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CLIENT'S COPY

January 28, 2019

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 2017 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 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!,

	~	~~	Return of Organization Exempt Fror	n Income Ta		OMB No. 1545-0047		
Forr	'nУ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			2017		
Deres			Do not enter social security numbers on this form as it n		,	Open to Public		
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the la			Inspection		
AF	or th	e 2017 calend		JUN 30, 20	18			
Вс	heck if		forganization	D Employer ide	entificati	on number		
a	pplicab	CHIL	DREN'S ADVOCACY CENTER					
	Addre Chang		JUDICIAL DISTRICT, INC.					
	Change Doing business as 62-18							
Light preturn Number and street (of P.U. box if mail is not delivered to street address) Room/suite E Telephone								
	Final returr termi	1-50	7-2386					
	ated Amer	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$		292,649.		
	_returr]Appli		INNVILLE, TN 37111	H(a) Is this a gro	up returr			
	_tion pend	^{ing} F Name a	nd address of principal officer: MARTHA PHILLIPS			Yes X No		
	-		SPARTA ST, MCMINNVILLE, TN 37110	H(b) Are all subordir				
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or			(see instructions)		
J Website: ► NA H(c) Group exemption number ► K Form of organization: X Corporation Trust Association Other ► L Year of formation: 2000 M State of legal domicile: 2000 M State o								
			X Corporation Trust Association Other ► L	Year of formation: 200	U M Sta	ate of legal domicile: "I'IN		
Pa		Summary		ססמסוות שמ		<u>up</u>		
e	1	Briefly describ	be the organization's mission or most significant activities: THE EXEN	CTAL DIGUDI		ne TNC TC		
nan		CHILDREN'S ADVOCACY CENTER FOR THE 31ST JUDICIAL DISTRICT,						
veri	2		$x \triangleright$ if the organization discontinued its operations or disposed of		1 1	s. 14		
Ğ	3				3	14		
Activities & Governance	4		lependent voting members of the governing body (Part VI, line 1b)		4	4		
ties	5		of individuals employed in calendar year 2017 (Part V, line 2a)		6	<u> </u>		
tivi	6		of volunteers (estimate if necessary)		0 7a	0.		
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, line 34		7a 7b	0.		
		Net unrelated		Prior Year		Current Year		
	8	Contributions	and grants (Part VIII, line 1h)	161,21	8.	214,070.		
Revenue	9		ce revenue (Part VIII, line 2g)	43,46		38,144.		
eve			come (Part VIII, column (A), lines 3, 4, and 7d)	-	27.	737.		
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,15		39,281.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	241,26		292,232.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	1,93		0.		
	14		to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	•	r compensation, employee benefits (Part IX, column (A), lines 5-10)	130,88	7.	133,511.		
nse			undraising fees (Part IX, column (A), line 11e)		0.	0.		
Expense			ing expenses (Part IX, column (D), line 25)					
ŵ			es (Part IX, column (A), lines 11a-11d, 11f-24e)	81,76	3.	141,838.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	214,58	3.	275,349.		
	19		expenses. Subtract line 18 from line 12	26,67	9.	16,883.		
ces				Beginning of Current		End of Year		
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)	505,02		512,605.		
t As d B	21	Total liabilities	(Part X, line 26)	173,07		163,779.		
Fun	22		fund balances. Subtract line 21 from line 20	331,94	.3.	348,826.		
Pa	rt II	•						
Unde	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and st	atements, and to the best	of my kno	owledge and belief, it is		

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

Sign Here	Signature of officer MARTHA PHILLIPS, EXECU Type or print name and title	TIVE DIRECTOR	D	ate						
Paid	Print/Type preparer's name G. WAYNE CANTRELL, JR.	Preparer's signature	Date	Check X PTIN if self-employed P01226800						
Preparer	Firm's name DENNING & CANTRE	LL CPAS PLLC	F	irm's EIN ► 62-1579740						
Use Only	Firm's address 15 KEEL DR.		-							
	MCMINNVILLE, TN 37110 Phone no. (931)815-1100									
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)									
732001 11-2	8-17 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2017)						
n .										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	CHILDREN'S ADVOCACY CENTER	
	rm 990 (2017) 31ST JUDICIAL DISTRICT, INC.	62-1824566 Page 2
Pa	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	<u>L</u>
1	Briefly describe the organization's mission: THE EXEMPT PURPOSE OF THE CHILDREN'S ADVOCACY CEI	NTER FOR THE 31ST
	JUDICIAL DISTRICT, INC. IS TO PROVIDE A COMPREHEN	
	RESPONSE FOR CHILDREN AND FAMILIES VICTIMIZED BY	
	PHYSICAL ABUSE IN ITS VARIOUS FORMS.	
2	Did the organization undertake any significant program services during the year which were not lis	sted on the
	prior Form 990 or 990-EZ?	77
	If "Yes," describe these new services on Schedule O.	
3		ram services? Yes X No
	If "Yes," describe these changes on Schedule O.	
4	· · · · · · · · · · · · · · · · ·	· · ·
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	cations to others, the total expenses, and
	revenue, if any, for each program service reported.	252 214
4a) (Revenue $\frac{252,214}{100}$
	THE CHILREN'S ADVOCACY CENTER FOR THE 31ST JUDIC. PROVIDED SUPPORT FOR CHILDREN AND FAMILIES VICTION	-
	AND PHYSICAL ABUSE DURING THE YEAR ENDED JUNE 30	
	PROVIDES A SAFE HAVEN FOR VICTIMS TO FACILITATE	
		EDUCATIONAL MATERIAL IS
	ALSO PROVIDED TO THE VICTIMS AND THEIR FAMILIES.	DURING THE FISCAL
	YEAR MANY INTERVIEWS WERE CONDUCTED AND CHILDREN	
	PROGRAMS WERE PRESENTED MANY CHILDREN IN THE WAR	
	COUNTY SCHOOL SYSTEMS.	
4b	b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	C (Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	d Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	e Total program service expenses ► 225,554.	
		Form 990 (2017)

