

06-00025



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P.O. Box 212
Clarksville, TN 37041
931-552-INFO ☐ 800-539-6370
lnacrisis@bellsouth.net

March 1, 2006

Patsy Fulton
Tennessee Regulatory Authority
460 James Robertson Parkway
Nashville, Tn. 37243-0505
Docket No. 06-00025

Dear Ms. Fulton,

I have enclosed the 2004 tax return signed as per your request. I have also included a listing of the funding sources for the total revenue.

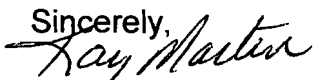
As to question #3 in your letter: The Crisis Center currently operates the "**First Call for Help**" which is a community information and referral hotline that answers calls 24 hours a day, seven days a week just as we do our crisis hotline. We are funded through the United Way of Clarksville & Montgomery County. This funding covers our *First Call for Help*, *Crisis Hotline* and the *School Safety Hotline*.

211 will replace our current program "**First Call for Help**". The United Way proposal for the 2006/2007 funding year is due on March 15, 2006. The funding year begins July 1, 2006 thru June 30, 2007.

As to question #4: The Youth Charity Art Auction is our annual fundraiser. Art students from Montgomery County High Schools and Clarksville Academy donate their artwork to the Crisis Hotline. This artwork is on exhibit at Saturn of Clarksville for two weeks. Prizes are awarded for 1st, 2nd and 3rd place in two categories which are oil/acrylic and watercolor/tempra. Saturn of Clarksville donates the prize money.

We hold an auction for the artwork and all proceeds are given to *School Safety hotline* program. I have enclosed a flyer from the 2006 4th Annual Youth Charity Art Auction. It was held on Saturday, February 25, 2006 in which it raised \$2, 775.

As to question #5: The Crisis Center has been answering calls 24 hours a day, seven days a week since March 19, 1987.

Sincerely,

Kay Martin, Chair
Clarksville Crisis Hotline



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

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

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No 1545-1150

2004**Open to Public Inspection****A** For the 2004 calendar year, or tax year beginning January, 2004, and ending December, 20 04**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☒ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**Clarksville/Montgomery County Crisis Intervention Center**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite

P.O. Box 212

City or town, state or country, and ZIP + 4

Clarksville, Tn. 37041-0212**D** Employer identification number**58 : 1694616****E** Telephone number**(931) 648-1000****F** Group Exemption Number ▶• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).****G** Accounting method. ☐ Cash ☒ Accrual
Other (specify) ▶**I** Website: ▶**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (check only one)—☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.****L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	68,696.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	29.00
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8).	9	68,725.00	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	59,738.00
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	5,909.00
	15	Printing, publications, postage, and shipping	15	350.00
	16	Other expenses (describe ▶ Bd Ins.-Art Auction exp.-Fees-payroll taxes-supplies)	16	5,370.00
	17	Total expenses (add lines 10 through 16)	17	71,367.00
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	(2,642.00)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	19,700.00
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	17,257.00

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	19,700.00
23	Land and buildings	
24	Other assets (describe ▶ none)	
25	Total assets	19,700.00
26	Total liabilities (describe ▶ none)	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	19,700.00
		17,257.00

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2004)

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)			Expenses (Required for 501(c)(3) and 4947(a)(1) trusts; optional for others)
What is the organization's primary exempt purpose? telephone crisis hotline 24 hours/ 7 days a week			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	Provides 24 hour/7 days a week crisis intervention, suicide prevention & First Call for Help - community information hotline - 24 hours/ 7 days a week Operates the School Safety Hotline for Montgomery County elementary, Middle & high school students (Grants \$ 61,930.00)	28a	71,367.00
29	(Grants \$)	29a	
30	(Grants \$)	30a	
31	Other program services (attach schedule) (Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Terrie Williams 424 Lillian Drive, Clarksville, Tn. 37040	Executive Director (40)	31,518.00		none
Bill Ogles 6 Katie Court, Clarksville, Tn. 37040	Chair - hours vary	-0-	-0-	-0-
Margaret Brannon 578 Chesterfield, Clarksville, Tn. 37043	Vice chair - vary	-0-	-0-	-0-

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .			<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.			<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?			<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?			<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)			<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?			<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?			<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b			<input checked="" type="checkbox"/>
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a			<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b			<input checked="" type="checkbox"/>
40a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			<input checked="" type="checkbox"/>
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. . .			<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶			<input checked="" type="checkbox"/>
d Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶			<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶			<input checked="" type="checkbox"/>
42 The books are in care of ▶ Terrie Williams Telephone no. ▶ (931) 648-1000 Located at ▶ 1300 Madison Street, Clarksville, Tn. ZIP + 4 ▶ 37040-3822			<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43			<input checked="" type="checkbox"/>

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> </div> <div style="width: 35%;"> 2-16-05 </div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> Terrie Williams Executive Director </div> <div style="width: 35%;"> Date </div> </div>	
Paid Preparer's Use Only	Preparer's signature ▶ Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Date ▶ Check if self-employed ▶ <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Inst. W) ▶ EIN ▶ Phone no. ▶ ()

Question #2

Clarksville/Montgomery County Crisis Intervention Center Schedule of Income January 1 – December 31, 2004

United Way	\$ 61,929.68
Safehouse (\$25 per month)	300.00
Individuals	655.00
MSUMC (Madison St. United Methodist Church)	1,208.00
Sunrise Rotary Fundraiser Dance	1,100.00
Youth Charity Art Auction	2,430.00
Café 541 Fundraiser Card tournament	<u>1,074.00</u>
Total Revenue for 2004	\$ 68,696.68



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CERTIFICATE OF MEMBERSHIP

This certifies that

***Clarksville Crisis Center/Clarksville- Montgomery County Crisis Intervention
Center***

ID number: 196597 Member Type: *Basic*

Is a member in good standing for the year ending

12/31/2006

*And is entitled to all the rights and privileges of such membership as provided for in the Association's Constitution
and By-laws.*

Airs Mission

*To provide leadership and support to the membership to advance the capacity of a Standards-driven Information and Referral
industry that brings people and services together*

Catherine R. Fink

Catherine R. Fink, President, Board of Directors

Muhammad Z. Zahed

Muhammad Z. Zahed, Membership Director