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ANCAC 03/10/2011 1 54 PM

Department of the Treasury Internal Revenue Service

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

<u>A</u>	For the 200	9 calendar year, or tax year beginning 10/01/09, and ending 09/30/10	_		
В	Check if applica	I ine l	D E	mployer	identification number
	Address change	label or Advocacy Centers, Inc.			
_ □	Name change	print orDoing Business As		3-10	48697
ا	Initial return	type. Number and street (or P O box if mail is not delivered to street address) Room/suite		elephone	
$\overline{\Box}$	Termination	Specific Character of the second seco			334-3468
		Instruc- City or town, state or country, and ZIP + 4 Montroports A 3 5 1 0 2 2 1 6 7	G Gros	s receipts \$	1,981,346
	Amended return	C. Name of address of the Control of	┦		
/	Application pend	Lynn Hart		-	up return for Yes X No
		67 Downing Dr.	H(b)	affiliates? Are all affilia	tes 🗀 🗎
		Phenix City AL 36869		ncluded?	Yes No
_	Tax-exempt		- '	r No, atta	ch a list (see instructions)
		www.alabamacacs.org	- _(a)		antion number
	Type of organiz		H(C)		ption number > State of legal domicile
	art i	Summary		į (V)	state of legal domicale
		y describe the organization's mission or most significant activities			·
		ee Schedule O			
9	3,	se schedule o			
la l					
Activities & Governance					
_{စ်}		k this box > if the organization discontinued its operations or disposed of more than 25% of its net assi	1	١ ۵	•
92		per of voting members of the governing body (Part VI, line 1a)	_	3 2	
ties		ber of independent voting members of the governing body (Part VI, line 1b)	_	4 2	
ţ		number of employees (Part V, line 2a)	<u> </u>	5 1	
A	Î	number of volunteers (estimate if necessary)	<u> </u>	6	
		gross unrelated business revenue from Part VIII, column (C), line 12	_	7a	
\dashv	b Netι	nrelated business taxable income from Form 990-T, line 34		7Ь	C
	0 Camt	Prior)		2	Current Year
en e			57,05		1,973,319
le)		ram service revenue (Part VIII, line 2g)	6,95		6,950
Revenue		tment income (Part VIII, column (A), lines 3, 4, and 7d)	49	96	698
		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		379
			64,49		1,981,346
			03,34	10	1,798,668
		fits paid to or for members (Party) column (A), line 4)	20 46		40.054
Se.	15 Sala	other compensation, employee benefits (Part IX, column (A), lines 5–10)	39,43		48,956
sesued	16a Profe		14,40	00	14,400
Exp	b Total	fundraising expenses (Part IX enumn (D), line 25) ▶ 25,895		_	
ш	17 Oth		81,1		72,753
	18 otal	expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	38,35		1,934,777
- (O	19 Reve		<u> 26,14</u>		46,569
(ssets) or Balances	20 T-4-1	Beginning of C			End of Year
ssé Bala	20 Total	 	06,33	$\overline{}$	274,224
팔		liabilities (Part X, line 26)	$\frac{3,74}{22}$		25,072
<u>- E</u>			02,58	53	249,152
9 P	art II	Signature Block			
_		Under penalties of perjury, I declare that have examined this return, including accompanying schedules and statements, an and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which p	nd to the b	est of my	knowledge Wedge /
Sig	_		ا ۱۰۰، ۱۰۰	2/	1.6
ວາ <u>g</u> Her		Marta Mar May		\mathcal{S}_{I}	<u> </u>
	e	Manita Synn Hast, Found tresiden	Ψ '	Date	•
		Type or print name and title			Donamia vlasticas sumba-
Pai	d	Preparer's Date Check self-	k ıf		Preparer's identifying number see instructions)
	parer's	signature Famus T Randym CPM 03/10/11 empl	oyed 🕨		
	Only	Firm's name (or yours James F. Randolph CPA	EIN		63-1231668
USE	5 Only	f self-employed), 730 Energy Center Blvd. Suite 1401	Ph	one	
		address, and ZIP+4 Northport, AL 35473	no		05-345-1011
Vlay	the IRS dis	cuss this return with the preparer shown above? (see instructions)		_	Yes No
For	Privacy Ac	t and Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DAA					, ,

Form 990 (2009) Alabama Network of Children's Part III , Statement of Program Service Accomplishments

1 Brie	fly describe the organization's mission
Seè	Schedule O

See Sch	edule O		
2 Did the area			
_	nization undertake any significant p m 990 or 990-EZ?	rogram services during the year which were not list	ed on Yes 🔀 N
•	cribe these new services on Sched	ule O	
Did the orga	nization cease conducting, or make	significant changes in how it conducts, any progra	m
services?			Yes X N
	cribe these changes on Schedule C		
		each of the organization's three largest program se nd section 4947(a)(1) trusts are required to report t	
		venue, if any, for each program service reported	ie amount of grants and
		44,225 including grants of \$ 1,79	
multidi: childre	sciplinary proces n and supports th	hildren's Advocacy Centers s in fostering an abuse- e development of the chil reness, training and coll	ree society for Alabama's dren's advocacy center
b (Code) (Expenses \$	including grants of \$) (Revenue \$
c (Code) (Expenses \$	including grants of \$) (Revenue \$