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

62-1824566 Page	62-3	8245	66	Page 3
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	990 (2017) 31ST JUDICIAL DISTRICT, INC. 62-1824	566	Р	age 3
Pa	t IV Checklist of Required Schedules			
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	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,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	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 temporarily restricted endowments, permanent	5		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	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	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			37
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			x
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
	complete Schedule G, Part III	19		- 22

Form **990** (2017)

CHILDREN'S ADVOCACY CENTER

732004 11-28-17

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	5 7 5 7 7	35a		Х
b	, 5 , , , , , , , , , , , , , , , , , ,			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

Yes No

	CHILDREN'S ADVOCACY CENTER 3990 (2017) 31ST JUDICIAL DISTRICT, INC. 62-182	21	566	-	5
	rt V Statements Regarding Other IRS Filings and Tax Compliance		500	P	age 5
	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	6			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	[3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	Γ			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	[4a		Х
b	If "Yes," enter the name of the foreign country:				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	[5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	[5b		Х
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	[5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit				
	any contributions that were not tax deductible as charitable contributions?	[6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo	r?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required				
	to file Form 8282?	.	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C	?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12 10a	\square			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				

(2017)

Х

12a

13a

14a

14b

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Form 990 (2017) Part V

10

11

13

а

а

b

Section 501(c)(12) organizations. Enter:

Gross income from members or shareholders

amounts due or received from them.)

Note. See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

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

14a Did the organization receive any payments for indoor tanning services during the tax year?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b

Is the organization licensed to issue qualified health plans in more than one state?

Gross income from other sources (Do not net amounts due or paid to other sources against

Section 501(c)(29) qualified nonprofit health insurance issuers.

5

11a

11b

13b

13c

CHILI	DREN'S	AD۱	/OCACY	CEN'	ΓER
31ST	JUDICI	LAI	DISTRI	ICT,	INC.

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Form 990 (2017)	31ST	JUDICIAL	DISTRICT,	INC.	62-1824566	Pag
Part VI Gove	ernance, Manage	ment, and Dis	closure For each	"Yes" response to li	nes 2 through 7b below, and for a "No" r	esponse
to line	8a, 8b, or 10b below, o	describe the circur	nstances, processes	, or changes in Sch	edule O. See instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	res	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUd		- 23
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		x
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	12.5		
-	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightarrow { m TN}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website Upon request Other (<i>explain in Schedule O</i>)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►			

37110 1350 SPARTA HWY, MC MINNVILLE, TN

Form 990 (2017)

CHILDREN'S ADVOCACY CENTER

31ST JUDICIAL DISTRICT, I

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the or	nanization nor an	related or	anization com	nensated any	/ current officer	director	or trustee
	janization nor an	y related org	Janization Com	pensaleu any	/ current onicer,	unector,	

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	organizations	truste	al tru:		yee	nper		(and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) MARTHA PHILLIPS	40.00								_	_
EXECUTIVE DIRECTOR		Х						45,722.	0.	0.

7

CHILDREN									CO 1	0.0.4			•
Form 990 (2017) 31ST JUD Part VIII Section A Officers Directors Trus									62-1	824	566	Pag	e 8
(A)	(B)	ploy		(0	C)		st C	Compensated Employe (D)	es (continued) (E)			(F)	
Name and title	Average hours per week (list any hours for	box offic	Position (do not check more that box, unless person is b officer and a director/tr			than o is both pr/trus	h an	Reportable compensation from the organization	Reportable compensatic from related organization (W-2/1099-MIS	ion an ed ns com		imated ount of other oensatic om the	on
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	nizatior related nization	k
1b Sub-total c Total from continuation sheets to Part VI	I, Section A							45,722. 0. 45,722.		0.0.			0.0.0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization ► 							no r),000 of reportab	-			0.
3 Did the organization list any former officer,	director or tri	ister	- ke	av en	nnlo		or	highest compensated e	mplovee on]		Yes N	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	uch individual										3		X
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	0,000? If "Yes,	" CO	mple	ete S	Sche	edule	J	for such individual			4	:	X
rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co										npensa	ation fr	om	
the organization. Report compensation for (A) (A) Name and business			endi DNE		vith	or w	ithi	n the organization's tax (B) Description of s		C	(C) ompen		
		140	7141										
2 Total number of independent contractors (i \$100,000 of compensation from the organized statement of	, and a second sec	ot lii	nite	d to	tho: (•	steo	d above) who received m	nore than				

		\sim	ττ	-
		2	1	~

Form 990 (2017)

