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CLIENT'S COPY

November 26, 2014

Children's Advocacy Center 31st Judicial District, Inc. Po Box 7287 Mc Minnville, TN 37111

Children's Advocacy Center 31st Judicial District, Inc.:

Enclosed is the organization's 2013 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990-EZ RETURN:

Please sign and mail as soon as possible.

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

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Thank you!,

Form 990-EZ Exturn of Organization Exempt From Income Tax Under secton 601(c), 527, or 4917(a)(1) of the Internal Revenue Code (secept private foundations) > Do not enter Social Security numbers on this form as it may be made public. > Information about Form 900-EZ and its instructions is at working.gov/form300. 2013 Operating of the Tearry mend Revent Perror > Information about Form 900-EZ and its instructions is at working.gov/form300. Open to Public Inspection Operating of the Tearry mend Revent Perror > Information about Form 900-EZ and its instructions is at working.gov/form300. Open to Public Inspection Open to Public Inspection > Information and ending OUN 30, 2014 Denoted ending and 1000 State 1000 S		00					Form		_		_		ОМВ	No. 1545	5-1150
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	CHILDREN'	S ADVOCACY CENT	ER					
Forn		CIAL DISTRICT,			62-1	8245	66	Page 2
Pa	art II Balance Sheets (see th	ne instructions for Part II						
	Check if the organization	n used Schedule O to re	espond to any questi	on in this Part II				X
				(A) Beginning of year		()	nd of yea	
22	Cash, savings, and investments			383,179	• 22		<u>432,</u>	590.
23	Land and buildings				23			
24		SEE SCHEDULE	0	116,541	• 24		59,	132.
25				499,720	• 25		491,	722.
26) SEE SCHEDULE	0	190,220	• 26		183,	713.
27				309,500	• 27		308,	009.
Pa	art III Statement of Program	Service Accomplishm	ents (see the instruc	ctions for Part III)	-		penses	
	Check if the organizatio	n used Schedule O to re	espond to any questi	on in this Part III		Required		
Wha	at is the organization's primary exempt purp					01(c)(3) rganizatio		
	ribe the organization's program service accomplish			nses. In a clear and concise		947(a)(1)		
	ner, describe the services provided, the number of				fo	or others.)	
28	ADVOCACY CENTER FOR	R CHILDREN AND F	AMILIES VICT	IMIZED BY				
	CHILD SEXUAL AND PH				_			
	(Grants \$) If this amount includes foreig	n grants, chock horo			8a	174	362.
29	Grants \$	In this amount includes loreig	n graints, check here			04	<u> </u>	502.
23								
					— I			
				`				
	(Grants \$) If this amount includes foreig	n grants, check here	····· ►		9a		
30								
					<u></u> _			
		If this amount includes foreig			30	Ua		
	Other program services (describe in S							
	(Grants \$) If this amount includes foreig	n arants, check here		3	1ai		
			rigiante, encontriere				1 7 4	202
32	Total program service expenses (ad	d lines 28a through 31a)			► 3	32		362.
32 Pa	Total program service expenses (ac art IV List of Officers, Direct	d lines 28a through 31a) tors, Trustees, and Key	Employees (list each on	e even if not compensated -	► 3	32		362.
32 Ра	Total program service expenses (ac art IV List of Officers, Direct	d lines 28a through 31a)	Employees (list each on espond to any questi	e even if not compensated - on in this Part IV	see the ins	32 structions fo	or Part IV)	
32 Ра	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any question (b) Average hours	e even if not compensated - on in this Part IV (c) Reportable compensation (Forms	see the ins (d) Health contribu	benefits,	or Part IV) (e) Est	 timated
32 Ра	Total program service expenses (ac art IV List of Officers, Direct	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any questi	e even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contribu employe plans, and	benefits, utions to benefit deferred	or Part IV) (e) Est amount	
Pa	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any question (b) Average hours per week devoted to	e even if not compensated - on in this Part IV (c) Reportable compensation (Forms	see the ins (d) Health contribu employe	benefits, utions to benefit deferred	or Part IV) (e) Est amount	timated of other
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Pa MA EX LI PR	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any questic (b) Average hours per week devoted to position	e even if not compensated - on in this Part IV (C) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribu employe plans, and	h benefits, itions to e benefit d deferred nsation	or Part IV) (e) Est amount	timated of other nsation
Pa MA EX LI PR RA	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any questing (b) Average hours per week devoted to position 40.00 0.00	e even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0.	(d) Health contribu employe plans, and	12 structions for h benefits, titons to e benefit d deferred nsation 0 .	or Part IV) (e) Est amount	timated of other nsation 0 .
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Pa MAEXIPRAVIOSPERBURA	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT DLA MARTIN CRETARY NNY MEDLEY EASURER DNNIE ADCOCK RECTOR ULA COLLIER	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any questi (b) Average hours per week devoted to position 40.00 0.00 0.00 0.00 0.00 0.00	ie even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0. 0. 0.	(d) Health contribu employe plans, and	12 structions for h benefits, tirons to te benefit d deferred nsation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	or Part IV) (e) Est amount	iimated of other nsation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