4d	Other program	services	(Describe in	Schedule O)
----	---------------	----------	--------------	-------------

(Expenses \$ 4e Total program service expenses ▶

including grants of \$ 1,844,225

) (Revenue \$

Form **990** (2009)

Form	990 (2009) Alabama Network of Children's 63-1048697					Р	age 3
Pa	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,"						
	complete Schedule A				1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?				2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to						
	candidates for public office? If "Yes," complete Schedule C, Part I				3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete						
	Schedule C, Part II				4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)						
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III				5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have						
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"						
	complete Schedule D, Part I				6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II				7_		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"						
	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,"						
	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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,					~	
	VII, VIII, IX, or X as applicable				11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete						
	Schedule D, Part VI						
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more						
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII						
•	Did the organization report an amount for other assets 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						
12	Schedule D, Parts XI, XII, and XIII				12	х	
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year?		Yes	No	-12	-	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	LIEA	<u> </u>		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?				14a		X
	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		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		х
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?						

Form **990** (2009)

If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part 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 29 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 pnor 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		X
С	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,		- 1	
	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	_	X
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		<u> </u>
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		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	İ	ļ	
	Schedule R, Part V, line 2	35		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36]	<u> </u>
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		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		Ì	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

<u> </u>	int v Statements Regarding Other IRS Filings and Tax Compliance				
4-	Established annual of Day 2 of Established Annual Occurrence of Toursell of			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	-		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and report	L 1b L			-
·	gaming (gambling) winnings to prize winners?	table	10	x	. '
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	1c		
24	Statements, filed for the calendar year ending with or within the year covered by this return	2a 1		l	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'		2b	x	-
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v			
-	this return?	,	3a		x
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 aut	hority	· · ·		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	-			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ba	nk		İ	
	and Financial Accounts				
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	1?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ng			
	Prohibited Tax Shelter Transaction?		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		<u> </u>
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 goo	ds	-	-	
	and services provided to the payor?		7a	-	<u> </u>
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		_		v
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	احا	7c		<u> </u>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a pers		1		
٠	benefit contract?	oriai	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract)	7f		$\frac{\mathbf{x}}{\mathbf{x}}$
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		, g		
	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		1	ŀ	
	organization, have excess business holdings at any time during the year?		8		X
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	↓	ļ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter	l I			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
10-	amounts due or received from them)	11b		ł	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1	12a		
<u>u</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		900	/0000°
			⊦om	990	(2009)

Form 990 (2009) Alabama Network of Children's 63-1048697 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Enter the number of voting members of the governing body b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customanly performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X 8a X b Each committee with authority to act on behalf of the governing body? 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Does the organization have local chapters, branches, or affiliates? X 10a 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 X 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 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? X a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization X 15b 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? X 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 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 ▶ J.J. Moody 619 South Perry Street 334-834-3468 AL 36104 Montgomery

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

(A) Name and Title	(B) Average			(chec		hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	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
Lynn Hart		Ì								
President	2.00	X		X	_			0	0	0
Jannah Bailey										-
Immediate Past Pres.	1.00	X	L_	X				0	0	0
Joe Nabors										
Vice Pres.	1.00	X		X				0	0	0
Leslie Wright		}								
Treasurer	1.00	X		X				0	0	0
Elizabeth Wheatle	Y									
Secretary	1.00	X		X				0	0	0
	<u></u>	-								

<u>Par</u>		, Directors, Trus	tees	, Ke	y En	nplo	yees	and	d Highest Compensated E	mployees (continued)				
	`(A) 、 Name and Title	(B) Average hours per	├ ─		(chec		that a		(D) Reportable compensation	(E) Reportable compensation		(F) Estimate imount		
		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)	cor or a	other mpensa from the ganizat nd relatiganization	ation e con ced	
														_
														_
		-											<u>.</u>	
														_
												<u> </u>		_
														_
									, <u>.</u>					
45	T-A-1													
	Total Total number of individuals (inc	cluding but not lim	uted	to th	nse l	ister	l aho	ve) v	who received more than \$10	00 000 in				_
	reportable compensation from													
												Y	es No	_
	Did the organization list any for employee on line 1a? If "Yes," o	complete Schedu	le J f	for su	ıch ıı	ndıvı	dual				_	3	х	
1	For any individual listed on line the organization and related org individual											4	x	
	Did any person listed on line 1a services rendered to the organi											5	X	_
1 (on B. Independent Contractor Complete this table for your five compensation from the organiz	highest compen	sate	d ind	eper	nden	it con	trac	tors that received more than	n \$100,000 of				_
		(A) business address	<u> </u>						Descript	(B) tion of services		Comp	(C) pensation	_
										<u> </u>				_
											_			_
										 				_
														_
2	Total number of independent co	ontractors (includi	ing b	ut no	ot lim	uted	to the	ose I	Isted above) who received					_
	more than \$100,000 in compen											0 Form \$	90 (2009	_ 9)
													(2000	-1

