Form 990-EZ

Short Form 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) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other org- anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

2008

OMB No 1545-1150

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

Website: > N/A Website: > N/A Websi		Α	For the 2008 ca	alendar	year, or tax year beginning	7/01	, 2008,	, and endi	ng 6/30		,	, 2009
New Comment Search Searc		<u>B</u>	Check if applicable		C					D Emp	loyer i	dentification number
New charge Professional Pro			Address change		CHILDREN'S ADVOCACY	CENTER				62	-18	24566
Website: N/A			Name change	label or	31ST JUDICIAL DISTE	RICT, INC						
### Apadecident return				type.	PO BOX 7287					/ / 0	1211	507-2386
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Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) Cash, savings, and investments Land and buildings Other assets (describe SEE STATEMENT 2 Total assets Total liabilities (describe SEE STATEMENT 3 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 50, 304 20 20 20 20 20 20 20 20 20 20 20 20 20											-	
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Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 23 Land and buildings 24 Other assets (describe SEE STATEMENT 2 25 Total assets Total liabilities (describe SEE STATEMENT 3 26 Total liabilities (describe SEE STATEMENT 3 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50 304. 27 62, 367		N S	19 Net asset	ts or fun	nd balances at beginning of yea	ar (from line 2	27, column (A)) ((must agre	e with end-o	y cui i		50.004
Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 23 Land and buildings 24 Other assets (describe SEE STATEMENT 2 25 Total assets Total liabilities (describe SEE STATEMENT 3 26 Total liabilities (describe SEE STATEMENT 3 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50 304. 27 62, 367		ES									-	50,304.
Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► SEE STATEMENT 2) 25 Total assets 26 Total liabilities (describe ► SEE STATEMENT 3) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) (A) Beginning of year (B) End of year 23 24 8, 230 24 97, 25 63, 838 25 1, 471 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		T S		_	,	•	•			<u> </u>		60 267
(See the instructions for Part II) 22 Cash, savings, and investments 33,106. 22 55,608 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 2) 20,169. 24 8,230 25 Total assets 53,275. 25 63,838 26 Total liabilities (describe ► SEE STATEMENT 3) 2,971. 26 1,471 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50,304. 27 62,367												
22 Cash, savings, and investments 33,106. 22 55,608 23 Land and buildings 23 24 Other assets (describe ► SEE STATEMENT 2) 20,169. 24 8,230 25 Total assets 53,275. 25 63,838 26 Total liabilities (describe ► SEE STATEMENT 3) 2,971. 26 1,471 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50,304. 27 62,367		Pa	rt II 🔢 Bala	nce Si			3) are \$2,500,000					
23 23 24 Other assets (describe ► SEE STATEMENT 2) 20,169. 24 8,230 25 Total assets 53,275. 25 63,838 26 Total liabilities (describe ► SEE STATEMENT 3) 2,971. 26 1,471 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50,304. 27 62,367			0 1		•	art II)						
24 Other assets (describe ► SEE STATEMENT 2) 20,169. 24 8,230 25 Total assets 53,275. 25 63,838 26 Total liabilities (describe ► SEE STATEMENT 3) 2,971. 26 1,471 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50,304. 27 62,367			-		nvestments			<u></u>		106.		33,000.
25 Total assets 53, 275. 25 63, 838 26 Total liabilities (describe ► SEE STATEMENT 3) 2, 971. 26 1, 471 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50, 304. 27 62, 367				_	СБЕ СФХФЕМЕХФ Э		`		20	169		8 230
26 Total liabilities (describe ► SEE STATEMENT 3) 2,971. 26 1,471 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50,304. 27 62,367				(uescrit	De - SEE STATEMENT 2		_)	<u> </u>				
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 50,304. 27 62,367				e (doco	ribe ► CFF CTATEMENT	3	`				! 	
							/ with line 21\	<u> </u>				62,367.
								orm 990			1-1	Form 990-EZ (2008)

TEEA0803L 09/18/08

Form 990-EZ (2008)

orm 990-EZ (2008) CHILDREN'S ADVO	CACY CENTER		62	<u>-182</u>	24566 Page:
Part III Statement of Program Se		(See the instruction	ons.)	_	Expenses
/hat is the organization's primary exempt purpose? SE Describe what was achieved in carrying out the lescribe the services provided, the number of program title	E STATEMENT 4 ne organization's exempt purp f persons benefited, or other	poses In a clear and corelevant information for	oncise manner, each	and 4947	ured for 501(c)(3) (4) organizations and (a)(1) trusts, optional thers)
28 SEE STATEMENT 5					,
(Grants \$) If the	nis amount includes foreign gi	rants, check here	-	28a	73,396.
29				200	73,330.
(Grants \$) If the	nis amount includes foreign gi	rants, check here		29 a	
	nis amount includes foreign gi	rants, check here	-	30 a	
Other program services (attach schedule (Grants \$) If the	e) nis amount includes foreign gi	rants chack hara	▶ □	31 a	
Total program service expenses (add li	ines 28a through 31a)		•	32	73,396.
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. (List each o			
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit pla deferred compens	ans and	(e) Expense account and other allowances
EE STATEMENT 6		30,000.		0.	0.
					3 1
	_				

