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CHILDRENS 09/17/2010 9 31 AM, Form 990 Department of the Treasury

SCANNED DEC I

<u></u>

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2009
Open to Public Inspection

nter	mai Revenue	e Service	The organization may have to use a copy of this return to satisfy state reporting i	equire	11101110	Inspection
4	For the 20	09 calenda	r year, or tax year beginning , and ending			
3	Check if applica	able Plea] [D Emple	oyer identification number
	Address chang	use i	I GEORGIA, INC.			
\equiv	_	label	D		31-	-1486065
_	Name change	typ	· · · · · · · · · · · · · · · · · · ·	٦,		none number
╝	Initial return	Se		l'		1-377-6127
\exists	Termination	Spec	fic	-		
=		Instr		- 1	G Gross reco	eipts \$ 1,233,290
╝	Amended retur	m tion	s. DECATUR GA 30031-1192			
	Application per	ending F N	ame and address of principal officer		H(a) Is this	a group return for
		-		- 1.	affiliat	
				['	H(b) Are al includ	f affiliates Yes No
						attach a list. (see instructions)
	Tax-exempt	t etatue	X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527			,
<u>: </u>	Website:		.cacga.org	⊣.	H(c) Group	exemption number
					i(c) Gloup	
	Type of organi		Corporation Trust Association Other ► L Year of formatio	<u> </u>		M State of legal domicile
	Part I	Summ	***************************************			
			e the organization's mission or most significant activities:			•
	A	ssist	and support the development, growth & continuation			
Š	0	of chil	drens advocacy centers in the State of Georgia.			
Ë			•	•		
Š	2 Che	eck this bo	If the organization discontinued its operations or disposed of more than 25% of its net	accet	2	•
ၓ	}		ing members of the governing body (Part VI, line 1a)	. 05501.	1 1	16
Activities & Governance				٠	3	16
ë	i		ependent voting members of the governing body (Part VI, line 1b)		4	
Ξ	5 Tota	al number	of employees (Part V, line 2a)		5	2
Ą	6 Tota	al number	of volunteers (estimate if necessary)		6	
-	7a Tota	al gross ur	related business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated	business taxable income from Form 990-T, line 34		7b	0
				ior Year		Current Year
	8 Con	ntributions	and grants (Part VIII, line 1h)	<u>730</u>	,112	1,223,849
Revenue	9 Prog	gram servi	ce revenue (Part VIII, line 2g)		Ī	·
Ž	1	-	come (Part VIII, column (A), lines 3, 4, and 7d)	13	,476	9,441
æ			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		,297	
	1				,885	1,233,290
					,125	897,129
				111	, 123	031,123
	1	•	o or for members (Part IX, column (A), line 4)	4		104 006
98			compensation, employee benefits (Part IX, column (A), lines 5–10)	94	,625	124,006
esue			undraising fees (Part IX, cotonin (A), tine:11e)			
Expe	b Tota	al fundrais	ng expenses (Part IX, column (D), line 25)→			
Ŵ	1 17 Out	er expense	es (Part IX, column (A), lines 11a–11d, 11f–24f) (<u> 379</u>	,349	<u>172,370</u>
	18 Tota	al expense	s. Add lines 13 47 (must edual Part M column A), line 25)	618	,099	1,193,505
			expenses. Subtract line 18 from line 12	135	,786	39,785
5 8			011	of Curre	nt Year	End of Year
Net Assets or Fund Balances	20 Tota	al assets (I	Part X, line 16) OGDEN, UT	434	,031	1,289,124
<u>8</u> 8	21 Tota	-	(Part X, line 26)	917	,274	732,582
₹ ₹	22 Net		fund balances. Subtract line 21 from line 20		,757	556,542
	art II		ture Block			
•	411 (11				the best s	of muclimental des
		and belief	nalties of perjury, I declare that I have examined this return, including accompanying schedules and statements This true, correct, and complete. Declaration of preparer (otbes than officer) is based on all information of whic	s, and to ch prepa	rer has an	y knowledge
٠.			Alle 1 xtxa, O)		1.11	リインクリク
Sig	-		MINUCI ELOUGH		11	11316010
He	re	Sign	ature di officer		Date	
		 	MINICA DITORIA			
		Туре	or print name and title			
		Dennass	Date C	heck if		Preparer's identifying number
Pa	id	Preparer signature	s dillity of the the	elf- mployed		(see instructions)
Pre	eparer's			inployed		EQ 1040004
	e Only	Firm's na	R. Michael JaBounty & Associates		EIN D	58-1948994
_		ıf self-em			Phone	101 606 60-
		<u> </u>	and ZIP+4 Atlanta, GA 30324		no 🕨	404-636-6272
May	y the IRS d	liscuss this	return with the preparer shown above? (see instructions)			Yes No
EAR	Drivacy A	et and Da	perwork Reduction Act Notice, see the senarate instructions			Form 990 (2009)

