

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)

OMB No. 1545-0047

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

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

C Name of organization
VOICES FOR GEORGIA'S CHILDREN
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
100 EDGEWOOD AVENUE, NE 1580
 City or town, state or country, and ZIP + 4
ATLANTA GA 30303

D Employer identification number
02-0678823
E Telephone number
404-521-0311
F Accounting method: Cash Accrual Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **u**
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **u**
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: **j WWW.GEORGIAVOICES.ORG**

J Organization type
 (check only one) 501(c) (**3**) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12a **u 1,192,701**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	1,181,723		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 1,168,706 noncash \$ 13,017)	1e			1,181,723
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			10,978
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe u)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
		8a			
	b Less: cost or other basis and sales expenses	8b			
	c Gain or (loss) (attach schedule)	8c			
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less: direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances		10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,192,701	
Expenses	13 Program services (from line 44, column (B))	13		617,712	
	14 Management and general (from line 44, column (C))	14		93,842	
	15 Fundraising (from line 44, column (D))	15		98,518	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17		810,072	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		382,629	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		287,973	
	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, 19, and 20	21		670,602	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 1	25a 105,000	92,542	9,345	3,113
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 260,244	202,027	36,128	22,089
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 35,031	28,253	4,361	2,417
29 Payroll taxes	29 28,994	23,383	3,610	2,001
30 Professional fundraising fees	30			
31 Accounting fees	31 21,870		21,870	
32 Legal fees	32			
33 Supplies	33 7,459	6,393	671	395
34 Telephone	34 5,816	5,118	523	175
35 Postage and shipping	35 4,049	2,207	729	1,113
36 Occupancy	36 16,018	12,014	4,004	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 52,368	45,275		7,093
39 Travel	39 20,343	19,691		652
40 Conferences, conventions, and meetings	40 73,489	24,171		49,318
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 4,932	0	4,932	
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 2	43a 174,459	156,638	7,669	10,152
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 810,072	617,712	93,842	98,518

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;

(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

u TO RESEARCH AND ADVOCATE POLICIES FOR CHILDREN

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SEE STATEMENT 3

(Grants and allocations \$) If this amount includes foreign grants, check here **u**

247,085

b SEE STATEMENT 4

(Grants and allocations \$) If this amount includes foreign grants, check here **u**

247,085

c SEE STATEMENT 5

(Grants and allocations \$) If this amount includes foreign grants, check here **u**

123,542

d

(Grants and allocations \$) If this amount includes foreign grants, check here **u**

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here **u**

f Total of Program Service Expenses (should equal line 44, column (B), Program services) **u**

617,712

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	261,660	45	488,554
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b		47c
	48a Pledges receivable	48a 184,625		
	b Less: allowance for doubtful accounts	48b	50,000	48c 184,625
	49 Grants receivable			49
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	55a Investments—land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments—other (attach schedule)			56
	57a Land, buildings, and equipment: basis	57a 28,433		
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 6	57b 15,440	14,536	57c 12,993	
58 Other assets, including program-related investments (describe <input type="checkbox"/> SEE STATEMENT 7)		7,725	58 5,000	
59 Total assets (must equal line 74). Add lines 45 through 58		333,921	59 691,172	
Liabilities	60 Accounts payable and accrued expenses	36,429	60	14,272
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63
	64a Tax-exempt bond liabilities (attach schedule)			64a
	b Mortgages and other notes payable (attach schedule)			64b
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 8)		9,519	65 6,298
	66 Total liabilities. Add lines 60 through 65		45,948	66 20,570
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	83,474	67	119,576
	68 Temporarily restricted	204,499	68	551,026
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		287,973	73 670,602
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		333,921	74 691,172

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	u	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 u <u>0</u> ; section 4912 u <u>0</u> ; section 4955 u <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	u <u>0</u>	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	u <u>0</u>	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed u <u>GA</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	5
91a	The books are in care of u <u>MONIQUE FOLSTON</u> Telephone no. u <u>404-521-0311</u> 100 EDGEWOOD AVE, NE Located at u <u>ATLANTA, GA</u> ZIP + 4 u <u>30303</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If " Yes," enter the name of the foreign country u _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.	91b	X

Part VI Other Information (continued)

Yes No

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country u
- 92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here u
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	10,978	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		10,978	0
105 Total (add line 104, columns (B), (D), and (E))				10,978	10,978

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
g	
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer GAYE SMITH Type or print name and title	Date SECRETARY
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Paid Preparer's Use Only

