, TN 38138

Second Term Exp. 12/10

11/3/2010