					<u> </u>
					_
	<u>1 </u>				

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	22		v
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	33		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	و مرسد		ăi.
	b Did the organization file Form 1120-POL for this year?	37 b		X
	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 unpaid at the start of the period covered by this return?	38 a		Χ
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			, ~ , ~ ;
39	501(c)(7) organizations Enter			1. 44 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	a Initiation fees and capital contributions included on line 9 39a N/A	[e ² ' 1
	b Gross receipts, included on line 9, for public use of club facilities N/A		33 5	
40	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.		, (7)	. %
	b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the	,	, ,	
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40 b		Х
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.			
	d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		~ 5	
	e 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	40 e		X
41	List the states with which a copy of this return is filed ► TN			
42	a The books are in care of ► ANITA_WHITLOCK Located at ► 103_RUBY_STREET_MCMINNVILLE_TN ZIP + 4 ► 37110	<u>507</u>	<u>-238</u>	8 <u>6</u>
		ĺ	Yes	No
-	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	X
	If 'Yes,' enter the name of the foreign country		3	
			Va.	
			4.8	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	[5, <i>§</i>		
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
	If 'Yes,' enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here.	1	► □	N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year		-	N/A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			ι,
	of Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		<u>X</u> _
RΔΔ	TEFA03121 01/14/09 For	m 990	-EZ (2008)

orm 990-EZ (2008)	CHILDREN'S	ADVOCACY	CENTER

62-1824566

Page 4

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. SEE STATEMENT No 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 X 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 Χ Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization(s) a section 527 organization? 49 b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average hours per week devoted to position (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account and (a) Name and address of each employee paid more than \$100,000 other allowances NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Here Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Preparer's Paid self-employed signature 10/6/09 P00363437 Pre-Firm's name (or yours if self employed), address, and ZIP + 4 TOTHEROW, HAILE & WELCH, PLLC, parer's 2355 SOUTH CHANCERY STREET 62-0693408 Use Only MCMINNVILLE, TN 37110 (931) 668-1272 Phone no ►X Yes No May the IRS discuss this return with the preparer shown above? See instructions. BAA Form **990-EZ** (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2008

Employer identification number

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

CHILDREN'S ADVOCACY CENTER

		JUDICIAL DIS						62-18	324566	5	
Par	t I≝ Reason for Pu	blic Charity Statu	ıs (All organizations	must	comple	te this	part.)	(see	nstruct	tions)	
			use it is. (Please check of								
ĩ			sociation of churches des				(1)(A)(i)).			
2			A)(ii). (Attach Schedule			` ,					
3	-		e organization described	•	ion 170(ьүлүдү	iii). (At	tach Scl	nedule H	1)	
4			ed in conjunction with a l								tal's
	name, city, and sta		· · · · · · · · · · · · · · · · · ·	тоориа	400020			-(-)(-)(-)	.,(,		
5		erated for the benefit	of a college or universit	y owned	or oper	ated by	a gove	rnmenta	unit de	scribed in sec	tion
6	A federal, state, or	local government or	governmental unit descr	ıbed ın s	section 1	70(Б)(1)	κΑχν).				
7	An organization the in section 170(b)(1	at normally receives a)(A)(vi). (Complete F	a substantial part of its si Part II)	upport fr	rom a go	vernme	ntal uni	t or fron	n the ger	neral public d	escribed
8	A community trust	described in section	170(b)(1)(A)(vi). (Comple	ete Part	II)						
9	investment income	ed to its exempt function	more than 33-1/3 % of its ns — subject to certain exc ess taxable income (less Complete Part III)	entions	and (2) r	io more t	han 33-	1/3 % of	its suppo	ort from aross	on after
10	An organization or	ganized and operated	exclusively to test for pi	ublic saf	ety See	section	509(a)	(4) . (se	e instruc	tions)	
11	more publicly supp describes the type	ganized and operated orted organizations of of supporting organi	l exclusively for the bene described in section 509(zation and complete line	fit of, to (a)(1) or s 11e th	perform section rough 1	the fun 509(a)(2 Ih	ctions (2) See	of, or ca section	rry out th 509(a)(3	ne purposes on the contract the	of one or box that
	a Type I	b Type II	c 💹 Type II	II – Fun	ctionally	ıntegrat	ed		d 📗	Type III – O	ther
е	By checking this be than foundation ma 509(a)(2)	ox, I certify that the o anagers and other tha	rganization is not control an one or more publicly s	lled direction	ctly or in d organi	directly zations	by one describe	or more ed in se	disquali ction 509	ified persons 9(a)(1) or sec	other tion
f	,	received a written de	termination from the IRS	that is	а Туре І	, Type II	or Typ	e III sup	porting (organization,	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	or contrib	oution fro	om any	of the f	ollowing	persons		
	(i) a person who	directly or indirectly	controls, either alone or supported organization?	togethe	r with pe	rsons d	escribe	d ın (ıı) a	and (III)		es No
		nber of a person describer	, , •							11 g (i)	
	•	•	**	hava2						11 g (ii)	
h		•	n described in (i) or (ii) a			.4				11 g (iii)	
!!			the organizations the org					1	[
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiza (i) liste gove	Is the tion in col d in your erning iment?	(v) Did y the organ col (your st	ızatıon in (ı) of	(vi) (organizat (i) organi U S	on in col	(vii) Amount of	Support
				Yes	No	Yes	No	Yes	No		
		" '									
	-										
				<u> </u>							
											