Form 990 (2009) CHILDREN'S ADVOCACY CENTERS OF 31-148606	<u> </u>	Page 2
Part III Statement of Program Service Accomplishments		
1 Bnefly describe the organization's mission:		
Assist and support the development, growth & continuat	ion	
of childrens advocacy centers in the State of Georgia.	•	
	• •	
	• •	•
2 Did the organization undertake any significant program services during the year which were not listed on		
		□ v ⊽ u
the prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any program		
services?		Yes X No
If "Yes," describe these changes on Schedule O.		
4 Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	nt of grants and	
allocations to others, the total expenses, and revenue, if any, for each program service reported.	•	
4, , , , , , , , , , , , , , , , , ,		
4a (Code) (Expenses \$ 255,308 including grants of \$) (Revenue \$	
PROVIDED TRAINING SEMINARS FOR STAFF OF CHILD ADVOCACY		
CENTERS OF GEORGIA. PROVIDED OPERATING SUPPORT FOR	•	•
•		
APPROXIMATELY 40 CHILD ADVOCACY CENTERS THROUGHOUT		
GEORGIA.	•	
• •	••	•
	•	•
• •		
•	•	
4b (Code) (Expenses \$ including grants of \$) (Revenue \$	
DEVELOPMENT OF WEB BASED CASE TRAINING SYSTEM.	• • • •	
	•	
	•	
• • •		•
	• • •	
· · · · · · · · · · · · · · · · · · ·		
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
		_
		•
	• •	
·	•	
	•	
		•
	•	• •
	•	
	•	
	•	
4d Other program services. (Describe in Schedule O.)	•	
t = t t t t t t t t t t t t t t t t t t		

777	n 990 (2009) CHILDREN S ADVOCACT CENTERS OF S1-1400003			age .
_ <u>P</u>	art 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,"		163	"
•	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? If "Yes," complete			
	Schedule C, Part II	4	X	<u>L</u> _
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			ŀ
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	<u> </u>	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			1
	complete Schedule D, Part I	6	ļ	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
	complete Schedule D, Part III	. 8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			۱
	complete Schedule D, Part IV	9	-	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	. 10	1	X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	44	x	ł
	VII, VIII, IX, or X as applicable	11	1-	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete		1	l
_	Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		l	
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		1	
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
_	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
•	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	. 12	X	
12A		No	1	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	1	
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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	 	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	 	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	 	X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Pa	art IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	,,,,,,	X
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		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a]	
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			4.5
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			x
26	III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	34		
35		35		X
26	Schedule R, Part V, line 2	35		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36		X
37	organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
JI	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 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O.	38	$ \mathbf{x} $	

P	art V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		•			
	U S. Information Returns. Enter -0- if not applicable	1a	0	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_		-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable				
	gaming (gambling) winnings to prize winners?	ı .		1c		X
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		2	┥ ҅	. .	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	Instructions)	.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ру		1		X
	this return?			3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 an every a financial account to a foreign country (such as a bank account, security as a start or other financial account in a foreign country (such as a bank account, security as a start or other financial account in a foreign country (such as a bank account, security as a start or other financial account in a foreign country (such as a bank account as a supplied or other financial).					
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina account)?	liuai		4a		x
b	If "Yes," enter the name of the foreign country: ▶			48		
U	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign B	ank	•			
	and Financial Accounts.	alik				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regar		•	55		
•	Prohibited Tax Shelter Transaction?	9		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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	s 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 go	ods				
	and services provided to the payor?			7a		
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		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	sonal				
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	xt?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			79		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as				
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				.	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
_	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.				•	
a	Did the organization make any taxable distributions under section 4966?		•	9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	10a				
a b	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		┨ ┃		
11	Section 501(c)(12) organizations. Enter:	וטטן		1 1		
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against	119				
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	a	16			
b	Enter the number of voting members that are independent	b	16	_		
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	L	X
3	Did the organization delegate control over management duties customanly 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 organizational documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			Ì		
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during					
	the year by the following:				:	
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 organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
	tion B. Policies (This Section B requests information about policies not required by the Inter	nal				
<u>Rev</u>	renue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					٠,,
	form?			. 11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					35
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a		X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			1.0		
	nse to conflicts?			_12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			1		
	describe in Schedule O how this is done		•	12c		X
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14		
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?			45-	X	
a	The organization's CEO, Executive Director, or top management official		•	15a		x
b	Other officers or key employees of the organization		•	15b	:	
40-	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			160		x
_	with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		• •	16a		
b	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					
				16b	Ī	•
500	the organization's exempt status with respect to such arrangements?		·	1 100	ــــــا	
<u>3et</u>	List the states with which a copy of this Form 990 is required to be filed GA					—
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)		•			•
10	available for public inspection. Indicate how you make these available. Check all that apply	•				
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest					
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization: ► CYNTHIA HOWELL PO BOX 1192					
D:	ECATUR GA 30031-	-11	92 7	70-31	9-6	888