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Pa MAEXIPRATIONEPRODIADIO	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT VY TALBERT CE PRESIDENT DLA MARTIN CCRETARY NNY MEDLEY EASURER NNIE ADCOCK RECTOR ULA COLLIER RECTOR ORIS DENTON	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any question (b) Average hours per week devoted to position 40.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	e even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0. 0. 0. 0. 0.	(d) Health contribu employe plans, and	2 structions for h benefits, utions to e benefit d deferred nsation 0. 0. 0. 0. 0. 0. 0.	or Part IV) (e) Est amount	timated of other nsation 0 . 0 . 0 . 0 . 0 . 0 .
MELIPRAVIOSERRODADION	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT DLA MARTIN CRETARY NNY MEDLEY EASURER DNNIE ADCOCK RECTOR ULA COLLIER RECTOR RIS DENTON RECTOR	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any questi (b) Average hours per week devoted to position 40.00 0.00 0.00 0.00 0.00 0.00	ie even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0. 0. 0.	(d) Health contribu employe plans, and	12 structions for h benefits, tirons to te benefit d deferred nsation 0. 0. 0. 0. 0. 0. 0.	or Part IV) (e) Est amount	iimated of other nsation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.
Pain Maximum Maximum Pain	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT DLA MARTIN CRETARY NNY MEDLEY EASURER DNNIE ADCOCK RECTOR ULA COLLIER RECTOR RECTOR RIS DENTON RECTOR CHAEL MARTIN	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any questi (b) Average hours per week devoted to position 40.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	e even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health contribu employe plans, and	2 structions for n benefits, titons to e benefit d deferred nsation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	or Part IV) (e) Est amount	iimated of other nsation 0
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Person Maxim Pranticular Maxim Pranticular Pranticular <td>Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT DLA MARTIN CRETARY NNY MEDLEY EASURER DNNIE ADCOCK RECTOR ULA COLLIER RECTOR RECTOR RIS DENTON RECTOR CHAEL MARTIN</td> <td>dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re</td> <td>Employees (list each on espond to any questi (b) Average hours per week devoted to position 40.00 0.00 0.00 0.00 0.00 0.00 0.00 0.</td> <td>e even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0. 0. 0. 0. 0. 0. 0. 0. 0.</td> <td>(d) Health contribu employe plans, and</td> <td>2 structions for h benefits, titons to e benefit d deferred nsation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.</td> <td>or Part IV) (e) Est amount</td> <td>iimated of other nsation 0</td>	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT DLA MARTIN CRETARY NNY MEDLEY EASURER DNNIE ADCOCK RECTOR ULA COLLIER RECTOR RECTOR RIS DENTON RECTOR CHAEL MARTIN	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on espond to any questi (b) Average hours per week devoted to position 40.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	e even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Health contribu employe plans, and	2 structions for h benefits, titons to e benefit d deferred nsation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	or Part IV) (e) Est amount	iimated of other nsation 0
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Period Maxil Praticular Maxil Praticular Prediction	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT DLA MARTIN CRETARY NNY MEDLEY EASURER NNIE ADCOCK RECTOR ULA COLLIER RECTOR RECTOR RECTOR CHAEL MARTIN RECTOR FFREY MARTIN	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on sepond to any question despond to any question devoted to position (b) Average hours per week devoted to position 40.00 40.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Ine even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0.	(d) Health contribu employe plans, and	12 structions for n benefits, itions to 0.	or Part IV) (e) Est amount	iimated of other nsation 0.
Period Maxil Praticular Maxil Praticular Prediction	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT DLA MARTIN CRETARY NNY MEDLEY EASURER NNIE ADCOCK RECTOR ULA COLLIER RECTOR RECTOR RECTOR CHAEL MARTIN RECTOR FFREY MARTIN	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on sepond to any question despond to any question devoted to position (b) Average hours per week devoted to position 40.00 40.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Ine even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0.	(d) Health contribu employe plans, and	12 structions for n benefits, itions to 0.	or Part IV) (e) Est amount	iimated of other nsation 0.
Period Maxil Praticular Maxil Praticular Prediction	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT DLA MARTIN CRETARY NNY MEDLEY EASURER NNIE ADCOCK RECTOR ULA COLLIER RECTOR RECTOR RECTOR CHAEL MARTIN RECTOR FFREY MARTIN	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on sepond to any question despond to any question devoted to position (b) Average hours per week devoted to position 40.00 40.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Ine even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0.	(d) Health contribu employe plans, and	12 structions for n benefits, itions to 0.	or Part IV) (e) Est amount	iimated of other nsation 0.
Period Maxil Praticular Maxil Praticular Prediction	Total program service expenses (ac art IV List of Officers, Direct Check if the organizatio (a) Name and RTHA PHILLIPS ECUTIVE DIRECTOR SA ZAVOGIANNIS ESIDENT Y TALBERT CE PRESIDENT DLA MARTIN CRETARY NNY MEDLEY EASURER NNIE ADCOCK RECTOR ULA COLLIER RECTOR RECTOR RECTOR CHAEL MARTIN RECTOR FFREY MARTIN	dd lines 28a through 31a) tors, Trustees, and Key on used Schedule O to re	Employees (list each on sepond to any question despond to any question devoted to position (b) Average hours per week devoted to position 40.00 40.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Ine even if not compensated - on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 34,500. 0.	(d) Health contribu employe plans, and	12 structions for n benefits, itions to 0.	or Part IV) (e) Est amount	