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

	rt VII			-,			
		Check if Schedule O contains a response or r	note to any lin	e in this Part VIII			
		Check if Schedule O contains a response or r	,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	All other contributions, gifts, grants, and similar amounts not included above 1f 1 2	34,083. 29,987. 48,377.				
a C	h	Total. Add lines 1a-1f	🕨	214,070.			
rvice e	2 a b		siness Code 524100	38,144.	38,144.		
Program Service Revenue	c d						
Pro	e f g	Total. Add lines 2a-2f		38,144.			
	3 4 5	Investment income (including dividends, interest, other similar amounts) Income from investment of tax-exempt bond proc Royalties	► ceeds	737.	737.		
	b c d	(i) Real (i) Gross rents (i) Less: rental expenses (i) Rental income or (loss) (i) Net rental income or (loss) (i) Gross amount from sales of (i) Securities	ii) Personal ▶ (ii) Other				
	b	assets other than inventory					
		Gain or (loss) Net gain or (loss)	•				
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b					
đ			►	37,668.			37,668.
	9 a	Gross income from gaming activities. See Part IV, line 19 a	····· F				
		Less: direct expenses b					
	10 a b	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances Less: cost of goods sold b					
ŀ	С	Net income or (loss) from sales of inventory					
	11 a b		siness Code	1,613.	1,613.		
	c d	All other revenue		4 (4)			
		Total. Add lines 11a-11d		1,613.	40.404	0	
	12	Total revenue. See instructions.	►	292,232.	40,494.	0.	37,668.

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

Par	t IX Statement of Functional Expense	es <u> </u>			
ectio	on 501(c)(3) and 501(c)(4) organizations must comp		-		
_	Check if Schedule O contains a respons	se or note to any line in			
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	C				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	45,722.	26,519.	19,203.	
	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	78,251.	78,251.		
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
D	Payroll taxes	9,538.	8,069.	1,469.	
1	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	6,410.		6,410.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,	40 510		0.010	
	column (A) amount, list line 11g expenses on Sch 0.)	49,513.	47,494.	2,019.	
	Advertising and promotion	3,144.	3,144.		
	Office expenses				
4	Information technology				
5	Royalties	17,047.	14,645.	2,402.	
		2,533.	2,533.	2,402.	
7	Travel	2,333.	2,333.		
8	Payments of travel or entertainment expenses				
~	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	6,850.		6,850.	
0 1	Payments to affiliates				
2	Depreciation, depletion, and amortization	8,296.	6,637.	1,659.	
2 3	E Contraction of the second seco	24,023.	18,179.	5,844.	
5 1	Insurance	, 0201		5,011	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
	SUPPLIES	19,638.	17,674.	1,964.	
b	DUES AND LICENSES	2,409.	2,409.	,	
с	MISCELLANEOUS	1,472.	-	1,472.	
d	POSTAGE	503.		503.	
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	275,349.	225,554.	49,795.	
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

TLDREN'S ADVOCACY CENTER

62-1824566 Page 11

	CHILDREN S A	DVOCACY CENTER	
Form 990 (2017)	31ST JUDICIA	L DISTRICT, INC.	
Part X Balance Sheet			

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
<u> </u>		00 506		51,793
1	Cash - non-interest-bearing		1	101,050
2	Savings and temporary cash investments		2	101,050
3	Pledges and grants receivable, net		3	44,706
4	Accounts receivable, net	50,920.	4	44,700
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete		_	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7 Ass	Notes and loans receivable, net		7	
	Inventories for sale or use	2,525.	8	1,687
9	Prepaid expenses and deferred charges	2,525.	9	1,007
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D10a390,722Less: accumulated depreciation10b77,785			212 027
		· · ·	10c	312,937
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets	1 - 0	14	432
15	Other assets. See Part IV, line 11		15	512,605
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	3,403
17	Accounts payable and accrued expenses		17	5,405
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>s</u> 22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.			
Liabilities 8	Complete Part II of Schedule L		22	140 545
23	Secured mortgages and notes payable to unrelated third parties		23	149,545
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of	11,351.		10 021
	Schedule D	173,078.	25	<u> 10,831</u> 163,779
26	Total liabilities. Add lines 17 through 25	1/3,0/0.	26	103,779
	Organizations that follow SFAS 117 (ASC 958), check here X and			
End Balances 27 28 29 29	complete lines 27 through 29, and lines 33 and 34.	221 042		210 026
	Unrestricted net assets	331,943.	27	348,826
	Temporarily restricted net assets		28	
p 29	Permanently restricted net assets		29	
<u> </u>	Organizations that do not follow SFAS 117 (ASC 958), check here			
δ	and complete lines 30 through 34.			
100 gt	Capital stock or trust principal, or current funds		30	
έ 31 Υ	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or 30 31 35 32 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, or other funds		32	240 000
33	Total net assets or fund balances	331,943.	33	348,826
34	Total liabilities and net assets/fund balances	505,021.	34	512,605 Form 990 (2017

Form **990** (2017)

	CHILDREN'S ADVOCACY CENTER								
	990 (2017) 31ST JUDICIAL DISTRICT, INC.	62-18	24566	Pag	ge 12				
Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			$\frac{32}{49}$.				
2	Total expenses (must equal Part IX, column (A), line 25)								
3	Revenue less expenses. Subtract line 2 from line 1	3			83.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	331	.,9	43.				
5	Net unrealized gains (losses) on investments	5							
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				~ ~				
_	column (B))	10	348	8,8	26.				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				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	e O.							
2a			2 a		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis				37				
b	Were the organization's financial statements audited by an independent accountant?		2 b		x				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	review, or compilation of its financial statements and selection of an independent accountant?		2c						
-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit			x				
	Act and OMB Circular A-133?		<u>3a</u>						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b						