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key 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 the organization		nsate	any			office	r, dii			
(A) Name and Title	(B) Average	Pos	ition (C) kall t	hat ap	nh/\	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	or director		Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
K.B. AYER					_					
MEMBER	1.00	X	<u> </u>			$oxed{oxed}$		0	0	0
BRENDA HODGES JOH									_	
TREASURER	2.00	X	<u> </u>					0	0	0
RITA ROCKER						1			_	_
BOARD CHAIR	2.00	X	_			lacksquare		0	0	0
KIM ADAMS						1		_ :	_	_
MEMBER	1.00	X						0	0	0
JASON ANAVITARTE										
MEMBER	1.00	X						0	0	<u>0</u>
STEVEN S. AYCOCK	ı					1			_	_
MEMBER	1.00	X				Ц.,		0	0	<u> </u>
TOBY BLOOMBERG	ļ	1							_	_
MEMBER	1.00	X	L		_	Ш		0	0	0
NANCY CHANDLER		ł			i				_	_
MEMBER	1.00	X				Ш		0	0	0
REBEKAH CLOSE LEM		1							_	_
MEMBER	1.00	X		_		Ш		0	0	0
KEMBERLIE SANDERS								_	_	_
VICE CHAIR	2.00	X		_		L.		0	0	0
CAROL DONALDSON									_	_
MEMBER	1.00	X		_		<u> </u>		0	0	0
D. LEE GARRETT		l							_	
MEMBER	1.00	X	_		_	ļ		0	0	0
ELLEN GOLDEN		l							_	
MEMBER	1.00	X	_			<u> </u>		0	0	0
LISA JOHNSON		1								
MEMBER	1.00	X		_	_	<u> </u>		0	0	0
JINGER ROBINS									_	_
MEMBER	1.00	X	<u> </u>	<u> </u>	<u> </u>			0	0	0
MISSI UPSHAW				1	1				_	_
MEMBER	1.00	X		<u> </u>	<u> </u>	<u> </u>		0	0	0
CYNTHIA D. HOWELI					1				_	_
EXE. DIR.	40.00			X				68,376	0	0
DAA										Form 990 (2009)

	rt VII Section A. Officers (A) Name and Title	(B) Average hours per			(chec		that a		_	(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoun		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		othe compens from the organiza and relation	r ation he ition ited	
										,					
														-	
						_									
							_								

							_		\perp	<u></u>					
							<u> </u>		\downarrow	68,376					
<u>1b</u> 2	Total Total number of individuals (in	cluding but not li	mited	t ot t	hose	e liste	ed at	DOVE	e) w		[] 5100.000 in				
	reportable compensation from	-													
3	Did the organization list any fo	rmer officer, dire	ctor	or tn	uste	e, ke	y em	olqı	yee	e, or highest compensate	d	1		Yes	No
4	employee on line 1a? If "Yes," For any individual listed on line	complete Sched a 1a, is the sum of	ule J of rep	for s	such ble d	indi mp	vidua sensa	al atior	n ar	nd other compensation fr	om		3		<u> </u>
5	the organization and related or individual Did any person listed on line 1									•••	such		4		X
	services rendered to the organ	ization? If "Yes,"											5		Х
1	tion B. Independent Contractor Complete this table for your five compensation from the organization	e highest compe	nsat	ed ır	ndep	ende	ent c	ontra	acto	ors that received more th	an \$100,000 of				_
		(A) business address								Descript	(B) tion of services		Con	(C) npensate	on
		contractors (incl.)	dina	but.	not I	mito	d to	l thes	ce ii	isted above) who roceive					
	more than \$100,000 in compet		-				- IO		اا ت	above, who receive			0	00=	
DAA	•												Form	990	(2009)

Pa	rt V	III Stater	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
s s	12	Federated can	nnaigns	1a				TOVELIGE.		
ant	h	Membership d	•	1b		5,200				
ρĒ		Fundraising ev		1c		- 0,200				
ifts	ر م	Related organ		1d	_					
a,s	u	Government grants		1e	1	203,000				
Sir	•	All other contribution		10		2037000				
her	•		not included above	1f		15,649				
<u>i</u>	_	Noneach contributio	ne included in lines 1e		\$	13,013				
a	g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f				1,223,849					
<u>e</u>		Total. Add line	55 1a-11			Busn. Code	1,223,013			
eun	2a					<u> </u>				
Rev	b		•							
<u>3</u>	c	٠			•					
ēΖ	d		•	• •						
E	8	9								
Program Service Revenue Contributions, gifts, grants and other similar amounts	f	All other progr	am service reve	nue			•			
됩	g	Total. Add line						<u> </u>		
			come (including of	dıvıden	ds, intere	st, and				
		other similar a	mounts)			▶	9,441			9,441
	4		nvestment of tax	-exem _l	ot bond pr	oceeds ►		*		
	5	Royalties .		-		•			·	
		-	(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps					:			
	c	Rental inc or (loss)								
	_d	Net rental inco	me or (loss)			•		7		
	7a	Gross amount from sales of assets	(ı) Secunties	s	(11)	Other				
		other than inventory								
	b	Less cost or other								
		basıs & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo	•			•	,	111111 111 111		
<u>•</u>	8a		om fundraising ever	nts						
Other Revenue		(not including \$								
à			eported on line 1c)							
<u>-</u>		See Part IV, line		. а						
됩		Less: direct ex		b	_					
_			(loss) from fund		events	•				
	9a		om gaming activities							
		See Part IV, line		. a						
		Less: direct ex		b			-			
			(loss) from gam	ing aci	ivities .		~	··· · · · · · · · · · · · · · · · · ·		
	ıva	returns and all	inventory, less							
	_			a						
		Less: cost of g		b o of an	L					
	С		(loss) from sale: ellaneous Revenue		rentory	Busn. Code				
	11a	IVIISC	Cianeous Revenue	•		20311. 0000				
	11a b		•							
	C		•							
	-	All other reven				-				
	e	Total. Add line	=		•	—				
	12		e. See instruction	ns			1,233,290	0	0	9,441