Preparer's signature ANITA B. BURKES, CPA	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) P00823495
Firm's name (or yours if self-employed), address, and ZIP + 4 TARPLEY & UNDERWOOD, P.C. THREE RAVINIA DR STE 1500 ATLANTA, GA 30346-2131		EIN u 58-2025040 Phone no. u 770-730-5000	

**SCHEDULE A
(Form 990 or 990-EZ)**

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

VOICES FOR GEORGIA'S CHILDREN

Employer identification number
02-0678823

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
PAT WILLIS 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	EXEC. DIR. 40	105,000	8,253	9,000
ANN LAUREN WAITS 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	POLICY DIREC 35	75,000	6,200	0
MARC MARTON 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	COMM. DIREC 40	70,720	6,644	0
MINDY BINDERMAN 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	ADVOCACY DIR 28	55,000	573	0
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>14,572</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?		
c	Did the organization make a distribution to a donor, donor advisor, or related person?		
d	Enter the total number of donor advised funds owned at the end of the tax year u _____		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u _____		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts u _____		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					u

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns for years (2006, 2005, 2004, 2003) and Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006), (2005), (2004), (2003); b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006), (2005), (2004), (2003); c Add: Amounts from column (e) for lines 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)).

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
.....				
32	Does the organization maintain the following:	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
33	Does the organization discriminate by race in any way with respect to:	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.				
.....				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	3,773
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	10,799
38	Total lobbying expenditures (add lines 36 and 37)	38	14,572
39	Other exempt purpose expenditures	39	795,500
40	Total exempt purpose expenditures (add lines 38 and 39)	40	810,072
41	Lobbying nontaxable amount. Enter the amount from the following table-		
	If the amount on line 40 is-		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is-		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
41			146,511
42	Grassroots nontaxable amount (enter 25% of line 41)	42	36,628
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.) **SEE STATEMENT 11**

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount	146,511				146,511
46 Lobbying ceiling amount (150% of line 45(e))					219,767
47 Total lobbying expenditures	14,572				14,572
48 Grassroots nontaxable amount	36,628				36,628
49 Grassroots ceiling amount (150% of line 48(e))					54,942
50 Grassroots lobbying expenditures	3,773				3,773

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

VOICES FOR GEORGIA'S CHILDREN

02-0678823

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule—

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization VOICES FOR GEORGIA'S CHILDREN	Employer identification number 02-0678823
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>HEALTHCARE GEORGIA FOUNDATION</u> <u>50 HURT PLAZA, SUITE 1100</u> <u>ATLANTA</u> <u>GA 30303</u>	\$ <u>302,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>JOSEPH B. WHITEHEAD FOUNDATION</u> <u>50 HURT PLAZA SUITE 1200</u> <u>ATLANTA</u> <u>GA 30303</u>	\$ <u>200,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>COCA COLA ENTERPRISES</u> <u>2500 WINDY RIDGE PARKWAY</u> <u>ATLANTA</u> <u>GA 30339</u>	\$ <u>50,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>ARTHUR M. BLANK FAMILY FOUNDATION</u> <u>3223 HOWELL MILL ROAD NW</u> <u>ATLANTA</u> <u>GA 30327</u>	\$ <u>135,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>JAMES M. COX FOUNDATION</u> <u>6205 PEACHTREE DUNWOODY ROAD</u> <u>ATLANTA</u> <u>GA 30328</u>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>KENDEDA FUND</u> <u>501 SILVERSIDE RD, STE 123</u> <u>WILMINGTON</u> <u>DE 19809</u>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization VOICES FOR GEORGIA'S CHILDREN	Employer identification number 02-0678823
--	---

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	<u>SAPELO FOUNDATION</u> <u>1712 ELLIS STREET</u> <u>2ND FLOOR</u> <u>BRUNSWICK GA 31520</u>	\$ <u>67,556</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	<u>THE ZEIST COMPANY LLC</u> <u>3715 NRTHSE PKWY, B300 1</u> <u>ATLANTA GA 30327</u>	\$ <u>50,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Federal Statements

Statement 1 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
PAT WILLIS COMPENSATION	92,542	9,345	3,113
TOTAL	<u>\$ 92,542</u>	<u>\$ 9,345</u>	<u>\$ 3,113</u>