Form **990** (2017)

SC	HE	DULE A								OMB No. 1545-0047
		90 or 990-EZ)			rity Status an					2017
			Co		nization is a section 50 [.] 47(a)(1) nonexempt cha			or a section		2017
		of the Treasury		►	Attach to Form 990 or F	orm 990-	EZ.			Open to Public
		nue Service			v/Form990 for instructi		he latest i	nformation.		Inspection
Nam	e of	the organizati			OCACY CENTER					identification number
Do	~+ I	Decen			DISTRICT, IN			!		2-1824566
Pa					(All organizations must co				S.	
	orgar				(For lines 1 through 12, o					
1	\square				on of churches describe			1)(A)(I).		
2 3	\square				(Attach Schedule E (Forn			::)		
4	\square	-	•		panization described in se onjunction with a hospita			-	Viiii) Enter	the hospital's name
•		city, and stat	-							
5				or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in
		-	-	Complete Part II.)	č	·	, ,			
6		A federal, sta	te, or local go	vernment or govern	mental unit described in	section 1	70(b)(1)(A)	(v).		
7	Х	An organizati	on that norma	ally receives a substa	antial part of its support f	from a gov	vernmenta	l unit or from	the general	public described in
		section 170(b)(1)(A)(vi). (C	complete Part II.)						
8	Ц)(1)(A)(vi). (Complete Par	-				
9					d in section 170(b)(1)(A)(
		-	or a non-land-o	grant college of agrie	culture (see instructions).	. Enter the	name, cit	y, and state o	f the colleg	e or
10		university:			- the sec 0.0 1 (0.0) - 6 its second				- h :- 6	and any and the former
10					e than 33 1/3% of its sup					
					ect to certain exceptions, e (less section 511 tax) fr					
				mplete Part III.)			0000 0090		gamzation	
11					sively to test for public sa	afety. See	section 5	09(a)(4).		
12		-	-	-	sively for the benefit of, to	•			arry out the	e purposes of one or
		more publicly	supported or	rganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a thro	ough 12d that	describes the type	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	y giving
			•		egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
		¬ ~		complete Part IV, S						
b					d or controlled in connec					
			-		ganization vested in the s , Sections A and C.	ame perso	ons that c	ontrol or mana	age the sup	ported
с		¬ ۲	. ,	•	ng organization operated	in connec	tion with	and functions	Illy integrat	ed with
Ŭ	L		-	•	s). You must complete l				iny integrat	ca with,
d		- ··	•		porting organization oper			-	rted organi	zation(s)
					ization generally must sa				°.	
		requiremen	t (see instruct	tions). You must co	mplete Part IV, Sections	s A and D	, and Part	V .		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III	
		functionally	integrated, o	r Type III non-functio	onally integrated support	ing organi	zation.			
f			• •							
g			<u> </u>	n about the support		(iv) is the ora:	anization listed	(a) Americant a	f management and a	(ui) Amount of other
		 i) Name of supp organizatior 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
		- 3-	-		above (see instructions))	Yes	No		,	
Tota	<u> </u>								/=	

CHILDREN'S ADVOCACY CENTER

Schedule A (Form 990 or 990 EZ) 2017 31ST JUDICIAL DISTRICT, INC.

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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.)

See	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	131,871.	156,226.	113,998.	161,218.	252,214.	815,527.		
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	252,214.	815,527.						
5	The portion of total contributions	131,871.	156,226.	113,998.	161,218.	-			
•	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)								
~							815,527.		
	Public support. Subtract line 5 from line 4.						013,527.		
		(-) 0010	(1-) 001 ((-) 0015	(-1) 0010	(-) 0017	(6) T = + = 1		
	ndar year (or fiscal year beginning in)	(a)2013 131,871.	(b) 2014 156,226.	(c) 2015 113,998.	(d)2016	(e) 2017 252,214.	(f) Total 815,527.		
	Amounts from line 4	131,071.	130,220.	115,990.	101,210.	232,214.	015,527.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	200	272	2.0.1	407		0 1 7 0		
	and income from similar sources \dots	322.	372.	321.	427.	737.	2,179.		
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 VI.)								
11	Total support. Add lines 7 through 10						817,706.		
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stop	o here							
See	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2017 (line 6, column (f) di	ivided by line 11, c	olumn (f))		14	99.73 %		
15 Public support percentage from 2016 Schedule A, Part II, line 14						15	99.76 %		
16 a	33 1/3% support test - 2017. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and		
	stop here. The organization qualifies	as a publicly supp	orted organization				►X		
b	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. 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	17a 10% -facts-and-circumstances test - 2017. 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 VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
h	10% -facts-and-circumstances tes								
~	more, and if the organization meets th								
	organization meets the "facts-and-circ								
18	U		•		, e				
	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

CHILDREN'S	ADVOCACY	CENTER
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Schedule A (Form 990 or 990-EZ) 2017 31ST JUDICIAL DISTRICT, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•	•		•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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 VI.)						
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	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	ization,
	check this box and stop here	-			•		
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2017 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2		B			18	%
	33 1/3% support tests - 2017. If the						17 is not
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2016. If the						
-	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization			•		•	
	23 10-06-17			, ,			90 or 990-EZ) 2017

CHILDREN'S ADVOCACY CENTER Schedule A (Form 990 or 990-EZ) 2017 31ST JUDICIAL DISTRICT, INC.