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B) (C) and (D)

	All other organizations must o		e not required to complet		
	not include amounts reported on lines 6b, 8b, 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 governments and			gonolo ur para	
•	organizations in the U.S. See Part IV, line 21	897,129	897,129		
2	Grants and other assistance to individuals in	0,7,7,2,2,7			
2	the U.S. See Part IV, line 22				
•	Grants and other assistance to governments,				
3	_				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				·····
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees		-		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	101 276	01 101	20 275	
7	Other salaries and wages	101,376	81,101	20,275	
8	Pension plan contributions (include section 401(k)			į	
	and section 403(b) employer contributions)	14 000	11 000	2 25	
9	Other employee benefits	14,875	11,900	2,975	
10	Payroll taxes	7,755	6,204	1,551	
11	Fees for services (non-employees).				
а	Management				
b	Legal	17 025	17 210	717	
	Accounting	17,935	17,218	/ 1 /	
d	Lobbying	30,078	30,078		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6 105	5 881	266	
g	Other .	6,137	5,771	366	
12	Advertising and promotion	62 004	50 200	F 544	
13	Office expenses	63,924	58,380	5,544	
14	Information technology	· · · · · · · · · · · · · · · · · · ·			
15	Royalties .	22 620	20 350	2 262	
16	Occupancy	22,620	20,358	2,262	
17	Travel	14,578	14,578		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 900	9.720	1 000	
19	Conferences, conventions, and meetings	10,800	9,720	1,080	
20	Interest				
21	Payments to affiliates	2,745		2,745	
22	Depreciation, depletion, and amortization	1,703		1,703	
23	Insurance .	1,703		1,103	
24	Other avenues Itemine avenues and				
24	Other expenses. Itemize expenses not		1		
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)		1		
_	OTHER EXPENSES	1,850		1,850	
a	OTHER BARBHSES	1,000		1,050	
ь	·				
٦ 0	· •				
d		<u> </u>			
8					· · · · · · · · · · · · · · · · · · ·
f 25	Total functional expenses. Add lines 1 through 24f	1,193,505	1,152,437	41,068	
25 26	Joint costs. Check here	1,190,000	1,136,737	41,000	<u> </u>
20	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA	iunuraising solicitation .				Form 990 (2009

Part X **Balance Sheet** (A) (B) End of year Beginning of year 411,101 542,156 Cash-non-interest bearing 27,934 2 88,253 Savings and temporary cash investments 2 989,909 646,250 3 3 Pledges and grants receivable, net 6,685 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Assets 7 Notes and loans receivable, net Inventories for sale or use 8 1,996 3,907 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 14,486 other basis. Complete Part VI of Schedule D 12,613 3,091 1,873 10b **b** Less: accumulated depreciation 11 Investments—publicly traded securities 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 1,434,031 1,289,124 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 13,415 17 Accounts payable and accrued expenses 17 18 18 Grants payable 142,500 132,500 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 761,359 592,560 25 25 Other liabilities. Complete Part X of Schedule D 917,274 732,582 26 26 Total liabilities. Add lines 17 through 25 Net Assets or Fund Balances Organizations that follow SFAS 117, check here ▶ X complete lines 27 through 29, and lines 33 and 34. 516,757 556,542 27 Unrestricted net assets 28 Temporanly restricted net assets 28 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 516,757 556,542 33 Total net assets or fund balances 33 1,289,124 434,031 Total liabilities and net assets/fund balances

Form **990** (2009)

Form	990 (2009) C	CHILDREN'S	ADVOCACY	CENTERS	OF	31-1486065		Pa	ge 12
Pa	rt XI Fin	nancial Stateme	nts and Repor	rting					
					-			Yes	No
1	Accounting me	ethod used to prepa	re the Form 990:	Cash	X Accrual	Other			
	If the organiza	ation changed its me	thod of accounting	from a prior year	ar or checked "	Other," explain in			
	Schedule O								
2a	Were the orga	anızation's financıal s	statements compile	ed or reviewed by	y an independ	ent accountant?	. 2a		X
b	Were the orga	anization's financial s	statements audited	by an independ	lent accountan	1?	2b	X	
С	If "Yes" to line	2a or 2b, does the o	organization have a	a committee that	assumes resp	onsibility for oversight of			1
	the audit, revi	new, or compilation o	of its financial state	ments and selec	tion of an inde	pendent accountant?	2c	X	<u> </u>
	If the organiza	ation changed either	its oversight proce	ss or selection p	rocess during	the tax year, explain in			
	Schedule O								
d	If "Yes" to line	2a or 2b, check a be	ox below to indicate	e whether the fin	nancial statem	ents for the year were			
	issued on a co	onsolidated basis, se	eparate basis, or bo	oth:					
	X Separate	basis Consoli	idated basis	Both consolidat	ted and separa	ite basis		•	
3a	As a result of	a federal award, was	s the organization r	equired to unde	rgo an audit o	audits as set forth in			
	the Single Aud	dit Act and OMB Circ	cular A-133?				. 3a	X	
b	If "Yes," did th	ie organization unde	rgo the required au	idit or audits? If	the organization	on did not undergo the]
	required audit	t or audits, explain wi	hy in Schedule O a	ind describe any	steps taken to	undergo such audits.	3b	X	
							Fo	m 99 0	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CHILDREN'S ADVOCACY CENTERS OF GEORGIA, INC.