	rt V	III Staten	nent of Reve	nue						1 age 0
	•						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated can Membership d Fundraising ev Related organi Government grants All other contribution and similar amounts Noncash contributio Total . Add line	ues /ents /zations (contributions) ns, gifts, grants, s not included above ns included in lines 1a-	1a 1b 1c 1d 1e 1f \$		973,319	1,973,319		-	
		Total Title	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>		_	Busn. Code				
Program Service Revenue	2a b c d	Member 1	Dues				6,950	6,950		
Jrar	e	All other areas								
Pro			am service reven	ue			6,950			
_	3	Total. Add line Investment inco other similar a	come (including d	ıvıdend	s, interes		698	698		
	4	Income from in	nvestment of tax-	exempt	bond pro	ceeds >				
	5	Royalties	(ı) Real		(u) F	Personal				
	6a	Gross Rents	·	 						
	b	Less rental exps		 -						
		Rental inc or (loss)			_	-				
	C								~-	
	d 7a	Net rental inco Gross amount from sales of assets other than inventory	(i) Secunties		(11)	Other				
	b	Less cost or other basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (los	ss)			•				
Other Revenue	8a	(not including \$ of contributions r	om fundraising even							
ē		See Part IV, line		a						
ह		Less direct ex	=	b L				}	-	
			(loss) from fundr		vents	▶				
1	9a		om gaming activities							
i	_	See Part IV, line		a _						
		Less direct ex		b L						·
			(loss) from gamii	ng activ T	ities					
	ıva		inventory, less							
		returns and all		a						
		Less cost of g		b					~ -	
	<u> </u>		(loss) from sales ellaneous Revenue		ntory	Busn. Code		·		
	44.					Busii. Code	379	379		
	11a b	Miscellan	eous				3/9	3/9		
ļ										
	d	All other reven	ure							
	e	Total. Add line					379			
	-		e. See in <u>s</u> truction	ne.			1,981,346	8,027	0	0
	12	Total Revenue	e. Oce monucuor	13			1,301,340	0,021		

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 complete column (A) but are not required to complete columns (B), (C), and (D).											
	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			<u> </u>								
	organizations in the U.S. See Part IV, line 21	1,798,668	1,798,668									
2	Grants and other assistance to individuals in				·							
	the U S See Part IV, line 22											
3	Grants and other assistance to governments,		····									
_	organizations, and individuals outside the											
	U S See Part IV, lines 15 and 16											
4	Benefits paid to or for members			-								
5	Compensation of current officers, directors,											
	trustees, and key employees											
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and			İ								
	persons described in section 4958(c)(3)(B)											
7	Other salaries and wages	39,564	19,782	9,891	9,891							
8	Pension plan contributions (include section 401(k)	35/301		3,031	3,031							
Ŭ	and section 403(b) employer contributions)	1,635		1,635								
9	Other employee benefits	4,442		4,442								
10	Payroll taxes	3,315	1,657	829	829							
11	Fees for services (non-employees)	3,313	1,001	023	023							
ı. a	Management											
b	Legal			· · · · · · · · · · · · · · · · · · ·								
C	,	12,200		12,200								
d	·	12,200		12,200								
e		14,400			14,400							
f	Investment management fees	11,100			14,400							
g	Other	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·									
12	Advertising and promotion											
13	Office expenses	5,778	2,889	2,889								
14	Information technology	3,776	2,009	2,889								
15	Royalties											
16	Occupancy	10,150	4,800	5,350								
17	Travel	16,390	8,195	8,195								
18	Payments of travel or entertainment expenses		6,193	6,195								
10	for any federal, state, or local public officials											
10		2,373	2,182	191								
19 20	Conferences, conventions, and meetings Interest	34	2,102	34								
21	Payments to affiliates	34		34								
22	Depreciation, depletion, and amortization	4,241		4,241								
23	Insurance	3,100	1,550	775	775							
23	lisurance	3,100	1,330	775								
24	Other expenses Itemize expenses not			ŀ								
	covered above (Expenses grouped together	1										
	and labeled miscellaneous may not exceed											
	5% of total expenses shown on line 25 below)	İ										
	Telephone/Communications	4,241	2,121	2,120	······································							
a b	Postage and Printing	3,866	1,933	1,933								
C	Board Meeting Expense	3,624	1,999	3,624								
d	Office Utilities	2,023		2,023								
a e	Diversity Stipend	1,275		1,275								
e	All other expenses	3,458	448	3,010								
JE I	Total functional expenses. Add lines 1 through 24f	1,934,777	1,844,225	64,657	25 205							
25		1,332,111	1,044,223	04,05/	<u>25,895</u>							
26	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					- 000							