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c

732024 10-06-17

10a

10b

CHILDREN'S ADVOCACY CENTER Schedule A (Form 990 or 990-EZ) 2017 31ST JUDICIAL DISTRICT, INC. Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization (s) that operated, supervised, or controlled the supporting organization of If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		0		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Y.	N
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	-		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	Legislation is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	Зb		
_		_		

CHILDREN'S ADVOCACY CENTER

Schedule A (Form 990 or 990 EZ) 2017 31ST JUDICIAL DISTRICT, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting or	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

CHILDREN'S ADVOCACY CENTER

	dule A (Form 990 or 990 EZ) 2017 31ST JUDICIAL	DISTRICT, INC	. 6	2-1824566 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	IS		
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
е	Excess from 2017			

			REN'S						
Schedule A	(Form 990 or 990-EZ) 2017	31ST	JUDICI	AL 1	DISTR	ICT,	INC.		62-1824566 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1,	mation. P 2, 3b, 3c, 4 lines 2 and 3	rovide the e lb, 4c, 5a, 6 3; Part IV, S	explana 6, 9a, 9t ection l	tions requ o, 9c, 11a, E, lines 1c	uired by F , 11b, and ; 2a, 2b,	Part II, line 1 d 11c; Part 3a, and 3b;	IV, Section B, li Part V, line 1; F	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Employer identification number

Name of the	organization
-------------	--------------

Organization type (check one):

CHILI	DREN'S	AD۱	JOCACY	CENT	FER
31ST	JUDIC	IAL	DISTR	ICT,	INC

62-1824566

Filers of:	Section:
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	B (Form 990, 990-EZ, or 990-PF) (2017)			Page 2
	ganization REN'S ADVOCACY CENTER		Employe	r identification number
	JUDICIAL DISTRICT, INC.	62-1824566		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
1	TN CHILDRENS ADVOCACY CENTER			Person X
	1266 FOSTER AVE	\$ 10,0	00.	Payroll Noncash
	NASHVILLE, TN 37210			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
2	COMMUNITY FOUNDATION OF TENNESSEE			Person X
	3833 CLEGHORN AVE SUITE 400	\$5,0	00.	Payroll Noncash
	NASHVILLE, TN 37215			(Complete Part II for noncash contributions.)
(a)	(b)	(c)		(d)
No.	Name, address, and ZIP + 4	Total contribution	ns	Type of contribution
3	BRIDGESTONE INC			Person X Payroll
	725 BRIDGESTONE DR	\$7,0	00.	Noncash
	MORRISON, TN 37357			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
4	JCS COMMUNITY FOUNDATION			Person X
	2381 NW EXECUTIVE CENTER DR	\$10,0	00.	Payroll Noncash
	BOCA RATON, FL 33431			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
5	THE HEALING TRUST			Person X
	2928 SIDCO DRIVE	\$19,9		Payroll Noncash
	NASHVILLE, TN 37204			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	ns	(d) Type of contribution
6	STEVE & KATE SMITH FOUNDATION			Person X
	200 E MAIN ST	\$6,7		Payroll Noncash
	MCMINNVILLE, TN 37110			(Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

	REN'S ADVOCACY CENTER JUDICIAL DISTRICT, INC.		62-1824566
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	
(a) No. from Part I	(b) (c) Description of noncash property given (See instruction		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

	3 (Form 990, 990-EZ, or 990-PF) (2017)			Page 4					
Name of org			Employer identificat	ion number					
	REN'S ADVOCACY CENTER		CD 10045						
Part III	JUDICIAL DISTRICT, INC.	ributions to organizations described	62-18245 62-18245 62-18245 in section 501(c)(7), (8), or (10) that total more t						
Fartin	the year from any one contributor. Complete c	olumns (a) through (e) and the follow	ving line entry. For organizations	nun ¢1,000 loi					
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additionation		less for the year. (Enter this info. once.) S						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held					
F		· · · · · · · · ·							
		(e) Transfer of gif							
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transfer	ee					
F	· · · ·		·						
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held					
- Farti									
-									
	(e) Transfer of gift								
	Transferee's name, address, ar	nd 7IP + 4	Relationship of transferor to transferee						
F									
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held					
Faiti									
_									
	(e) Transfer of gift								
	Transferee's name, address, ar	d 7 ID ± 4	Relationship of transferor to transfer	99					
-									
(a) No.									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift	is held					
Part I									
Ļ									
		(e) Transfer of gif							
	Transforma's name address or		Delationalization of the sector of the sector						
F	Transferee's name, address, ar	iu ∠ir' † 4	Relationship of transferor to transfere	56					