Employer identification number 31-1486065

P	art I	Reas	on for Public Cha	arity S	Status (All organization	s must c	omplet	e this p	oart.) S	See in	struct	ions.		
The	orgai	nization is not	a private foundation b	ecause	e it is: (For lines 1 through 11,	check only	one box.))						
1	The state of the s													
2	П	A school des	cribed in section 170(b)(1)(A	(ii). (Attach Schedule E.)									
3	П				e organization described in se	ction 170(b)(1)(A)(ii	ii).						
4	H		•		in conjunction with a hospital	-		-	(1)(A)(iii). Enter	the hos	soital's name.		
•	ш	city, and state	- ·		,				(•) (• •) (• •	, . -		,		
5		•		enefit o	f a college or university owned	or operate	ed by a go	vemme	ntal unit	describ	ed in	•		•
•	ш	-	•		•	or operate	d by a go	Verrinte	nar unit	uesano	ea iii			
•		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6	X													
7	A													
_		described in section 170(b)(1)(A)(vi). (Complete Part II)												
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9		An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross												
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)													
10														
11														
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section													
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
	a Type I b Type II c Type III—Functionally integrated d Type III—Other													
0	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
	persons other than foundation managers and other than one or more publicly supported organizations described in section													
			ection 509(a)(2).											
f		-		n deter	mination from the IRS that it is	a Type I,	Type II, or	Type III	support	ing				
		-	check this box											
g				janizati	on accepted any gift or contrib	ution from	any of the	•						
		following per												1
					ntrols, either alone or together	with persor	ns descni	oed in (ii)				Yes	No
					the supported organization?				-			11g(i)	-1	-
		• •	member of a person d		• •							11g(ii		
		` '			escribed in (i) or (ii) above?	•						11g(ii	i)	
<u>h</u>		Provide the f	ollowing information a	bout th	e supported organization(s)									
(i)		of supported	(ii) EIN		(iii) Type of organization		organization		rou notify nization in		ls the		nount of	
	org	anization			(described on lines 1–9 above or IRC section		sted in your document?		of your	organızat (i) organı	zed in the		port	
					(see instructions))				port?		S٦			
						Yes	No	Yes	No	Yes	No			
							<u> </u>							
						<u> </u>			ļ					
						<u> </u>			ļ					
						1	1			1				
						1		ļ						
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total (c) 2007 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 30,720 1,631,511 1,491,873 1,730,112 1,223,849 6,108,065 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 30,720 1,631,511 1,491,873 1,730,112 1,223,849 6,108,065 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 6,108,065 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (e) 2009 (b) 2006 (c) 2007 (f) Total 7 Amounts from line 4 30,720 1,631,511 1,491,873 1,730,112 1,223,849 6,108,065 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 3,073 8,724 21,754 13,476 9.441 56,468 sources 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 2,764 (Explain in Part IV.) 10,297 13,061 Total support. Add lines 7 through 10 11 6,177,594 12 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 98.87% 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 98.75% 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. 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 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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

Sec	tion A. Public Support	JONES WIE DOX	0.1.11.0				
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(0) 2000	(0) 2007	(4)2000	(6) 2000	(1) 10121
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
С	Add lines 7a and 7b				<u> </u>		
8	Public support (Subtract line 7c from line 6.)						····
	tion B. Total Support		1		1	r	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6				<u> </u>		
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						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		1				
14	First five years. If the Form 990 is for the o	•	, second, third, fou	rth, or fifth tax year	as a section 501(c	:)(3)	
	organization, check this box and stop here						>
Sec	tion C. Computation of Public Su	-,,				· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2009 (line 8,	• •	•	n (f))		15	%_
16	Public support percentage from 2008 Sche					16	%_
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2009 (lir	ne 10c, column (f)	divided by line 13,	column (f))		17	<u> </u>
18	Investment income percentage from 2008				•	18	
19a	33 1/3 % support tests—2009. If the organ						. —
	17 is not more than 33 1/3 %, check this bo		=		-		. •
b	33 1/3 % support tests—2008. If the organ						, r-
20	line 18 is not more than 33 1/3 %, check the		=				

Schedule A (F	Supple	mental l	nformation.	. Complete	this part to		planations i	31-1486065 required by Part II, ormation. See inst	line 10;
Do						ie any outer a	iddilloriai iiii	ormation. See inst	uctions.
Part 1	.1, ьіг	ie io	- Other	Income	Decail			-	•
MISCEI	ANEOUS	RECE	IPTS		, , \$	13,	0,61		
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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of organization

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below.