				(A) Beginning of year		(B) End of year
14	Cash non interest hearing			97,073	1	153,978
1	Cash—non-interest bearing			97,127		74,376
2	Savings and temporary cash investments			91,121	2	14,510
3	Pledges and grants receivable, net		-		3	
4	Accounts receivable, net	untana tinu	-		4	
5	Receivables from current and former officers, directors, tr	·=			[
	employees, and highest compensated employees Compl	ete Part II of				
١.	Schedule L		-		5	
6	Receivables from other disqualified persons (as defined u]	
	4958(f)(1)) and persons described in section 4958(c)(3)(B	Complete	-		. 1	
3 _	Part II of Schedule L		-		-6	
7 8			F	-	7	
i 8	Inventories for sale or use		-		8	
` 9	Prepaid expenses and deferred charges	r i	 -		9	
10	a Land, buildings, and equipment cost or	1	26 224		i	
	other basis Complete Part VI of Schedule D	10a	36,004	44 004	-	14 70
'	Less accumulated depreciation	10b	21,274	11,331	10c	14,730
11	• •		Ļ		11	20.044
12	Investments—other secunties See Part IV, line 11		<u> </u>		12	30,340
13	Investments—program-related See Part IV, line 11		<u> </u>		13	·
14	Intangible assets				14	
15	Other assets See Part IV, line 11			800	15	800
16	Total assets. Add lines 1 through 15 (must equal line 34)			206,331	16	274,224
17	Accounts payable and accrued expenses		Ļ	2 <u>,8</u> 87	17	20,239
18	Grants payable				18	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities		_		20	
3 21	Escrow or custodial account liability Complete Part IV of S	Schedule D			21	
22	Payables to current and former officers, directors, trustees	s, key)	
21 22	employees, highest compensated employees, and disqua	lified].	·	-	
i	persons Complete Part II of Schedule L		_		22	
23	Secured mortgages and notes payable to unrelated third p	parties			23	
24	Unsecured notes and loans payable to unrelated third par	ties			24	
25	Other liabilities Complete Part X of Schedule D		L	861	25	4,833
26	Total liabilities. Add lines 17 through 25			3,748	26	25,072
3	Organizations that follow SFAS 117, check here ▶ 🔀	and			- 1	
2	complete lines 27 through 29, and lines 33 and 34.			_	- 1	
27	Unrestricted net assets			182,003	27	212,700
í 28	Temporanly restricted net assets		<u>_</u>	20,580	28	36,452
29	•		Ļ		29	
3	Organizations that do not follow SFAS 117, check her	e ▶				
5	and complete lines 30 through 34.				_	-
3 30	Capital stock or trust principal, or current funds		L		30	
31	Paid-in or capital surplus, or land, building, or equipment f	und			31	
32	Retained earnings, endowment, accumulated income, or o	other funds			32	
27 28 29 30 31 32 33 34	Total net assets or fund balances			202,583	33	249,152
34	Total liabilities and net assets/fund balances		[206,331	34	274,224

Form **990** (2009)

orn	1 990 (2009) Alabama Network of Children's 63-1048697		Pa	ge 12
Pa	art XI Financial Statements and Reporting	-		-
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			l'
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c_	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			-
	Schedule O			,
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			l ,
	issued on a consolidated basis, separate basis, or both			!
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

Open to Public Inspection

Advocacy Centers, Inc. 63-1048697

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

Alabama Network of Children's

Г(irt i	Reas	on for Public Charity	Status (All organizations	must c	ompiete	tnis p	<u>aπ.) S</u>	ee ins	Struction	ons		
he (orgai	nization is not	a private foundation because	et is (For lines 1 through 11, che	eck only o	ne box)							
1		A church, cor	nvention of churches, or asso	ociation of churches described in	section 1	70(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in secti	ion 170(b)(1)(A)(iii)							
4	П	A medical res	search organization operated	in conjunction with a hospital de	scribed in	section '	170(b)(1)(A)(iii).	Enter th	he hosp	ital's name,		
	_	city, and state								•			
5	\Box	An organizati	on operated for the benefit of	f a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	l ın			
		_	(b)(1)(A)(iv). (Complete Part	= *	•	, ,							
6	\Box			overnmental unit described in sec	ction 170(b)(1)(A)(v	r).						
7	X		-	ubstantial part of its support from	-		•	n the ae	neral pu	iplic			
			section 170(b)(1)(A)(vi). (Co		•		··· -· ·· •						
8	\Box			70(b)(1)(A)(vi). (Complete Part II	1)								
9	П	-) more than 33 1/3 % of its suppo	•	ntribution	s. memb	ership f	ees. an	d aross			
				pt functions—subject to certain e				•		•			
				d unrelated business taxable inci									
			•	, 1975 See section 509(a)(2). (•								
10	\Box			xclusively to test for public safety			a)(4).						
11	П			xclusively for the benefit of, to pe				carry ou	t the				
		purposes of c	one or more publicly supporte	d organizations described in sec	tion 509(a)(1) or se	ction 509	9(a)(2) \$	See se c	tion			
				e type of supporting organization									
		а П Туре	_	c Type III–Functions			d		e III–Ot	her			
e		By checking t	this box, I certify that the orga	inization is not controlled directly	or indirect	tly by one	or more	disquali	fied				
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
	509(a)(1) or section 509(a)(2)												
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	t 17, 2006, has the organization	on accepted any gift or contributi	on from a	ny of the							
		following per	rsons?										
		(i) A persor	n who directly or indirectly cor	ntrols, either alone or together wi	th persons	s describe	d ın (ıı)					Yes	No
		and (III) b	below, the governing body of	the supported organization?							11g(ı)		
		(ii) A family	member of a person describe	ed ın (ı) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii		
h		Provide the f	following information about th	e supported organization(s)									
(1)		of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did y	ou notify	(vi)	ls the	(vii) Am	ount of	
	org	anization		(described on lines 1–9		sted in your		nization in of your	organizat	ion in col ized in the	sup	ort	
				above or IRC section (see instructions))	governing	document?		port?		S ?			
					Yes	No	Yes	No	Yes	No			
												_	
					ł	1							
					<u> </u>	ļ							
			-		 				<u> </u>				