SC	HEDULE D	Supplementa	al Financial Statements		OMB No. 1545-0047
(Forr	n 990)	Complete if the org	anization answered "Yes" on Form 990.		201/
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	I Revenue Service		90 for instructions and the latest informatio		Inspection
Nam	e of the organizati	on CHILDREN S ADVOCAC 31ST JUDICIAL DIST		Em	ployer identification number 62-1824566
Pa	rt I Organiza		ed Funds or Other Similar Funds or	Acco	
I U		n answered "Yes" on Form 990, Part IV, lir		/10000	
		,	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at er	nd of year			
2		f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4	Aggregate value a	t end of year			
5	-		writing that the assets held in donor advised f		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes 🛄 No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only	
			or donor advisor, or for any other purpose con	5	
De	impermissible priv				Yes No
Pa			ganization answered "Yes" on Form 990, Part	IV, line 7	·
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
		n of land for public use (e.g., recreation or e			
		f natural habitat	Preservation of a certified	nistoric	structure
2		of open space	fied conservation contribution in the form of a		ation accoment on the last
2	day of the tax year		ned conservation contribution in the form of a	Conserv	Held at the End of the Tax Year
а				2a	
b					
c			ucture included in (a)		
	 c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure 				
u	listed in the National Register				
3			leased, extinguished, or terminated by the or	. 2d	n during the tax
Ũ	vear ►		icable, extinguished, or terminated by the org	anzatio	
4	· ·	where property subject to conservation ea	sement is located		
5		tion have a written policy regarding the pe	·		
	•	orcement of the conservation easements i			Yes No
6			handling of violations, and enforcing conserv		
					0 ,
7	Amount of expens	es incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easeme	nts during the year
	▶\$				
8	Does each conser	vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h))(4)(B)(ii)?			Yes No
9			ion easements in its revenue and expense sta		
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial statements that describes the	organiza	tion's accounting for
	conservation ease				
Pa	-	•	f Art, Historical Treasures, or Othe	r Simi	lar Assets.
	Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.		
1 a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement	and ba	ance sheet works of art,
	historical treasures	s, or other similar assets held for public ex	hibition, education, or research in furtherance	of public	c service, provide, in Part XIII,
		tnote to its financial statements that descr			
b			SC 958), to report in its revenue statement and		
			ducation, or research in furtherance of public	service,	provide the following amounts
	relating to these it				•
				•	\$
_	.,				
2			asures, or other similar assets for financial ga	n, provid	de
		unts required to be reported under SFAS 1			•
a					\$
			- (🕨	•
LHA	For Paperwork R	eduction Act Notice, see the Instruction	s tor form 990.		Schedule D (Form 990) 2017

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 732051 10-09-17

	CHILDRE	N'S ADVOCAC	CY CENT	ER						
Sche	dule D (Form 990) 2017 31ST JU	DICIAL DIST	TRICT,	INC	•		62-1	824566	Р	Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Historica	al Tro	easures, o	r Other				
3	Using the organization's acquisition, accessi								-	
	(check all that apply):	,	, ,		5	5				
а	Public exhibition	d	Loan d	or excl	hange progra	ms				
b	Scholarly research	e								
c	Preservation for future generations	_								
4	Provide a description of the organization's co	ollections and explain	how they fur	ther th	he organizatio	on's exemr	t purpose in F	Part XIII		
5	During the year, did the organization solicit o							are same		
Ū	to be sold to raise funds rather than to be ma						1	Yes		No
Par	t IV Escrow and Custodial Arran								_	
	reported an amount on Form 990, Par		5				,	, ,		
1a	Is the organization an agent, trustee, custod	ian or other intermed	arv for contril	oution	s or other as	sets not ind	cluded			
on Form 990, Part X?							Yes	X	No	
b If "Yes," explain the arrangement in Part XIII and complete the following table:										
		P	j					Amount		
с	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.					-]
Par										
		(a) Current year	(b) Prior ye	ar	(c) Two years	s back (d)	Three years ba	ck (e) Four	years	s back
1a	Beginning of year balance	., ,					-		-	
b	Contributions									
с	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 1a. colu	umn (a	a)) held as:					
	Board designated or quasi-endowment		%		,,,					
	Permanent endowment	%								
	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		tion that are h	held a	nd administe	red for the	organization			
ou	by:			ioia a			organization	Ŀ	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations									1
h	If "Yes" on line 3a(ii), are the related organiza									1
4	Describe in Part XIII the intended uses of the									L
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		, Part IV, line [.]	11a. S	See Form 990	, Part X, lin	e 10.			
	Description of property	(a) Cost or ot			or other		Imulated	(d) Book	valu	le
		basis (investm			(other)	• •	ciation	(0) 2001		
1a	Land		·		6,599.			96	5,5	99.
	Buildings				5,530.	5	0,868.			62.
	Leasehold improvements				,		, • •		, ,	
	Equipment			3	8,593.	2	6,917.	11	. , 6	76.
	Other				.,		.,		, ,	
	Add lines 1a through 1e. (Column (d) must e		X. column (B).	line 1	0c.)			312	, 9	37.

Schedule D (Form 990) 2017

CHILI	DREN'S	ADV	OCACY	CEN	ITER
31ST	JUDICI	LAL	DISTRI	ICT,	INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ACCRUED PAYROLL TAXES	2,315.
(3)	ACCRUED INTEREST PAYABLE	453.
(4)	ACCRUED COMPENSATED ABSENCES	2,695.
(5)	ACCRUED WAGES	5,368.
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	10,831.