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

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

CHILDREN'S ADVOCACY CENTERS OF

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

	GEORGIA, INC.			31-14860	65
Pa	rt I-A Complete if the organization is exe	empt under section 501(c) or is a section	n 527 organizatio	n.
1	Provide a description of the organization's direct and ind	rect political campaign activities	in Part IV.		
2	Political expenditures			. ▶\$_	
3	Volunteer hours				
Pa	t I-B Complete if the organization is exe	mpt under section 501(<u>:)(3).</u>		
1	Enter the amount of any excise tax incurred by the organ	ization under section 4955		▶\$_	
2	Enter the amount of any excise tax incurred by organizate	ion managers under section 495	55 _.	. • \$ _	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.		.		
	rt I-C Complete if the organization is exe			ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	ation for section 527 exempt fun	ction		
	activities .			▶ \$ _	~
2	Enter the amount of the filing organization's funds contril	buted to other organizations for	section		
	527 exempt function activities			▶\$_	
3	Total exempt function expenditures. Add lines 1 and 2. E	inter here and on Form 1120-PC	DL,		
	line 17b	_		. ▶\$_	
4	Did the filing organization file Form 1120-POL for this ye	• •			Yes No
5	Enter the names, addresses and employer identification				
	were made. For each organization listed, enter the amou	, ,		· ·	31
	contributions received that were promptly and directly de	·		a separate segregated	
	fund or a political action committee (PAC) If additional s		1	T	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
			1		delivered to a separate
					political organization If none, enter -0-
			+	 	none, ener-o-
			+		
	· - ·				
		1	+	 	
		<u> </u>			
Ecr !	Privacy Act and Panenwork Reduction Act Notice see t	he instructions for Form 990 o	 r 990-F <i>7</i>	Sehadula C /Fa-	- 000 or 000 E7\ 2000

Sche	dule C (Form 990 or 990-EZ) 2009 CH	ILDREN'S AI	VOCACY CENT	TERS OF	31-1486	065 Page 2
	rt II-A Complete if the organi under section 501(h)).	zation is exemp	t under section 5	01(c)(3) and fi	led Form 5768 (ele	
<u> </u>	Check ▶ ☐ if the filing organiza	tion belongs to a	n affiliated group			
	Check ▶ ☐ if the filing organiza				ons apply.	
		bbying Expendit	ures		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence p			_		
	Total lobbying expenditures to influence a					·
С						
d		•	• •			
e	Total exempt purpose expenditures (add I	ines 1c and 1d)	••			
f	Lobbying nontaxable amount. Enter the ar	nount from the follow	ng table in both			
	columns.					
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying nont	axable amount is:			
	Not over \$500,000	20% of the amount or	n line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% o	f the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% o	f the excess over \$1,000,0	00		
ſ	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of	the excess over \$1,500,00	0		
ſ	Over \$17,000,000	\$1,000,000	· · ·			
g	Grassroots nontaxable amount (enter 25%	of line 1f)				
h	Subtract line 1g from line 1a. If zero or les	s, enter -0-				
	Subtract line 1f from line 1c If zero or less					
j	If there is an amount other than zero on ei	ther line 1h or line 1i,	did the organization fil	e Form 4720 repo	rtıng	
•	section 4911 tax for this year?					Yes No
		A-Voar Averagi	ng Period Under	Section 501/h	1	
	(Some organizations th	_	_	•		he five
	•		tructions for line		-	.110 1140
	Lob	bying Expenditu	res During 4-Yea	r Averaging P	eriod	- ,
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
8	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768

	(election under section 501(h)).						
		(6	1)		(b)		
		Yes	No	An	nount		
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers?		X				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
С	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		X				
e	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X				
i	Other activities? If "Yes," describe in Part IV	X			30	,07	8
j	Total. Add lines 1c through 1i				30	,07	8
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x		71.		_
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5), d	or sec	tion			
					Ye	s No	0
1	Were substantially all (90% or more) dues received nondeductible by members?			1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2			
3	Did the organization agree to carryover lobbying and political expenditures from the pnor year?			3			
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."						
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political	•					
	expenses for which the section 527(f) tax was paid).						
а	Current year		2a				
b	Carryover from last year		2b				
	Table 1		T				

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying

and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1i

LIMITED CONTACT WITH LEGISLATORS DURING 90 DAY LEGISLATIVE SESSION AND MATERIALS PROVIDED TO MEMBER AGENCIES SUPPORTING THE EXEMPT PURPOSE OF CHILDREN'S ADVOCACY CENTERS OF GEORGIA.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

Employer identification number Name of the organization CHILDREN'S ADVOCACY CENTERS OF 31-1486065 GEORGIA, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part 1 the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Part VI Description of investment (a) Cost or other basis (b) Cost or other (c) Accumulated (d) Book value depreciation (investment) basis (other) 1a Land **b** Buildings c Leasehold improvements d Equipment Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2009

Schedule D (Fo	rm 990) 2009 CHILDREN'S ADVOCACY (CENTERS OF	31-1486065	Page 3
Part VII	Investments—Other Securities. See Form 99	90, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valu	
	(including name of security)		Cost or end-of-year ma	irket value
Financial deriva	• • • •			
Closely-held eq	uity interests			
Other		<u> </u>		
		-		
-		-		
-		- 		-
-		-		
		-		
		-	-	
Tatal (Calumn	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	(b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related. See Form 9			<u> </u>
Fait VIII	(a) Description of investment type	(b) Book value	(c) Method of valu	ation
	(a) Description of investment type	(b) Book value	Cost or end-of-year ma	
			<u> </u>	
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Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
				<u>-</u> .
	(1) 15 000 B 1V 1 (B) 1 45			
	(b) must equal Form 990, Part X, col. (B) line 15.)	25		
Part X	Other Liabilities. See Form 990, Part X, line	(b) Amount		
1.	<u> </u>	(b) Amount		
Federal income	AGENCY LIABILITY	592,560		
MEMBER	AGENCI DIADIDITI	332,300		
		-		
		<u> </u>		
				
Total, (Column	(b) must equal Form 990, Part X, col. (B) line 25)	592,560		
_	tnote. In Part XIV provide the text of the footnote to the organic	- 	ts that reports the	

organization's liability for uncertain tax positions under FIN 48.