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					33.4		· · · · · · · · · · · · · · · · · · ·		, kg .8		
Total		Marie in the committee of the contract of the	[. m] m] . [. m]			" " " " " " " " " " " " " " " " " " "			14 48		

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A' (Form 990 or 990-EZ) 2008 CHILDREN'S ADVOCACY CENTER 62-1824566 Page 2 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) Section A. Public Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 64,579. 71,228 101,009 122,964 69,152. 428,932. Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 0. 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 0. the public without charge Total. Add lines 1-3 64,579 71, 228 69,152 101,009 122,964 428,932. 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 ¥1,3% shown on line 11, column (f) 0. `&* Public support. Subtract line 5 from line 4 428,932. Section B. Total Support Calendar year (or fiscal year (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total beginning in) 🟲 7 Amounts from line 4 64,579 71,228 101,009 122,964 428,932. 69,152 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 518 1,301 666 2,485. Net income form unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) 0. 11 Total support. Add lines 7 through 10 431,417. 12 Gross receipts from related activities, etc. (see instructions) 12 0. 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 14 99.4% Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 100.0% 16a 33-1/3 support test – 2008. 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. b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test — 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Sche	· . edule A' (Form 990 or 990-EZ) 200	08 CHILDRE	N'S ADVOCAC	Y CENTER		62-182456	6 Page 3
	t III 🔄 Support Schedule fo				(a)(2)		
	(Complete only if you che				. , ,		
Sec	tion A. Public Support		-				
Cale	ndar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
_	Total. Add lines 1-5 Amounts included on lines 1, 2, 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)	F 4 , 191			, , , , , , , , , , , , , , , , , , , ,	\$ 3	
Sec	tion B. Total Support			- •			
Cale	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10 a	dross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
	Total support. (add Ins 9, 10c, 11, and 12)						
	First five years. If the Form 990 organization, check this box and			ond, third, fourth,	or fifth tax year as	s a section 501(c)	(3)
Sec	tion C. Computation of Pu	blic Support l	Percentage _	<u> </u>			·
15	Public support percentage for 20	008 (line 8, colum	nn (f) divided by l	ine 13, column (f))		15	%
	Public support percentage from					16	%%
Sec	tion D. Computation of Inv	estment Inco	me Percentag	ie			

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).

Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18

19 a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶ 🗌
b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	and line 18 □

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

17

18

Schedule F	(Form	990 or	990-EZ)	2008	CHI	LDRE	N'S A	ADVO	JACY	CENT	'ER			62	-1824	566		Page 4
Part IV	Supp Part	l <mark>eme</mark> n	i tal Inf 17a ດ	orma t	tion.(Comp	lete th	iis pa	rt to p	provid	e the	explana	ation re	quired	by Pa	rt II, li	ne 10;	١
	- Circ		174 0	- 175,		art III,	, in ic		Ovide	arry	other	addition	141 11110	IIIIatio	11. (300	111311	actions	
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TEEA0404L 10/07/08

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Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