Form **990-EZ** (2013)

CHILDREN'S ADVOCACY CENTER 31ST JUDICIAL DISTRICT, INC

_	990-EZ (2013) 31ST JUDICIAL DISTRICT, INC. 62-1824			Page 3
Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements			
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		X
••			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			v
04	activity in Schedule 0	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
25 0	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		
00 a		35a		x
h	on lines 2, 6a, and 7a, among others)? If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000	,	<u> </u>
-	requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
L	section 4911 \blacktriangleright 0.; section 4912 \blacktriangleright 0.; section 4955 \blacktriangleright 0.			
D	Section 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 engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
		40b		x
c	If "Yes," complete Schedule L, Part I Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	400		- 23
Ŭ	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization 0.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ► MARTHA PHILLIPS Telephone no. ► 931-50			
	Located at ► 1350 SPARTA HWY, MC MINNVILLE, TN ZIP+4 ► 3	711	0	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		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.			
	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
C	If "Yes," enter the name of the foreign country:	420		_ Л
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
40		N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	in Schedule O	44d		L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form **990-EZ** (2013)

Form 990-EZ (CHILDREN'S ADVO 2013) 31ST JUDICIAL D					62-18245		Page 4
lf "Yes," o	rganization engage, directly or indirectly, in pol complete Schedule C, Part I						46 Yes	S No X
Part VI	Section 501(c)(3) organizations All section 501(c)(3) organizations must a Check if the organization used Schedule	only nswer questions	47-49b and 52,	and complet	te the tables for line	es 50 and 51.		
48 Is the org49 a Did the org	organization engage in lobbying activities or hav ganization a school as described in section 170 organization make any transfers to an exempt no was the related organization a section 527 organ	(b)(1)(A)(ii)? If "Yes on-charitable related	," complete Scheo I organization?	lule E			Yes 47 48 49a 49b	No X X X X
50 Complete	e this table for the organization's five highest cc 10,000 of compensation from the organization. I	mpensated employ	ees (other than of er "None."	ficers, director	s, trustees and key er	nployees) who ead	ch received	
	(a) Name and title of each employee	E	per week	age hours devoted to ition	(C) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estin amount c compen	of other
			_					
			_					
	nber of other employees paid over \$100,000 e this table for the organization's five highest co				ived more than \$100,	000 of compensat	ion from th	
	tion. If there is none, enter "None." NON Name and business address of each independer			(b) Type of service	(c) C	ompensati	on
52 Did the o charitable	mber of other independent contractors each reconganization complete Schedule A? Note. All sec e trusts must attach a completed Schedule A of perjury, 1 declare that thave examined this return, incl	ction 501(c)(3) orga	inizations and 494			beilef, it is true, corr	Yes	No plete.
Sign Here	Signature of officer) is based on all information of v Signature of officer MARTHA PHILLIPS, EX					Date		
Paid Preparer	Print/Type preparer's name G. WAYNE CANTRELL, JR.	Preparer's signatu	re	Date	Check LX self- emplo	yed	26800)
Preparer Use Only	Firm's name ► DENNING & CA Firm's address ► 15 KEEL DR. MCMINNVILLE				Firm's EIN Phone no.	▶ 62-157	9740	
May the IRS di	iscuss this return with the preparer shown abov	-					Yes	No (2013)