Sche	edule A (Form 990 or 990-EZ) 2009 ALa	<u>lbama Netwo</u>	ork of Ch.	llaren's	<u> 63</u>	-1048697	Page 2
Pa	Support Schedule for On (Complete only if you che				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,778,346	1,888,149	2,029,662	1,964,002	1,973,319	9,633,478
2	Tax revenues levied for the organization'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	1,778,346	1,888,149	2,029,662	1,964,002	1,973,319	9,633,478
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						9,633,478
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,778,346	1,888,149	2,029,662	1,964,002	1,973,319	9,633,478
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,006	1,791	955	496	698	4,946
9	Net income from unrelated business activities, whether or not the business is regularly carned on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10			<u>. </u>			9,638,424
12	Gross receipts from related activities, etc. (,				12	8,027
13	First five years. If the Form 990 is for the o	organization's first, se	econd, third, fourth	, or fifth tax year as	a section 501(c)(3	3)	
	organization, check this box and stop here						▶
Sec	tion C. Computation of Public Su	· ·		·			
14	Public support percentage for 2009 (line 6,	column (f) divided by	line 11, column (f))		14	99.95%
15	Public support percentage from 2008 Schei	dule A, Part II, line 14	1			15	99.94%
l6a	33 1/3 % support test—2009. If the organi	zation did not check	the box on line 13,	and line 14 is 33 1.	/3 % or more, chec	k this box	_
	and stop here. The organization qualifies a	is a publicly supporte	d organization				► X
b	33 1/3 % support test—2008. If the organi	zation 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 qualifi	ies as a publicly supp	orted organization	ſ			▶ 🗌
17a	10%-facts-and-circumstances test—2009	9. If the organization	did not check a bo	x on line 13, 16a, o	r 16b, and line 14 i	s 10% or	
	more, and if the organization meets the "fac						
	organization meets the "facts-and-circumsta						▶ 🗌
b	10%-facts-and-circumstances test—2008	B. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line	e 15 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstance	s" test, check this	box and stop here	. Explain in Part IV	how the	
	organization meets the "facts-and-circumsta	ances" test. The orga	anization qualifies a	as a publicly suppoi	rted organization		▶ 🗌
18	Private foundation. If the organization did	not check a box on l	ne 13, 16a, 16b, 1	7a, or 17b, check t	his box and see ins	structions	▶ ∐

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

	(Complete only if you che	ecked the box	on line 9 of Pa	rt I.)			
Sec	tion A. Public Support						
Ca	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Sec	tion B. Total Support	<u> </u>	<u> </u>				<u> </u>
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
С	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)	L					
14	First five years. If the Form 990 is for the companyation, should the how and star have		second, third, fourtl	n, or fifth tax year a	s a section 501(c)(3)	
Soc	organization, check this box and stop here tion C. Computation of Public Su		200	·			
15 16	Public support percentage for 2009 (line 8,		- '	T))		15	<u> </u>
16_ Sec	Public support percentage from 2008 Schetion D. Computation of Investme					16	<u>%</u>
<u>000</u> 17	Investment income percentage for 2009 (Iir			olumn (fl.)		17	0/
18	Investment income percentage for 2009 (in		*	oidiiii (1 <i>))</i>		18	<u>%</u>
19a	33 1/3 % support tests—2009. If the organ			4 and line 15 is mi	ore than 33 1/3 %		
	17 is not more than 33 1/3 %, check this bo						▶ [
b	33 1/3 % support tests—2008. If the organ	nization did not che	ck a box on line 14	or line 19a, and line	e 16 is more than 3	3 1/3 %, and	- 1_
	line 18 is not more than 33 1/3 %, check this						▶ [
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	h check this how as	nd see instructions		▶ □

Schedule A (Form 990 or 990-EZ) 2009 Alabama Network of Children's

63-1048697

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10;

Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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