Name	of the organization CILTI DODAY C	DIAGRAM CT	NIMES S			Employer identif	ication number
	of the organization CHILDREN'S AI 31ST JUDICIA	DVOCACY CE	NTER			62-18245	
Par				nizetion	anguared West to		
	· _ · · · · · · · · · · · · · · · · · ·						v, line i7.
'	Indicate whether the organization	raised funds th	rougn any	of the foll		•	
	Mail solicitations				Solicitation of non-		
	Email solicitations				Solicitation of gove		
	Phone solicitations				Special fundraising	events	
	In-person solicitations						
2a	Did the organization have written employees listed in Form 990, Pai	or oral agreemert VII) or entity	ent with ar in connect	ny individu tion with p	al (including officers, di rofessional fundraising	rectors, trustees or ki services?	ey Yes No
b	If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or en ne organization	tities (fund Form 990	draisers) p DEZ filers a	ursuant to agreements are not required to com	under which the fund plete this table	raiser is to be
			1			(v) Amount paid to	
	(i) Name of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	
			of contr	ibutions?	,	col (ı)	organization
			Yes	No			
			 				
							-
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		1	.J.	I			
	Total			>			
3	List all states in which the organiz or licensing	ation is registe	red or lice	nsed to so	olicit funds or has been	notified it is exempt f	rom registration
							
	- 						
		_ _					

Page 2

2 Less Charitable contributions 3 Gross revenue (line 1 minus line 2) 17,417. 4 Cash prizes 5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses 2,565. 8 Direct expense summary Add lines 4- through 7 in column (d) 9 Not income summary Combine lines 3 and 8 in column (d) 1 Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total (Add col (e col.)) (Add col (e col.)) 1 Gross revenue 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1 and 7 in column (d)	5.000.
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5 Non-cash prizes 6 Rent/facility costs 7 Other direct expenses	7,417.
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Yes	
6 Volunteer labor No	
8 Net gaming income summary Combine lines 1 and 7 in column (d) 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? 9 a b If 'No,' Explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a b If 'Yes,' Explain	
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a Is the organization licensed to operate gaming activities in each of these states? b If 'No,' Explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10 a b If 'Yes,' Explain	ES NO
b If 'No,' Explain	
b If 'Yes,' Explain	
b If 'Yes,' Explain	***
11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to	
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? BAA TEEA3702L 08/15/08 Schedule G (Form 990 or 990)	.EZ) 2009

Schedule G (Form 990 or 990-EZ) 2008 CHILDREN'S ADVOCACY CENTER 62-18245	66	F	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in.	, ;		3,3
a The organization's facility		W.:	
b An outside facility 13b %	_(2,	300.	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		wis:	
	1	PG:5	
Name •			M-j
Address •			
	12.	Li.	" \$;
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount	, de	Trail St.	3 4 5
of gaming revenue retained by the third party \$		M.	
c If 'Yes,' enter name and address			16
	1900		1
Name: •	* .	1	
		40	
Address	- W	۱ _۹	
	1 00 A	2 5	
16 Gaming manager information	.,		
Name		14	
	, 3 ⁴	14 m	% . :
Gaming manager compensation ► \$	1,50	1	. 32,5
	, ""	38 33 1	
Description of services provided •		933	(, , ,) , , , , , , , , , , , , , , , ,
	Pé.	\$	* * ;
☐ Director/officer ☐ Employee ☐ Independent contractor	â	2 de	<i>*</i> ;
	100	ers (^ ;	11/2 18
17 Mandatory distributions		la.	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the		~ 1500, \$7. 	الثار
state gaming license?	17a		
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the		12.70	42
organization's own exempt activities during the tax year ►\$, <2 %	

BAA

Schedule G (Form 990 or 990-EZ) 2008

2008	FEDERAL STATEMENTS		PAGE 1
	CHILDREN'S ADVOCACY CENTER 31ST JUDICIAL DISTRICT, INC.		62-182456
STATEMENT 1 FORM 990-EZ, PART I, LINE 16 OTHER EXPENSES ADVERTISING DEPRECIATION DUES, LICENSES, SUBSCRIPTIC INSURANCE MISCELLANEOUS OUTSIDE CONTRACT SERVICES PROFESSIONAL FEES SUPPLIES TELEPHONE TRAINING	ONS	\$	170. 5,280. 4,542. 3,769. 587. 465. 4,275. 5,651. 3,100. 111.
TRAVEL		TOTAL \$	4,867. 32,817.
STATEMENT 2 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS			
ACCOUNTS RECEIVABLE FURNITURE AND FIXTURES INTEREST RECEIVABLE PREPAID RENT UTILITY DEPOSIT	TOTAL	### BEGINNING \$ 7,800. \$ 11,747.	ENDING 0. 6,468. 512. 1,200. 50. 8,230.
STATEMENT 3 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES			
ACCOUNTS PAYABLE AND ACCRUI	ED EXPENSES . TOTAL	BEGINNING \$ 2,971. \$ 0. \$ 2,971. \$	ENDING 432. 1,039. 1,471.