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

Schedule D (Form 990) 2017

	CHILDREN'S ADVOCACY CEN	TER	
Sche	edule D (Form 990) 2017 31ST JUDICIAL DISTRICT,	62-1824566 Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
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:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments		
с	Other losses	2c	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

	HEDULE M rm 990)		Nonc	ash Contr	ibutions		OMB No. 1	⁵⁴⁵⁻⁰⁰⁴	7
	ment of the Treasury I Revenue Service	 Complete if the org Attach to Form 990 Go to www.irs.gov/ 				Open To Public Inspection			
Name	e of the organization	CHILDREN'S A	DVOCAC	Y CENTER		Employer	identificatio	n nun	nber
		31ST JUDICIA			•	6	2-1824	566	
Pa	rt I Types of P			-					
	·		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determini ntribution an		3
1	Art Marka of art				Form 990, Fart VIII, line Ty				
2									
2		ires							
3 4		ests							
4 5		ons							
6		nold goods							
7		les							
8									
9 10		traded							
10		held stock							
11	Securities - Partnersl trust interests								
12		neous							
13	Qualified conservation								
13									
14		on contribution - Other							
14 15									
		ntial							
16 17		ercial							
17									
18 10									
19 20		upplice							
20 21		upplies							
21									
22									
23 24		*							
24 25	Archeological artifaction Other (PR	OFESSIONAL)	x	1,775	39 015.	PER NON I	PROFTT	MAN	ATT
25 26		PPLIES	X	105		MARKET V			1011
20 27	Other (RE	/	X	1		STATED R		VALI	JES
28	Other ()				<u>, , , , , , , , , , , , , , , , , , , </u>			
29			I zation durin	I the tax year for c	ontributions				
25		ation completed Form 82							
	for which the organiz		.00,1 art 10,	Donee Acknowledg	20 20		1	Yes	No
302	During the year did t	the organization receive h	v contributi	on any property rer	ported in Part I, lines 1 throug	nh 28 that it		103	
000					which isn't required to be u				
		the entire holding period	_				30a		Х
h		e arrangement in Part II.	•						
31		U U	nolicy that r	equires the review	of any nonstandard contribu	tions?	31		х
					cit, process, or sell noncash				
	contributions?	· · · · · · · · · · · · · · · · · · ·		-			32a		x
b	If "Yes," describe in	Part II.							
33	If the organization di	dn't report an amount in c	column (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II.								
LHA	For Paperwork Re	eduction Act Notice, see	the Instruc	tions for Form 99	0.	Sched	ule M (Form	1 990)	2017

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

SCHEDULE M, PART I, COLUMN (B):

Schedule M (Form 990) 2017

VARIOUS SMALL ITEMS AND HOURS OF SERVICES RENDERED

OMB No 1545-0047 SCHEDULE O Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on (Form 990 or 990-EZ) Form 990 or 990-EZ or to provide any additional information. **Open to Public** Attach to Form 990 or 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service CHILDREN'S ADVOCACY CENTER Name of the organization Employer identification number 31ST JUDICIAL DISTRICT, INC. 62-1824566 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO PROVIDE A COMPREHENSIVE AND HUMANE RESPONSE FOR CHILDREN AND FAMILIES VICTIMIZED BY CHILD SEXUAL AND PHYSICAL ABUSE IN ITS VARIOUS FORMS. FORM 990, PART VI, SECTION B, LINE 11B: 990 WAS PRESENTED TO BOARD FOR REVIEW FORM 990, PART VI, SECTION C, LINE 19: WEBSITE CHILDADVOCACYCENTER31.ORG FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL COUNSELORS: PROGRAM SERVICE EXPENSES 47,494. MANAGEMENT AND GENERAL EXPENSES Ο. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 47,494. CLEANING SERVICES: PROGRAM SERVICE EXPENSES Ο. MANAGEMENT AND GENERAL EXPENSES 2,019. FUNDRAISING EXPENSES Ο. TOTAL EXPENSES 2,019. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 49,513.

Form	4562	
	ent of the Treasury evenue Service	(99)

Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179
Identifying number

OMB No. 1545-0172 2017

Name	(s) shown on return			Busin	ess or activit	ty to whic	ch this form relate	s	Identifying number
CH	ILDREN'S ADVOCACY CH	ENTER							
31	ST JUDICIAL DISTRIC	Γ, INC.		FOF	M 99	0 P <i>I</i>	AGE 10		62-1824566
Ра	rt I Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	ou have any li	sted prop	perty, c	omplete Part	V before y	
1 1	Maximum amount (see instructions)							1	510,000.
2 1	Total cost of section 179 property place	ed in service (see	instructions)				2	
3 1	Threshold cost of section 179 property	before reduction	in limitation					3	2,030,000.
4 F	Reduction in limitation. Subtract line 3 t	from line 2. If zero	or less, ente	er -0-				4	
5 [Dollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married fil	ing separately, se	e instruction	s		5	
6	(a) Description of pro	operty		(b) Cost (busir	iess use only	y)	(c) Elected	cost	
	isted property. Enter the amount from				·····	7			
	Total elected cost of section 179 prope								
	Tentative deduction. Enter the smaller								
	Carryover of disallowed deduction from								
	Business income limitation. Enter the s								
	Section 179 expense deduction. Add li							12	
	Carryover of disallowed deduction to 2				🕨 1	13			
	Don't use Part II or Part III below for					<u> </u>	•		
	rt II Special Depreciation Allowa		•	•					
	Special depreciation allowance for qual	lified property (oth	her than liste	d property) p	laced in s	service	during		
	he tax year								
	Property subject to section 168(f)(1) ele								
		la altrata Rata altra.						16	
Га	rt III MACRS Depreciation (Don't	include listed pro		ection A					
47 0			-		7			17	7,541.
	MACRS deductions for assets placed i								7,541.
10	f you are electing to group any assets placed in serv Section B - Assets							tion System	am
	(a) Classification of property	(b) Month and year placed in service	(c) Basis fo (business/ii	r depreciation nvestment use instructions)	(d) Rec	covery	(e) Convention		(g) Depreciation deduction
19a	3-year property								
<u>b</u>	5-year property								
	7-year property								
d	10-year property			11,236.	7 Y	R	HY	SL	749.
e	15-year property								
f	20-year property	-							
 g	25-year property				25)	/rs.		S/L	
		/			27.5		MM	S/L	
h	Residential rental property	/			27.5	-	MM	S/L	
		, /			39 \		MM	S/L	
i	Nonresidential real property	/				10.	MM	S/L	
	Section C - Assets P	laced in Service	During 201	7 Tax Year U	sing the	Altern			stem
20a	Class life			5,961.	-		MM	S/L	б.
<u></u> b	12-year	-		•	12)			S/L	
	40-year	/			40 \		MM	S/L	
	rt IV Summary (See instructions.)	· ·							
	Listed property. Enter amount from line	28						21	
	Fotal. Add amounts from line 12, lines					e 21.			
	Enter here and on the appropriate lines	-						22	8,296.
	For assets shown above and placed in								,
	portion of the basis attributable to sect	-	-			23			