Sche	edule D (Form 990) 2009 CHILDREN'S ADVOCACY CENTERS OF 31-1	48606	<u>5</u>	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial	Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	L	1	1,233,290
2	Total expenses (Form 990, Part IX, column (A), line 25)	Ĺ	2	1,193,505
3	Excess or (deficit) for the year. Subtract line 2 from line 1	L	3	39,785
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Pnor penod adjustments	. [7	
8	Other (Describe in Part XIV.)	· [8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	39,785
	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements	1	1	1,233,290
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	. [· · ·
a			İ	
b				
c				
d				
e			2е	
3	Subtract line 2e from line 1	ŀ	3	1,233,290
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•	-	1,233,230
a				
b			4c	
с 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-	5	1,233,290
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expense	s ner Re		1,233,230
1	Total expenses and losses per audited financial statements	ss per ite	4	1,193,505
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<u> </u>		1,133,303
a				
b				
C		[
d			2-	
9	Add lines 2a through 2d	-	2e	1,193,505
3	Subtract line 2e from line 1		3	1,193,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	[
D	Other (Describe in Part XIV.)			
	Add lines 4a and 4b	-	4c	1,193,505
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,193,505
	art XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, line			
	2b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete		
this	part to provide any additional information			
				- -
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Schedule D (Form 990)	2009	CH]	<u>[LD</u> F	REN '	S A	DVO	CAC	Y C	ENTE	RS	OF	,		31	L-14	1860	65				Page 5
Schedule D (Part XIV	Supp	lemen	ital In	form	ation	(con	tinue	<u>d)</u>														
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SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047 2009

► Attach to Form 990.

Open to Public. Inspection

² □ OPERATING SUPPORT Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to **Employer Identification number** non-cash assistance (g) Description of 31-1486065 (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? : (c) IRC (d) Amount of cash grant (e) Amount of non-cash section assistance , 593 22,593 27,162 24,593 24,593 27,593 27,162 22,593 8,664 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 27 : CHILDREN'S ADVOCACY CENTERS OF General Information on Grants and Assistance (b) EIN Enter total number of section 501(c)(3) and government organizations EDMONDSON TELFORD CTR FOR CHILDREN CHILD ADVOCARY CTR OF THE LOOKOUT ANNA CRAWFORD CHILDREN'S CENTER (a) Name and address of organization APPALACHIAN CHILDREN'S CENTER GA GA B B g G G GEORGIA, or government FT. OGLETHORPE CHILDREN'S TREE HOUSE C..A.R.E COTTAGE A CHILD'S VOICE CRESCENT HOUSE Name of the organization GAINESVILLE COVINGTON WOODSTOCK COLUMBUS SAVANNAH FORSYTH ELLIJAY COASTAL MACON Part II Part

Enter total number of other organizations

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

Schedule I (Form 990) 2009

	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
31-1486065	s. Complete if the organization ans	needed.
ADVOCACY CENTERS OF	se to Individuals in the United State	1 (Form 990) if additional space is needed.
CHILDREN'S	nd Other Assistand	Use Part IV and Schedule I-1 (Form 990) i
Schedule I (Form 990) 2009 CHILDREN'S ADVOCACY	Part III Grants ar	Use Part
ഗ്	1	

'	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other)	(f) Description of non-cash a
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I, I	line 2, and any other addition	onal information.

THE ORGANIZATION REQUIRES ALL GRANTEES TO FOLLOW ALL RULES AND REGULATIONS

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

APPORVED BY THE MEMBERSHIP. COMPLIANCE IS MONITORED BY SITE VISITS,

PERIODIC GRANTEE REPORTING AND ANNUAL AUDITS BY AN INDEPENDENT CERTIFIED

PUBLIC ACCOUNTANT.

Schedule I (Form 990) 2009

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SCHEDULE 1-1

(Form 990)

2009 No 1545-0047

Continuation Sheet for Schedule I (Form 990)

Schedule I-1 (Form 990) 2009 Open to Public Inspection Employer identification number (h) Purpose of grant OPERATING SUPPORT or assistance 31-1486065 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II. non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash ► Attach to Form 990 to list additional information for assistance Schedule I (Form 990), Part II or Part III. 24,593 11,724 22,593 50,186 27,593 22,693 50,186 24,593 6,664 24,593 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable CHILDREN'S ADVOCACY CENTERS OF (p) EIN ŧ ١ 1 ı 1 I ١ 1 ١ 1 ı RAINBOW HOUSE CHILDREN'S RESOURCE C ı I (a) Name and address of organization GOLDEN ISLES CHILDREN'S CENTER GWINNETT SEXUAL ASSAULT CENTE GEORGIA, ENOTAH CHILD ADVOCACY CENTER । ଖ । हु[।] 1 । ଖ GEORGIA CENTER FOR CHILDREN 1 8 ۱۶ 1 8 ١ş PATAULA CENTER FOR CHILDREN S S or government ١ I ı ı 1 ١ ١ l 1 Ī ı Department of the Treasury Internal Revenue Service ı ١ ١ ١ PATTICAKE HOUSE Name of the organization HARMONY HOUSE HELEN'S HAVEN BLAIRSVILLE Ī ١ Ī 1 HARBOR HOUSE ١ ļ HINESVILLE BRUNSWICK ROYSTON - - - -BLAKELY TIFTON - - -DULUTH ١ OTHERS Part 1 ROME