SCHEE	DULE A	Dk	lie Chevity C		and D	مناطب	C	~ ~ 4		OMB No.	1545-00	47
(Form 99	90 or 990-EZ)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 20									
		Comple		zation is a section 501(c)(3) organization or a section 7(a)(1) nonexempt charitable trust.								
	of the Treasury		Attach to	•						Open t		
Internal Reve	nue Service		out Schedule A (Form 990			ructions is	at www.irs			-	ection	
Name of t	the organizati		N'S ADVOCACY					E		identificat		
			DICIAL DISTR						6	2-1824	566	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this parl	:.) See inst	ructions.				
The organ	ization is not a	a private foundation	because it is: (For lines ⁻	1 through	11, check	only one b	ox.)					
1 🔛	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	-				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🛄	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter th								the hospita	l's nam	ne,	
	city, and stat											
5 📖	-	-	benefit of a college or ur	niversity ov	wned or op	perated by	a governr	mental un	it describ	ed in		
		(b)(1)(A)(iv). (Comple										
6	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	e general	public desc	ribed	in
		b)(1)(A)(vi). (Comple										
8	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 📖	An organizati	on that normally rec	eives: (1) more than 33 ⁻	1/3% of its	support f	rom contri	butions, m	nembersh	ip fees, a	nd gross re	ceipts	from
			nctions - subject to certa									
	income and u	inrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization	after June 3	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	on organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11 📖	An organizati	on organized and op	perated exclusively for the	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	e purposes o	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or sectio	on 509(a)(2	2). See sec	tion 509(a)(3). Ch	eck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.						
	a 📖 Type I	b [] Ту	יpell c ∟T	ype III - Fu	nctionally i	integrated	d	І 📖 Тур	e III - No	n-functional	lly integ	grated
e 📖	By checking	this box, I certify tha	It the organization is not	controlled	l directly o	r indirectly	y by one or	r more dis	qualified	persons ot	her tha	an
			han one or more publicly						9(a)(1) or	section 509	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	ре I, Туре	II, or Type	e III				
		rganization, check th										. 📖
g			organization accepted ar									<u> </u>
			irectly controls, either al								Yes	No
			upported organization?							11g(i)		
			n described in (i) above?									<u> </u>
			person described in (i) of							11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			İ	a		() 511		();) [the			
.,	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o in col. (i) lis			ion in col.	(vi) Is organizati	on in col.	(vii) Amoun		netary
orga	anization		(described on lines 1-9 above or IRC section		document?		support?	(i) organiz	red in the	sup	port	
			(see instructions))			., .						
			.,	Yes	No	Yes	No	Yes	No			

Total					
LHA For Paperwork Re	duction Act Notice	, see the Instructions fo	or		

Schedule A (Form 990 or 990-EZ) 2013

Form 990 or 990-EZ.

CHILDREN'S ADVOCACY CENTER

Schedule A (Form 990 or 990-EZ) 2013 31ST JUDICIAL DISTRICT, INC.