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund-Raising</u>
EXPENSES	\$	\$	\$	\$
INSURANCE AND BOND-M&G	4,896		4,896	
MBSHP, SUBS, MISC. FEES-M&G	1,254		1,254	
COMMUNITY RELATIONS	3,826	3,826		
WEBSITE	15,189	13,670	1,519	
MEMSHPS, SUBS, MISC. FEES	4,505	4,505		
CONSULTING FEES	144,789	134,637		10,152
TOTAL	<u>\$ 174,459</u>	<u>\$ 156,638</u>	<u>\$ 7,669</u>	<u>\$ 10,152</u>

Statement 3 - Form 990, Part III, Line a - Statement of Program Service AccomplishmentsDescription

IN THE AREA OF POLICY DEVELOPMENT, VOICES FINALIZED AND PUBLISHED RECOMMENDATIONS ON CHILD HEALTH AND EARLY CHILDHOOD DEVELOPMENT TITLES "FIVE HEALTHY STEPS INDICATORS" AND "COMPOUNDING INTEREST: WHY 0-5 IS AN INVESTMENT WORTH MAKING". RESEARCH WAS LAUNCHED INTO THE QUALITY OF IMPLEMENTATION OF GEORGIA'S CARE MANAGEMENT SERVICES FOR PUBLICLY INSURED CHILDREN. ALSO, AS ONE OF THE LEAD PARTNERS IN THE JUSTGEORGIA PROJECT, VOICES RECEIVED THE RECOMMENDATIONS OF THE YOUNG LAWYERS DIVISION OF THE STATE BAR OF GEORGIA FOR CHANGES TO GEORGIA'S JUVENILE CODE AND DISSEMINATED THE PROPOSALS TO THE MEDIA, PROFESSIONAL STAKEHOLDERS AND ADVOCATES FOR CHILDREN.

Statement 4 - Form 990, Part III, Line b - Statement of Program Service AccomplishmentsDescription

TO EXPAND THE EDUCATION OF AND RELATIONSHIPS WITH GEORGIA LEADERS, VOICES DEVELOPED AND HOSTED A POLICY INSTITUTE RELATED TO OLDER TEENS FOR ALMOST 150 PERSONS AND SPONSORED A LEGISLATIVE BREAKFAST ON EARLY CHILDHOOD ISSUES. IN ADDITION, WE INCREASED THE NUMBER OF PRESENTATIONS TO CIVIC GROUPS AND PROFESSIONAL CONFERENCES, APPEARED MORE FREQUENTLY TO TESTIFY BEFORE LEGISLATIVE COMMITTEES, AND CONVENED MORE MEETINGS OF PROVIDERS AND ADMINISTRATORS OF CHILDREN'S SERVICES, PARTICULARLY RELATED TO HEALTH AND EARLY CHILDHOOD. WE MET WITH THE STATE AGENCY DIRECTORS AND POLICY STAFFS OF ALL STATE ORGANIZATIONS INVOLVED WITH THE JUVENILE COURTS AS WELL AS NON GOVERNMENTAL LEADERS WITH HIGH INTEREST IN YOUTH AND ORGANIZED THE LAUNCH EVENT FOR THE JUSTGEORGIA PROJECT.

Statement 5 - Form 990, Part III, Line c - Statement of Program Service AccomplishmentsDescription

WE CONTINUED OUR OUTREACH TO THE PUBLIC THROUGH SUCCESSFULLY PLACING OPINION PIECES AND LETTERS TO THE EDITOR IN MAJOR NEWS OUTLETS THROUGHOUT GEORGIA. FOUR NEWSLETTERS AND AN ANNUAL REPORT WERE DISSEMINATED TO CONSTITUENTS, DONORS AND MEDIA OUTLETS. WE ALSO HOSTED A PRESS BRIEFING ABOUT THE POTENTIAL FOR A NEW JUVENILE CODE OF GEORGIA AND RESPONDED TO NUMEROUS INQUIRIES FROM THE PRINT AND BROADCAST MEDIA.