Open to Public Inspection

	e of the organization labama Network of Children's		Employe	er identification number
	dvocacy Centers, Inc.		63-1	.048697
	art I Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, P	ds or Other Similar Funds or Ac	count	s. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	_	
	funds are the organization's property, subject to the organization's exclusi	ve legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other		
	purpose conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements. Complete if the organ	nization answered "Yes" to Form	990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	l tha <u>t a</u> pply)		
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impo	rtant land	d area
	Protection of natural habitat	Preservation of certified historic str	ucture	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	tion contribution in the form of a conservation	on	
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	ed ın (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06		2d	<u></u>
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization of	luring	
	the taxable year			
4	Number of states where property subject to conservation easement is local	ated ▶		
5	Does the organization have a written policy regarding the periodic monitor	nng, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	-			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year		
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section		О. О.
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easement	•		
	balance sheet, and include, if applicable, the text of the footnote to the org	janization's financial statements that descri	oes	
	the organization's accounting for conservation easements art III Organizations Maintaining Collections of Art, I	distorical Transuras or Other Si	milar /	\ccoto
	Complete if the organization answered "Yes" to		illiai F	
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet we	orks of	·
	art, historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ıc servic	e,
	provide, in Part XIV, the text of the footnote to its financial statements that	describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its re	evenue statement and balance sheet works	of art,	
	historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public se	ervice,	
	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		•	· \$
2	If the organization received or held works of art, historical treasures, or other	her sımılar assets for financıal gaın, provide	the	
	following amounts required to be reported under SFAS 116 relating to the	se items		
а	Revenues included in Form 990, Part VIII, line 1		•	· \$
b	Assets included in Form 990, Part X		•	· \$
	_			

Sche	edule D (Form 990) 2009 Alabama Ne	twork of Ch	<u>ildren's</u>	63-10	048697	Page 2
Pa	art III Organizations Maintaining	Collections of Art	Historical Treas	ures, or Other	Similar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	ck any of the following	that are a significant	use of its	
а	Public exhibition	d Loar	or exchange progran	าร		
b	Scholarly research	e Othe				
c	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	ctions and explain how t	hey further the organiz	zation's exempt purp	ose in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, he maintained as part of the	nistoncal treasures, or the organization's colle	other similar		Yes No
Pa	art IV Escrow and Custodial Arrai				"Yes" to Form 9	
	IV, line 9, or reported an amo	*	•		100 101 01111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1a	Is the organization an agent, trustee, custodian			assets not		
14	included on Form 990, Part X?	or other intermediary to	CONTRIBUTIONS OF OTHER	433Ct3 110t		Yes No
h	If "Yes," explain the arrangement in Part XIV and	d complete the following	ı tahla			☐ 163 ☐ NO
D	II 165, explain the arrangement in Fatt XIV and	a complete the following	labic			Amount
_	Regioning balance				1c	74110411
	Beginning balance					
a	Additions during the year				1d	
e	Distributions during the year				1e	*-
†	Ending balance				1f	
	Did the organization include an amount on Form	1 990, Part X, line 217				☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV	to if committee a		- F 000 D-	4 IV / I'm = 40	
Pa	art V Endowment Funds. Comple			·	T	l. 163 F 5 - 1
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years bac	k (e) Four years back
	Beginning of year balance				-	
_	Contributions					ļ. <u></u>
C	Net investment earnings, gains,					
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses				<u> </u>	
g	End of year balance			<u>L</u>	<u> </u>	
2	Provide the estimated percentage of the year er	nd balance held as				
а	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
C	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admin	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Sche	edule R?			3b
4	Describe in Part XIV the intended uses of the or					
Pa	art VI Investments—Land, Buildin), Part X, line 10),	
	Description of investment	(a) Cost or other basis			cumulated	(d) Book value
		(investment)	basis (other		reciation	•
1a	Land			1		
	Buildings					
	Leasehold improvements					
	Equipment			- -		
	Other		36	,004	21,274	14,730
	I. Add lines 1a through 1e (Column (d) must equi	al Form 990. Part X. col		,	D	14,730
	<u> </u>					<u></u>

Schedule D (Form 990) 2009

	orm 990) 2009 Alabama Network of Cl		63-1048697	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	
	(including name of security)		Cost or end-of-yea	ar market value
Financial deriv	vatives	_		
Closely-held e	equity interests			
	ertificates of Deposit	30,340		
- -				
	·			
				
		_		
		-		
		-		
				
		30 340		
		30,340		
Part VIII	Investments—Program Related. See Form 9			
	(a) Description of investment type	(b) Book value	(c) Method o	
			Cost or end-of-yea	ar market value
				
Total (Colum	n (b) must equal Form 990, Part X, col (B) line 13)	>		
Part IX	Other Assets. See Form 990, Part X, line 15.			
<u> Taitix</u>	(a) Description			(b) Book value
	(a) Description			(b) book value
		······································		
		· · · · · · · · · · · · · · · · · · ·		
		-		
				
				
				
				
				