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

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	225,849.	207,498.	154,573.	158,295.	131,871.	878,086.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	225,849.	207,498.	154,573.	158,295.	131,871.	878,086.	
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)							
6	Public support. Subtract line 5 from line 4.						878,086.	
	tion B. Total Support						-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	225,849.	207,498.	154,573.	158,295.	131,871.	(f) Total 878,086.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	731.	625.	424.	307.	322.	2,409.	
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.)							
11	Total support. Add lines 7 through 10						880,495.	
	Gross receipts from related activities,	etc. (see instruction	ons)			12		
	First five years. If the Form 990 is for			d, fourth, or fifth ta	ax year as a section	n 501(c)(3)		
	organization, check this box and stop	here						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2013 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.73 %	
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	99.68 %	
16a	33 1/3% support test - 2013. If the c	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	nore, check this bo		
	$\ensuremath{ \text{stop} here.}$ The organization qualifies	as a publicly supp	orted organization					
b	33 1/3% support test - 2012. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual							
17a	7a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization							
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the							
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	<u>s</u>	

Schedule A (Form 990 or 990-EZ) 2013

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support				1	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(-) 0000	(1-) 0010	(-) 0011	(4) 0010	(-) 0010	(f) Tatal
		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6						
102	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	d, fourth, or fifth	tax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here	<u></u>)
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2013 (li	ne 8, column (f) d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2012	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colui	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2013. If the					33 1/3% , and line	17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	v		· ·	· · · · ·			

Schedule A (Form 990 or 990 EZ) 2013 31ST JUDICIAL	DISTRICT, INC.	62-1824566 Page4
Part IV Supplemental Information. Provide the expla	nations required by Part II, line 10;	Part II, line 17a or 17b; and Part III, line 12.
Also complete this part for any additional information.	(See instructions).	

SCHEDULE G (Form 990 or 990-EZ)		ental Information Regarding						OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	c	organization entered more than \$1 Attach to Form 990	5,000) or Fo	on Fo rm 99	rm 990-EZ, line 6a. 0-EZ.			Open To Public Inspection
Name of the organization		bout Schedule G (Form 990 or 990-EZ)		sinstru	ictions is at <u>www irs g</u>	iov/fo		dentification number
5		DICIAL DISTRICT, I					62-182	
Part I Fundraisin required to c		Complete if the organization answe		′es" to	9 Form 990, Part IV, li	ine 17		
 a X Mail solicitation b X Internet and e c X Phone solicitation d X In-person solicitation 2 a Did the organization key employees lister 	ons email solicitations ations citations have a written c d in Form 990, P highest paid indi	f X Solicita g X Special or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) purs	tion of tion of fundra (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Y	es 🗌 No o be
(i) Name and address or entity (fundr		(ii) Activity	have c or con	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (o f	Amount paid or retained by fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
3 List all states in whic or licensing.	h the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from	registration

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

Schedule G (Form 990 or 990-EZ) 2013

CHILDREN'S ADVOCACY CENTER

Schedule G (Form 990 or 990-EZ) 2013 31ST JUDICIAL DISTRICT, INC.

Pa	nrt	II Fundraising Events. Complete if the of fundraising event contributions and gr	-					
		<u> </u>	(a) Event #1	HAI	(b) Event #2 RLEM BASSADORS		c) Other events	(d) Total events (add col. (a) through col. (c))
е			(event type)		(event type)		(total number)	
Revenue								
Re	1	Gross receipts						
	2	Less: Contributions						
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
es	5	Noncash prizes						
xpense	6	Rent/facility costs						
Direct Expenses	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses						
	10	Direct expense summary. Add lines 4 throug						
Pa	11 11		ine 3, column (d)	990	Part IV line 19 or r	renor	ted more than	
		\$15,000 on Form 990-EZ, line 6a.		1000		opor		
e			(a) Bingo) Pull tabs/instant	6) Other gaming	(d) Total gaming (add
Revenue				bing	o/progressive bingo	,,	g other gaming	col. (a) through col. (c))
Rev	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes%		Yes % No		Yes% No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)				►	
٥	En	ter the state(s) in which the organization opera	tes gaming activities:					
		the organization licensed to operate gaming ac		state	s?			Yes No
		'No," explain:						
10a	W	ere any of the organization's gaming licenses r	evoked, suspended or to	ermin	ated during the tax	vear	,	Yes No
		Yes," explain:	-		-	ycar		
		· · · · · · · · · · · · · · · · · · ·						

Schedule G (Form 990 or 990-EZ) 2013

CHILDREN'S	ADVOCACY	CENTER

Sch	edule G (Form 990 or 990-EZ) 2013 31ST JUDICIAL DISTRICT, INC. 62-1	824	566	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	🗌 No
13	Indicate the percentage of gaming activity operated in:			
	a The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			, .
	Name			
	Address			
1 5a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗆 No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			
	of gaming revenue retained by the third party \triangleright \$			
	s If "Yes," enter name and address of the third party:			
,	in res, entername and address of the third party.			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	
ŀ	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li	nes 9	9h 1)h 15h
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	100 0,	00, 1	55, 105,

Part IV	Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Department of the Treasury Internal Revenue Service	Open to Public
Internal Revenue Service ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs goven the organization Name of the organization CHILDREN'S ADVOCACY CENTER 31ST JUDICIAL DISTRICT, INC.	Employer identification number 62-1824566
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT :
INTEREST INCOME	322.
MISCELLANEOUS	24.
TOTAL TO FORM 990-EZ, LINE 8	346.
FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES	, AND MAINTENANCE:
DESCRIPTION OF EXPENSES:	AMOUNT:
DEPRECIATION	7,949.
OTHER EXPENSES	9,900.
TOTAL TO FORM 990-EZ, LINE 14	17,849.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT :
SUPPLIES	21,529.
INSURANCE	12,473.
DUES AND FEES	2,187.
MISCELLANEOUS	125.
PAYROLL TAXES	6,448.
CONFERENCES AND MEETINGS	7,904.
INTEREST	7,970.
ADVERTISING	1,558.
CONTRACT LABOR	1,080.
TOTAL TO FORM 990-EZ, LINE 16	61,274.

FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form Complete to provide information for responses to speci Form 990 or 990-EZ or to provide any additional in ► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions	ific questions on nformation.		OMB No. 1545-0047		
Name of the organization			Employe	er identification number 1824566		
CHANGES IN N	ET ASSETS OR FUND BALANCES:			AMOUNT:		
RECEIVABLES	FROM TENNESSEE DEEMED UNCOLLECTIBLE			-3,279.		
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:					
DESCRIPTION		BEG. OF	YEAR	END OF YEAR		
UTILITY DEPO	SIT		50.	50.		
GRANT AND OT	HER RECEIVABLES	108,	638.	51,772.		
PREPAID INSU	RANCE	4,	904.	2,528.		
INTEREST REC	EIVABLE		135.	151.		
OTHER DEPREC	IABLE ASSETS	2,	814.	4,631.		
TOTAL TO FOR	M 990-EZ, LINE 24	116,	541.	59,132.		
FORM 990-EZ,	PART II, LINE 26, OTHER LIABILITIES	5:				
DESCRIPTION		BEG. OF	YEAR	END OF YEAR		
ACCOUNTS PAY	ABLE		869.	1,467.		
PAYROLL TAXE	S PAYABLE	1,	464.	2,062.		
ACCRUED COMP	ENSATED ABSENCES	4,	008.	2,880.		
NOTE PAYABLE		183,	601.	176,728.		
ACCRUED INTE	REST		278.	576.		
TOTAL TO FOR	M 990-EZ, LINE 26	190,	220.	183,713.		
FORM 990-EZ,	PART III, PRIMARY EXEMPT PURPOSE -	SERVICES	FOR S	EXUALLY AND		
PHYSICALLY A	BUSED CHILDREN					
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)						
332211 09-04-13	14					

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www. irs. gov/for	Open to Public
Name of the organization		Employer identification number 62-1824566
OR INDIRECTI	Y, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	RACT.
THE ORGANIZA	TION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTI	Y, ON A PERSONAL BENEFIT CONTRACT.	

Depreciation and Amortization 990EZ

Depieci					22
(Induding	Informat	ion on I	inted I	Droportul	

Form 43002 Department of the Treasury Internal Revenue Service (99)	Depreciation and Amortization 990EZ (Including Information on Listed Property) ▶ See separate instructions. ▶ Attach to your tax return.								
Name(s) shown on return		Busir	less or ac	tivity to v	which this form relate	S	Identifying number		
CHILDREN'S ADVOCACY									
31ST JUDICIAL DISTRICT, INC. FORM 990-EZ PAGE 1 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part V befo									
Part I Election To Expense Certain P	roperty Under Section 1	79 Note: If you have any li	sted pr	operty,	complete Part	V before y			
1 Maximum amount (see instruction	,						500,000.		
2 Total cost of section 179 property									
3 Threshold cost of section 179 prop							2,000,000.		
4 Reduction in limitation. Subtract lin	ne 3 from line 2. If zero	or less, enter -0-							
5 Dollar limitation for tax year. Subtract line 4 fro									
6 (a) Description		(b) Cost (busi	ness use	oniy)	(c) Elected	COSI			
7 Listed property. Enter the amount	from line 29			7					
8 Total elected cost of section 179 p	property. Add amounts	in column (c), lines 6 and				8			
9 Tentative deduction. Enter the sm	aller of line 5 or line 8					9			
10 Carryover of disallowed deduction	from line 13 of your 20	012 Form 4562				10			
11 Business income limitation. Enter t	he smaller of business	s income (not less than ze	ero) or li	ne 5		11			
12 Section 179 expense deduction. A	dd lines 9 and 10, but	do not enter more than I	ine 11			12			
13 Carryover of disallowed deduction			🕨	13					
Note: Do not use Part II or Part III belo									
Part II Special Depreciation All									
14 Special depreciation allowance for	qualified property (oth	ner than listed property) p	laced i	n servi	ce during				
-						14			
15 Property subject to section 168(f)(
16 Other depreciation (including ACR Part III MACRS Depreciation (D				<u></u>		16			
Part III MACRS Depreciation (D	o not include listed pr		5.)						
		Section A				47	7,803.		
17 MACRS deductions for assets plan18 If you are electing to group any assets placed	in service during the tax year	into one or more general asset ac	counts, cl	neck here	,▶		· ·		
Section B - As		e During 2013 Tax Year	Using	the Ge	eneral Deprecia	tion Syst	em		
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction		
19a 3-year property		0.000	┝┍╴╴	175		at	140		
b 5-year property		2,900.	. 5	YR	HY	SL	146.		
c 7-year property									
d 10-year property									
e 15-year property									
f 20-year property			-			0.1			
g 25-year property	,			5 yrs.		S/L			
h Residential rental property	/			.5 yrs.	MM	S/L			
	/			.5 yrs.	MM	S/L			
i Nonresidential real property	/		3	9 yrs.	MM	S/L S/L			
Section C - Ass	ets Placed in Service	During 2013 Tax Year U	lsing th		MM mative Depres		stem		
			Joing ti						
20a Class life b 12-year			1	2 yrs.		S/L S/L			
c 40-year	/		-	2 yrs. 0 yrs.	MM	S/L			
Part IV Summary (See instructio	,			_ j. . .		0/2	1		
21 Listed property. Enter amount fror						21			
22 Total. Add amounts from line 12, I		es 19 and 20 in column (
Enter here and on the appropriate						22	7,949.		
23 For assets shown above and place	•				/		,		
portion of the basis attributable to	-	•		23					