STATEMENT 4 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE EXEMPT PURPOSE OF THE CHILDREN'S ADVOCACY CENTER FOR THE 31ST JUDICIAL DISTRICT, INC. IS TO PROVIDE A COMPREHENSIVE AND HUMANE RESPONSE FOR CHILDREN AND FAMILIES VICTIMIZED BY CHILD SEXUAL AND PHYSICAL ABUSE IN ITS VARIOUS FORMS.

2008

FEDERAL STATEMENTS

CHILDREN'S ADVOCACY CENTER 31ST JUDICIAL DISTRICT, INC.

62-1824566

PAGE 2

STATEMENT 5
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE CHILDREN'S ADVOCACY CENTER FOR THE 31ST JUDICIAL DISTRICT, INC. PROVIDED SUPPORT FOR CHILDREN AND FAMILIES VICTIMIZED BY CHILD SEXUAL AND PHYSICAL ABUSE DURING THE YEAR ENDED JUNE 30, 2009. THE CENTER PROVIDES A SAFE HAVEN FOR VICTIMS TO FACILITATE THE INTERVIEW PROCESS BY LAW ENFORCEMENT AND OTHER RELATED AGENCIES. EDUCATIONAL MATERIAL IS ALSO PROVIDED TO THE VICTIMS AND THEIR FAMILIES. DURING THE FISCAL YEAR 108 INTERVIEWS WERE CONDUCTED AND APPROXIMATELY 162 CHILDREN SERVED. EDUCATIONAL PROGRAMS WERE PRESENTED TO APPROXIMATELY 7,000 CHILDREN IN THE WARREN AND VAN BUREN COUNTY SCHOOL SYSTEMS.

STATEMENT 6 FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	
LISA ZAVOGIANNIS LAKEVIEW TRAIL MCMINNVILLE, TN 37110	PRESIDENT 5.00	\$ 0.	\$ 0.	\$ 0.
MICHAEL MARTIN 563 I B MAYNARD ST SPENCER, TN 38585	VICE PRESIDENT 5.00	0.	0.	0.
DALE HENRY 1651 COLLEGE ST SPENCER, TN 38585	BOARD MEMBER 5.00	0.	0.	0.
JEFFERY MARTIN 3659 SHELLSFORD ROAD MCMINNVILLE, TN 37110	CO-TREASURER 5.00	0.	0.	0.
ANITA WHITLOCK BOX 7287 MCMINNVILLE, TN 37110	EXEC DIRECTOR 40.00	30,000.	0.	0.
DORIS DENTON 1200 BELMONT DRIVE MCMINNVILLE, TN 37110	BOARD MEMBER 0	0.	0.	0.
JOHN PURVIS 1589 SPARTA STREET, SUITE 203 MCMINNVILLE, TN 37110	BOARD MEMBER 0	0.	0.	0.
JANICE DARNABY 106 BEECH GROVE ROAD MCMINNVILLE, TN 37110	SECRETARY 0	0.	0.	0.

2008

FEDERAL STATEMENTS

CHILDREN'S ADVOCACY CENTER 31ST JUDICIAL DISTRICT, INC.

PAGE 3

62-1824566

STATEMENT 6 (CONTINUED) FORM 990-EZ, PART IV LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOUR PER WEEK DEVOY			CONTRI- BUTION TO EBP & DC	ACCOUNT/
LAURA MINER 111 MIDDLE SCHOOL DRIVE MCMINNVILLE, TN 37110	BOARD MEM	BER \$ 0	0.	\$ 0.	\$ 0.
BONNIE ADCOCK 1032 COLLEGE STREET SPENCER, TN 38585	BOARD MEM	BER 0	0.	0.	0.
PENNY MEDLEY 129 E. MAIN STREET MCMINNVILLE, TN 37110	TREASU 5	RER .00	0.	0.	0.
PAULA COLLIER 3531 SMITHVILLE HWY MCMINNVILLE, TN 37110	BOARD MEM 40	BER .00	0.	0.	0.
LOLA MARTIN 563 I B MAYNARD STREET SPENCER, TN 38585	BOARD MEM	BER 0	0.	0.	0.
SUSAN MILLER 131 E. MAIN ST. MCMINNVILLE, TN 37111	BOARD MEM	BER 0	0.	0.	0.
	TO	FAL <u>\$</u>	30,000.	\$ 0.	<u>\$ 0.</u>

STATEMENT 7 FORM 990-EZ, PART VI REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?
(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

NO