	· · · · · · · · · · · · · · · · · · ·			
				
	n (b) must equal Form 990, Part X, col (B) line 15)	<u></u>	<u> </u>	
Part X	Other Liabilities. See Form 990, Part X, line	25.		
1	(a) Description of liability	(b) Amount		
Federal incom				
	al Lease Obligation noncurrent			
Capita	al Lease Obligation - current	2,148		
				
		 		
		- 		
		+		
		- 		
	(h)	4 022		
	n (b) must equal Form 990, Part X, col (B) line 25)	4,833		
	otnote In Part XIV, provide the text of the footnote to the organ	nization's financial statements th	nat reports the	
organization's	liability for uncertain tax positions under FIN 48	<u>_</u>		<u></u>

Sche	dule D (Form 990) 2009 Alabama Network of Children's 63-104869	7	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,981,346
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,934,777
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	46,569
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	investment expenses	6	
7	Prior period 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	46,569
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	1,981,346
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
	Donated services and use of facilities 2b	1 1	
	Recoveries of prior year grants 2c	1 !	
	Other (Describe in Part XIV)	1	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,981,346
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	
	Other (Describe in Part XIV) 4b	1	
	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,981,346
_	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
1	Total expenses and losses per audited financial statements	1	1,934,777
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		1,334,111
	Donated services and use of facilities 23		
a		1	,
	Prior year adjustments 2b	1	
Ç	Other losses 2c	1 1	i.
	Other (Describe in Part XIV)	1 . 1	
_	Add lines 2a through 2d	2e	1,934,777
3	Subtract line 2e from line 1	3	1,934,777
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	-	
С	Add lines 4a and 4b	4c	1 004 888
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,934,777
	rt XIV Supplemental Information		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	b, 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 complete		
hıs p	art to provide any additional information		
	. 		.
_			-

Schedule D (Fo	orm 990) 2009	Alabama	Network of	Children's	63-1048697	Page 5
Part XIV	Supplem	ental Information	on (continued)	Children's		
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part !

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

Open to Public Inspection OMB No 1545-0047

Employer identification number 63-1048697 Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. Alabama Network of Children's General Information on Grants and Assistance Advocacy Centers, Inc. Name of the organization

1 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?

 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 	n records to substantiate the ward the grants or assistan zation's procedures for mo	he amount of the gr nce? nitoring the use of g	ants or ass grant funds	Istance, the grantees' or in the United States	eligibility for the grants	i or assistance, and	ъ	Yes	% X
Part II Grants and Oth Form 990, Part Part IV and Sch	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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	overnments and ecipient that reconstitutional seconds.)	d Organi ceived m pace is n	Inganizations in the United States. Complete if the organization answered "Yes" to ved more than \$5,000. Check this box if no one recipient received more than \$5,00 se is needed	ited States. Com Check this box if	plete if the org no one recipie	anization ansv nt received me	wered "Yes" to ore than \$5,000. Use	
1 (a) Name and address of organization or government	of organization ent	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance]
Bessemer Cut-Off Center	er								
Bessemer	AL 35021	63-1006387	m	65,471				Children's Advocacy	acy
Blount County CAC									}
106 First Ave West Oneonta	AT. 35121	63-0900348	(*	A 2 2 4 6				Children's Advocacy	acy
Brooks' Place CAC				2					
1003 4th Ave NE					_	-		Children's Advocacy	A CO
Cullman	AL 35056	63-1187230	ო	65,220					7
Butler County CAC									
107 Caldwell St								Children's Advocacy	acv
Greenville	AL 36037	72-1395481	m	60,246					
CAC of Cherokee Co									
203 North River St								Children's Advocacy	acy
Centre	AL 35960	63-1006087	ო	60,246				ē	1
CAC of East Alabama									
1810 Corporate Dr								Children's Advocacy	acv
Opelika	AL 36801	63-1060885	ო	65,246					•
CAC of Marshall Co			-						
825 Gunter Ave							_ 	Children's Advocacy	acv
Guntersville	AL 35976	63-1186984	ო	70,246					1
CAC of Mobile									
1351 Springhill Ave								Children's Advocacy	acy
Mobile	AL 36604	63-0917400	m	65,246					9
Calhoun/Cleburne CAC									
2100 Leighton Ave								Children's Advocacy	acy
		7 1001	-				_		*

Enter total number of section 501(c)(3) and government organizations

AL 36207

Anniston

68,475

63-1053356

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

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Part III	Grants and Other Assistance to Individuals in the	Part III Grants and Other Assistance to Individuals in the United	e United States. Cor	molete if the organiza	United States. Complete if the organization answered "Yes" to Form 990 Part IV line 22	m 000 Part IV line 22
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) if addition				11 550, 1 att 17, 1116 ££.
	(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
						-
Part IV	Supplemental Information. Complete this part to provide the information required in Part 1 line 2 and any other additional information	omplete this part to I	provide the information	on required in Part I	line 2 and any other additi	one information

Schedule I (Form 990) 2009

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SCHEDULE 1-1

(Form 990)

OMB No 1545-0047

2009

Continuation Sheet for Schedule I (Form 990)