			LDREN'S													
_	rm 4562 (2017)		T JUDIC											566		
Ρ	Listed Propert recreation, or a		utomobiles, c	ertain otl	her vehic	cles, cer	tain aircı	raft, ce	ertain com	puters, ar	nd prop	perty use	ed for en	itertainm	ent,	
	Note: For any (a) through (c)	vehicle for w	hich you are i , all of Sectior	using the h B, and	e standar Section	rd mileag C if app	ge rate c licable.	or dedu	ucting leas	e expens	se, com	plete or	ily 24a, 2	24b, colu	imns	
	Section A -	Depreciation	on and Other	Informa	ation (Ca	aution: S	See the i	nstruc	tions for li	mits for p	asseng	jer auto	nobiles.))		
24;	a Do you have evidence to s	support the bu	siness/investm	ent use cl	aimed?	Y	es	No	24b If "Y	es," is the	e evide	nce writ	ten?	Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investmen use percenta	t of	(d) Cost or ther basis	(bu	(e) sis for depressiness/investiness/inve	estment	(f) Recovery period	(g Meth Conve	nod/	Depr	(h) eciation uction	Eleo sectio	(i) cted on 179 ost	
25	Special depreciation allo	owance for q	ualified listed	property	•			•							501	
	used more than 50% in										25					
26	Property used more tha	n 50% in a c 1	i						i	i		i		i		
		: :		%												
		: :		%												
				%												
27	Property used 50% or le	ess in a quali	ified business	s use:												
		: :		%						S/L -				4		
		1 1		%						S/L -						
		: :		%						S/L -						
28	Add amounts in column	(h), lines 25	through 27. E	Enter her	e and or	n line 21	, page 1				28		_			
29	Add amounts in column	(i), line 26. E	Enter here and	d on line	7, page [·]	1							. 29			
			:	Section	B - Infor	mation	on Use	of Veł	nicles							
Со	mplete this section for ve	hicles used	by a sole pro	prietor, p	artner, c	r other '	"more th	an 5%	owner,"	or related	persor	n. If you	provideo	d vehicles	S	
to	your employees, first ans	wer the ques	stions in Sect	ion C to :	see if yo	u meet a	an excep	otion to	o completi	ng this se	ection f	or those	vehicles	S.		
						_						_				
				(a)	(b)		(c)	(d)	(e)	(f)	
30	Total business/investment	miles driven d	uring the	Vel	hicle	Vel	nicle	۱ v	/ehicle	Vehi	cle	Ve	nicle	Veh	Vehicle	
	year (don't include commu	tina miles)	0													
31	Total commuting miles of															
	Total other personal (no															
02	driven	-	-													
22	Total miles driven during															
33	•															
24	Add lines 30 through 32				Na	Vaa	Na	Vac	Na	Vaa	Na	Vaa	Na	Vaa	Na	
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	, ,														
	than 5% owner or relate							<u> </u>								
36	Is another vehicle availa	ble for perso	onal													
	use?															
			- Questions	-	-					-						
An	swer these questions to o	determine if	you meet an e	exceptior	n to com	pleting	Section	B for v	ehicles us	ed by em	nployee	s who a	ren't mo	ore than 5	5%	
	ners or related persons.															
37	Do you maintain a writte													Yes	No	
	employees?														\vdash	
38	Do you maintain a writte			-												
	employees? See the ins														\vdash	
	Do you treat all use of v															
	Do you provide more the															
	the use of the vehicles,	and retain th	ne information	received	d?											
41	Do you meet the require															
_	Note: If your answer to															
Ρ	art VI Amortization															
-	(a) Description of			(b)		(c)			(d)		(e)			(f)		
	Description of	f costs	Date	e amortization begins		Amortizat amount			Code section	_	Amortiza eriod or per		Ar fo	mortization or this year		
42	Amortization of costs th	at begins du	iring your 201		ar:			- 1		P	5.100 UI PEI	sontago		-		
		- 3		: :												
				: :												
43	Amortization of costs th	at began be	fore your 201	· ·	ı ar					I		43				

43 Amortization of costs that began before your 2017 tax year	43	
44 Total. Add amounts in column (f). See the instructions for where to report	44	
716252 01-25-18		Form 4562 (20