Federal Statements

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
EQUIPMENT	\$ 25,042	\$ 10,506	\$ 28,433	\$ 15,440
TOTAL	<u>\$ 25,042</u>	<u>\$ 10,506</u>	<u>\$ 28,433</u>	<u>\$ 15,440</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	\$ 7,725	\$ 5,000
TOTAL	<u>\$ 7,725</u>	<u>\$ 5,000</u>

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
ACCRUED RENT	\$ 1,322	\$
CREDIT CARD	5,217	5,740
VACATIONS PAYABLE	2,980	558
TOTAL	<u>\$ 9,519</u>	<u>\$ 6,298</u>

Federal Statements

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
JAMES COPELAND 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
ANN CRAMER 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	CHAIRMAN	3	0	0	0
JIM BUNTIN 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	VICE CHAIR	1	0	0	0
STEPHEN DOLINGER 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
BRENDA FITZGERALD 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
MARTIN GREENBERG 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
PENELOPE MCPHEE 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
REBECCA RUMER 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
LYDIA SARTAIN 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0

Federal Statements

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
GAYE SMITH 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
WARREN STEELE 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	2	0	0	0
DAVID TATUM 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
SUSAN WILKERSON 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
MARY WILSON 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
KAREN WORTHINGTON 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	TREASURER	1	0	0	0
PATRICIA WILLIS 100 EDGEWOOD AVENUE, NE SUITE 520 ATLANTA GA 30303	EXEC. DIRECT	40	105,000	8,253	9,000
JENNIFER M. COLVIN 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	TREASURER	1	0	0	0
SUZANNE DETLEFS 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	CHAIR ELECT	2	0	0	0

Federal Statements**Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
JOHN H. DOWNS, JR. 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0
CARLOS R. SALAVERRIA 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	SECRETARY	1	0	0	0
ANNE STREATY WIMBERLY 100 EDGEWOOD AVENUE, NE ATLANTA GA 30303	DIRECTOR	1	0	0	0

Federal Statements**Statement 10 - Form 990, Part V-A, Line 75b - Related Party Information**

<u>Related Party One</u>	<u>Related Party Two</u>	<u>Relationship</u>
STEPHEN DOLINGER GA PARTNERSHIP FOR EXCELLENCE IN ED PRESIDENT	PAT WILLIS VOICES FOR GA'S CHILDREN EXEC. DIR.	BUSINESS
GAYE SMITH FAMILY CONNECTION PARTNERSHIP EXEC. DIR.	PAT WILLIS VOICES FOR GA'S CHILDREN EXEC. DIR.	BUSINESS

Statement 11 - Schedule A, Part VI-A - Explanation for Not Completing All Columns

Description

THIS YEAR IS THE FIRST YEAR FOR WHICH SECTION 501(H) ELECTION IS EFFECTIVE.

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172

2007
 Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **VOICES FOR GEORGIA'S CHILDREN** Identifying number **02-0678823**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	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	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	
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 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,932

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	4,932
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2007)

02-0678823

Federal Asset Report

FYE: 6/30/2008

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Equipment	1/10/04	146			146	5 MO S/L	102	29
2	Software	1/10/04	1,320			1,320	3 MO S/L	1,320	0
3	Software	2/01/04	324			324	3 MO S/L	324	0
4	Furniture and Fixtures	11/10/03	1,063			1,063	5 MO S/L	779	213
5	Furniture and Fixtures	11/19/03	5,838			5,838	5 MO S/L	4,281	1,168
6	Furniture and Fixtures	9/14/04	2,500			2,500	7 MO S/L	1,012	357
7	Computer	1/01/05	400			400	5 MO S/L	200	80
8	LED Projector	11/30/05	825			825	5 MO S/L	261	165
9	HP laserjet & Toner	12/23/05	1,131			1,131	5 MO S/L	339	227
10	Camera & Accessories	12/23/05	588			588	5 MO S/L	176	118
11	TWP Acer mo	12/23/05	756			756	5 MO S/L	227	151
12	LW new CPU	1/24/06	522			522	5 MO S/L	148	104
13	IBM ThinkPad R52 Desktop	9/01/06	2,498			2,498	5 MO S/L	416	500
14	2 IBM ThinkPad R52	11/15/06	3,007			3,007	5 MO S/L	401	601
15	Digital Telephone System	2/09/07	4,124			4,124	5 MO S/L	344	824
16	IBM ThinkPad X61	12/15/07	2,112			2,112	5 MO S/L	0	246
17	IBM Thinkcentre M55 and Monitor	12/15/07	1,279			1,279	5 MO S/L	0	149
Total Other Depreciation			<u>28,433</u>			<u>28,433</u>		<u>10,330</u>	<u>4,932</u>
Total ACRS and Other Depreciation			<u>28,433</u>			<u>28,433</u>		<u>10,330</u>	<u>4,932</u>
Grand Totals			28,433			28,433		10,330	4,932
Less: Dispositions			0			0		0	0
Less: Start-up/Org Expensed			0			0		0	0
Net Grand Totals			<u>28,433</u>			<u>28,433</u>		<u>10,330</u>	<u>4,932</u>