LHA For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-0172

			LDREN'S									60	1004		
	rm 4562 (2013)		T JUDIC				-						1824		
Pa	art V Listed Proper amusement.)	ty (Include a	utomobiles, ce	ertain ot	her vehio	cles, cer	tain com	nputers	s, and pro	perty use	ed for er	ntertainr	nent, rec	reation,	or
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.							nns (a)								
	Section A	- Depreciati	on and Other	Information	ation (Ca	aution:	See the l	instruc	tions for li	mits for p	basseng	er autor	nobiles.)		
<u>24a</u>	Do you have evidence to	support the bu	isiness/investme	ent use cl	laimed?	<u> </u>	′es 🗋	_ No	24b If "Y	'es," is th	ne evide	nce writ	ten?	Yes	<u>No</u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag		(d) Cost or ther basis	(bu	(e) sis for deprisiness/inve use only	estment	(f) Recovery period	Met	g) :hod/ ention	Depr	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation all			- -	y placed	in servi	ce durin	g the t	I ax year ar	l id					551
	used more than 50% in	a qualified b	ousiness use								25				
26	Property used more that														
		: :	9	%											
		: :	9	%											
		: :	9	%											
27	Property used 50% or I		,	-											
<u> </u>				%						S/L -					
				%						S/L -					
			-	%						S/L -					
28	Add amounts in column) (h) lines 25	,	-	re and or	n line 21	nage 1				28				
	Add amounts in column										-		29		
		1 (1), 1110 20. 2					on Use						. 20		
Cor	mplete this section for ve	hicles used					-			or related	horeor	If you	provideo	lvohiclo	e
	our employees, first ans														5
10 y	our employees, first ans	wer the que:			see ii yo	umeer	anexce		o complet	ing this s	ection	or those	venicies	.	
					(0)		(h)		(a)		J)	, I	(a)		c)
20	Total business/investment	milae drivan d	luring the		(a) hicle		(b) hicle	Ι,	(c) /ehicle	Veh	d) Jiele		e) hicle	(1 Veh	
30				Ve		ve		· `	/ efficie	Vei		Vei		Vei	
~	year (do not include com														
	Total commuting miles														
32	Total other personal (no	-	-												
	driven														
33	Total miles driven durin	• •													
	Add lines 30 through 32				1		-						1		
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or related	ed person?													
36	Is another vehicle availa	able for perso	onal												
	use?														
		Section C	- Questions f	for Emp	loyers V	Vho Pro	vide Vel	hicles	for Use b	y Their E	Employ	ees			
Ans	swer these questions to	determine if	you meet an e	xceptio	n to com	pleting	Section	B for v	ehicles us	ed by er	nployee	s who a	re not m	ore thar	ı 5%
owi	ners or related persons.													_	
37	Do you maintain a writte	en policy sta	tement that pr	ohibits a	all perso	nal use	of vehicl	es, inc	luding co	nmuting	, by you	r		Yes	No
	employees?														
38	Do you maintain a writte														
	employees? See the ins	structions for	vehicles used	by cor	porate o	fficers, c	directors	, or 1%	6 or more	owners					
39	Do you treat all use of v	ehicles by er	mployees as p	ersonal	use?										
	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require														
	Note: If your answer to														
Pá	art VI Amortization														
	(a)			(b)		(c)			(d)		(e)			(f)	
	Description of	f costs		amortization begins		Amortizal amoun			Code section		Amortiza period or per		Ar fo	nortization r this year	
42	Amortization of costs th	nat begins du		-	ar:										
				: :											
				: :											
43	Amortization of costs th	nat began be	fore your 2013	3 tax yea	ar							43			
	Total. Add amounts in (44			

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

► X

Department of the Treasury
Internal Revenue Service

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (*e-file*) • You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete
Part I only
All other comparations (including 1120 C films) partnerships DEMICs and trusts must use Form 2004 to request an outpraise of time

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.
Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions. CHILDREN'S ADVOCACY CENTER	Employer identification number (EIN) or
-	31ST JUDICIAL DISTRICT, INC.	62-1824566
File by the due date for filing your return, See	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 7287	Social security number (SSN)
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MC MINNVILLE, TN 37111	

Enter the Return code for the return that this application is for (file a separate application for	1
Enter the neturn code for the return that this application is for the a separate application is	- 1

Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-BL	02	Form 1041-A	08		
Form 4720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF	04	Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990-T (trust other than above)	06	Form 8870			
MARTHA PHILLIP	S				
• The books are in the care of > 1350 SPARTA HW	Y – M	C MINNVILLE, TN 3711	0		
Telephone No. ► 931-507-2386		Fax No. 🕨			
• If the organization does not have an office or place of busines	s in the Ur	nited States, check this box			
• If this is for a Group Return, enter the organization's four digit					roup, check this
box . If it is for part of the group, check this box					
1 I request an automatic 3-month (6 months for a corporation	n required	to file Form 990-T) extension of time unt	:il		
FEBRUARY 15, 2015 , to file the exemption				The extension	on
is for the organization's return for:	Ū	, , , , , , , , , , , , , , , , , , ,			
► Calendar year or					
	, an	dending JUN 30, 2014			
	/	3		_	
2 If the tax year entered in line 1 is for less than 12 months,	check reas	on: 🗌 Initial return 🗌 Fina	al retur	'n	
Change in accounting period					
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720), or 6069,	enter the tentative tax, less any			
nonrefundable credits. See instructions.	, ,		3a	\$	Ο.
b If this application is for Forms 990-PF, 990-T, 4720, or 606	9, enter an	y refundable credits and			
estimated tax payments made. Include any prior year over			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your p					
by using EETPS (Electronic Eederal Tax Payment System)	•		30	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.