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SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection OMB No 1545-0047 2003

Internal Revenue Service		Schedule	negule I (Form 990), Part III of Part III	y Part III.			
Name of the organization CHILDREN'S ADVOCACY	ACY CENTERS	RS OF				Emp	Employer identification number 31 – 1486065
ľ	Assistance to	Governments a	and Organization	s in the United	States (Sched	ients and Organizations in the United States (Schedule I (Form 990),	Part II.)
ļ	(b) EIN	(c) IRC Code section	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation (book, FMV, appraisal,	(g) Description of	(h) Purpose of grant or assistance
RAINBOW HOUSE, INC					ower)		
JONESBORO GA			27,593				OPERATING SUPPORT
CHILDREN'S ADV.							
MARIETTA GA			27,593				OPERATING SUPPORT
ADVOCACY SERVICE							
MAYCROSS GA			14,896				OPERATING SUPPORT
STEPPING STONE							
			8,664				OPERATING SUPPORT
TEWAY CENTER							
CORDETE			24,593				OPERATING SUPPORT
EN HOUSE							
			22, 563				TRODUCT SULTER SALE
EE HOUSE							
1			27,593				OPERATING SUPPORT
TWIN CEDARS YOUTH SERVICES				-			
LAGRANGE			27,593				OPERATING SUPPORT
CHILDREN'S ADVOCACY CENTER	_						
COLQUITT GA			12,696				OPERATING SUPPORT
HOUSE CHILDREN'							
SWALNS GA			27,593				OPERATING SUPPORT
CHILD ADVOCACY CENTER OF LOWNDES CO							
VALDOSTA GA GA			14,911				OPERATING SUPPORT
ct and Paperwork Re	see the Instructio	ns for Form 990.			•		Schedule I-1 (Form 990) 2009

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SCHEDULE 1-1

OMB No 1545-0047

Schedule I-1 (Form 990) 2009 Open to Public inspection 2003 **Employer identification number** (h) Purpose of grant OPERATING SUPPORT OPERATING SUPPORT OPERATING SUPPORT OPERATING SUPPORT OPERATING SUPPORT OPERATING SUPPORT or assistance 31-1486065 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II. non-cash assistance (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Continuation Sheet for Schedule I (Form 990) (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. 22,593 24,593 12,696 22,593 22,593 27,593 22,593 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. ıf applicable CHILDREN'S ADVOCACY CENTERS OF (p) EIN I ı ١ ١ Ī ١ FIRE FLY CHILDREN'S ADVOCACY CENTER FORSYTH COUNTY CHILDREN''S ADVOCACY GRADY COUNTY CHILD ADVOCACY CENTER 1 ı A BETTER WAY CHILDREN'S ADVOCACY (a) Name and address of organization ł ١ GEORGIA, ۱ ق । ଖ ŀ ١ 1 ١g g S ð or government I 1 ١ ı 1 1 ١ 1 CHILD ENRICHMENT INC. I 1 I ١ 1 ١ Department of the Treasury ١ 1 ١ I Name of the organization SADIE'S HOUSE l 1 I 1 1 I CARTERSVILLE ١ ١ THE COLTAGE ı (Form 990) ١ ١ COMMING DOUGLAS AUGUSTA ALBANY ATHENS 1 ١ Part I CAIRO ١ ١ ١

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Part II Continuation of Grants and Other Assistance to Individuals	of Grants and Other Assistance to Individ	duals in the United States (Sch	in the United States (Schedule I (Form 990), Part III.)	90), Part III.)	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
				,	
			""		
	-				
					Schedule I-1 (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.

Name of the organization

CHILDREN'S ADVOCACY CENTERS OF GEORGIA, INC.

Employer identification number 31-1486065

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 THE FORM IS REVIEWED BY MANAGEMENT BEFORE FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Executive Director compensation is determined by the Finance Committee. During the Annual Budget review and approval process.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation ALL INFORMATION IS AVAILABLE TO THE PUBLIC UPON REQUEST.

CHILDRENS CHILDREN'S ADVOCACY CENTERS OF 31-1486065 Federal Statements

FYE: 12/31/2009

9/17/2010 9:37 AM

Taxable Interest on Investments

 Description	_	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	
	\$_	9,441		14			
Total	Ś	9,441					

9/17/2010 9:37 AM Fund Raising ᄵ 366 366 Management & General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) 5,771 Program Service CHILDRENS CHILDREN'S ADVOCACY CENTERS OF Federal Statements 6,137 6,137 Total Expenses Description FYE: 12/31/2009 Total