Schedule I-1 (Form 990) 2009 **Open to Public** Children's Advocacy Children's Advocacy Children's Advocacy Children's Advocacy Children's Advocacy Children's Advocacy Children's Advocacy Children's Advocacy Children's Advocacy Children's Advocacy Children's Advocacy Employer identification number (h) Purpose of grant Inspection or assistance 63-1048697 Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule | (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 f applicable ▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. 856 65,246 21,856 65,246 65,246 65,246 60,246 62,246 66,663 60,246 60,246 21, For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. m m m Alabama Network of Children's 63-1014993 20-0283840 63-0938025 47-0914970 63-1055398 93-0350108 63-0891512 63-1053191 83-0352907 63-1278814 30-0224351 (p) EIN Inc Advocacy Centers, I 1 | | Ī 36702 36081 36507 36104 35903 35631 35968 36427 35602 35801 35160 (a) Name and address of organization ۱Ä 14 Ħ ١ų 섳 Ę 14 or government 1 Į Cramer Children's Center James M. Barrie Center 404 West Tennessee St Escambia Regional CAC 802 East Chestnut St Central AL Regional 108 Blackburn Ave 벎 104 Alabama Ave NW 윎 118 West Orange St 400 Evergreen Ave DeKalb County CAC Morgan County CAC Pike Regional CAC Department of the Treasury Internal Revenue Service 305 South Court Name of the organization 935 South Perry 210 Pratt Ave. Child Protect P O Box 1559 P O Box 2006 National CAC Palmer Place Bay Minette CARE House Huntsville Montgomery Talladega Florence Ft Payne Brewton Gadsden Selma Part 1

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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.

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization Alabama Network of Advocacy Centers,	of Children's s, Inc.	ren's				EM 63	Employer identification number 63-1048697
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990)	r Assistance t	o Governments	and Organizatio	ons in the United	d States (Sche	edule I (Form 990)	, Part II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	
Prescott House							
	63-0941451	3	65,246	1			Children's Advocacy
Regional CAC							
127 West_Cob St							
Grove Hill AL 36451	63-1162511	3	65,246				Children's Advocacy
Russell County CAC							
_67_Downing_Dr							
Phen1x AL 36869	58-2352811	, 6	65,246				Children's Advocacy
Shelby County CAC							
22747_Hwy 25							
35051	63-1096608	Э	65,188				Children's Advocacy
Southeast AL CAC							
110 Harmony_Lane							
Dothan AL 36304	63-1096717	3	70,246				Children's Advocacy
ST. Clair County CAC							
18200_Alabama_Hwv_174							
Pell City AL 35125	58-2027454	3	65,399				Children's Advocacy
Trı County CAC							
18045_US_Hwy_431							
AL 36862	63-1218011	3	76,577				Children's Advocacy
Tuscloosa Children's Center							
_ 520 Martin Luther King Jr Blyd							
Tuscaloosa AL 35401	63-0958468	3	65,289				Children's Advocacy
West AL CAC							
280 Stadium Circle							
Vernon AL 35592	63-1244112	9	60,246				Children's Advocacy
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.		-			Schedule I-1 (Form 990) 2009

Page 2	(f) Description of non-cash assistance								-			Schedule I-1 (Form 990) 2009
	990), Part III)	FMV, appraisal, other)										
48697	Ites (Schedule (Form	non-cash assistance										
1's 63-10	duals in the United Sta	cash grant										
Schedule 1-1 (Form 980) 2009 Alabama Network of Children's 63-1048697	er Assistance to Indivi	recipients			2.2.2							
	(a) Type of grant or assistance											

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury

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

Inspection

Internal Revenue Service Name of the organization

Alabama Network of Children's Advocacy Centers, Inc.

Employer identification number 63-1048697

Form 990 - Organization's Mission or Most Significant Activities The Alabama Network of Children's Advocacy Centers promotes the multidisciplinary process in fostering an abuse-free society for Alabama's children and supports the development of the children's advocacy center model through public awareness, training and collaborative partnerships.

Form 990, Part VI, Line 7a - Election of Members and Their Rights Yes

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members Yes

Form 990, Part VI, Line 11a - Organization's Process to Review Form 990 Submitted to Director of Operations for review. Consultation with board members as required.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Yes

Form 990, Part VI, Line 15b - Compensation Process for Officers Yes

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Information returns, financial statements and other governing documents required for public inspection are available upon request by contacting the Schedule O (Form 990) 2009

Name of the organization

Alabama Network of Children's

Employer identification number 63-1048697

administrative offices at 334-834-3468

4562

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return

Alabama Network of Children's Identifying number Name(s) shown on return Advocacy Centers, Inc. 63-1048697 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 Total cost of section 179 property placed in service (see instructions) 2 2 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 12 13 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) Property subject to section 168(f)(1) election 15 4,241 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (business/investment use (e) Convention (f) Method (a) Classification of property (g) Depreciation deduction period only-see instructions) service 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property S/L 25-year property 25 yrs h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L MM Nonresidential real S/L property ММ S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/L S/L 40-year MM 40 yrs Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 4,241 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs