

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 07-01, 2010, and ending 06-30, 2011

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: CHILDREN'S CENTER OF MEDINA COUNTY. Number and street: 200 Highland Drive. City or town, state or country, and ZIP + 4: Medina, OH 44256

D Employer identification number: 42-1749846. E Telephone number. F Group Exemption Number

G Accounting Method: Cash [ ] Accrual [X] Other (specify)

H Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.medinacountychildrenscenter.org

J Tax-exempt status (check only one) - [X] 501(c)(3) [ ] 501(c)( ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 38,929

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Description, Line Number, Amount. Includes Revenue (lines 1-9) and Expenses (lines 10-17) sections. Total revenue is 38,929 and total expenses is 44,455. Net assets at end of year is 27,867.

Vertical handwritten text on the left margin: NOV 2011

Handwritten numbers and marks on the right margin: 8, 9, 25

**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	30,472	22	24,447
23 Land and buildings	0	23	0
24 Other assets (describe in Schedule O)	3,835	24	4,353
25 Total assets	34,307	25	28,800
26 Total liabilities (describe in Schedule O)	914	26	933
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	33,393	27	27,867

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? SERVE NEGLECTED AND/OR ABUSED CHILDREN

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, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 SUPERVISED VISITATION FOR CHILDREN IN FOSTER CARE (600+ HOURS & 18 REUNIFICATIONS). CHILDREN ADVOCACY CENTER SERVICE SERVED 98 MINORS. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	32,406
29 LIFE SKILLS CLASSES FOR 10 TEENS MAKING THE TRANSITION OUT OF FOSTER CARE. TOTAL SERVICED: 203. (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	32,406

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to empl benefit plans & deferred compensation	(e) Expense account and other allowances
KAREN GLASS EXECUTIVE DIRECTOR 200 Highland Drive, Medina OH 44256	ED TILL 3/31/11 40	15,000	0	0
RHONDA WURGLER EXECDIRECTOR 200 Highland Drive, Medina OH 44256	ED 4/1-PRESENT 30	15,000	0	0
MELINDA WOLL 200 Highland Drive, Medina OH 44256	SECRETARY 1	0	0	0
DONALD BOATFIELD 200 Highland Drive, Medina OH 44256	TREASURER 1	0	0	0
JENNIFER GRAHAM 200 Highland Drive, Medina OH 44256	PRESIDENT 2	0	0	0
MIKE OLIVER 200 Highland Drive, Medina OH 44256	BOARD MEMBER 1	0	0	0
KIMBERLY WILSON 200 Highland Drive, Medina OH 44256	BOARD MEMBER 1	0	0	0
TOULA BARLOW 200 Highland Drive, Medina OH 44256	BOARD MEMBER 1	0	0	0
BETH BEAL 200 Highland Drive, Medina OH 44256	BOARD MEMBER 1	0	0	0
AMY PERRINE 200 Highland Drive, Medina OH 44256	BOARD MEMBER 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) questions 33-44d regarding organizational activities, financials, and tax reporting. Includes questions about IRS reporting, significant changes, business income, political expenditures, loans, and foreign accounts.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

**Part VII Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

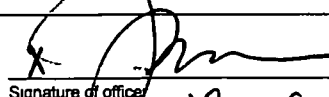
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		


d Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  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.

Sign Here  Date 10/17/2011  
 Signature of officer  
 Jennifer Graham, Board President  
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Scott Boatfield	Preparer's signature 	Date 09-20-2011	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name Boatfield & Associates LLC	Firm's EIN		Phone no 330-666-8343	
Firm's address 3661 Copley Rd. Copley OH 44321				

May the IRS discuss this return with the preparer shown above? See Instructions . . . . . ▶  Yes  No

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

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**



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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**CHILDREN'S CENTER OF MEDINA COUNTY**

Employer identification number  
**42-1749846**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III-Functionally integrated
  - d  Type III-Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .		10,619	17,443	43,597	38,929	110,588
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 . . . . .		119,940	118,357	63,699	66,236	368,232
4 Total. Add lines 1 through 3 . . . . .		130,559	135,800	107,296	105,165	478,820
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) . . . . .						424
6 Public support. Subtract line 5 from line 4 . . . . .						478,396

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 . . . . .		130,559	135,800	107,296	105,165	478,820
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .						478,820
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.00	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	15		%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .			<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 bus under sec 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) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
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.) . . . . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17 . . . . .	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ▶

20 Private Foundation: If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ▶

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Employer identification number

CHILDREN'S CENTER OF MEDINA COUNTY

42-1749846

**01. Description of other expenses (Part I, line 16)**

Description	Amount
SUPPLIES	1,044
DUES / MEMBERSHIPS	545
STAFF DEVELOPMENT	700
CONTRACT SERVICES	2,814
OTHER EXPENSES	154
FUNDRAISING EXP	2,633
DEPRECIATION	1,249
INSURANCE	1,338

**02. Description of other assets (Part II, line 24)**

Category	Beginning	
	of Year	End of Year
DEFERRED EXPENSE	2,908	2,181
EQUIPMENT	927	843
LEASEHOLD IMPR	0	1,329

**03. Description of total liabilities (Part II, line 26)**

Category	Beginning	
	of Year	End of Year
PAYROLL TAX EXPENSE	914	933
0	0	
0	0	

# Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury  
Internal Revenue Service (99)

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

**2010**  
Attachment  
Sequence No. **67**

Name(s) shown on return <b>CHILDREN'S CENTER OF MEDINA COUN</b>	Business or activity to which this form relates <b>FORM 990 - 1</b>	Identifying number <b>42-1749846</b>
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**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) . . . . .	1	
2	Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 2009 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 2011. 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 depreciation allowance for qualified property (other than listed 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	143

**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 2010 . . . . .	17	47
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 2010 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		1,661	5	HY	200 DE	332
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 2010 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 instructions . . . . .	22	522
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	

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) . . . . .								25			
26 Property used more than 50% in a qualified business use:											
		%									
		%									
		%									
27 Property used 50% or less in a qualified business use:											
		%			S/L-						
		%			S/L-						
		%			S/L-						
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . . . . .								28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . . . . .									29		

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles) . . . . .												
31 Total commuting miles driven during the year . . . . .												
32 Total other personal (noncommuting) miles driven . . . . .												
33 Total miles driven during the year. Add lines 30 through 32 . . . . .												
34 Was the vehicle available for personal use during off-duty hours? . . . . .												
35 Was the vehicle used primarily by a more than 5% owner or related person? . . . . .												
36 Is another vehicle available for personal use? . . . . .												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . . .		
39 Do you treat all use of vehicles by employees as personal use? . . . . .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? . . . . .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions).					
43 Amortization of costs that began before your 2010 tax year . . . . .				43	727
44 Total. Add amounts in column (f). See the instructions for where to report . . . . .				44	727

**BYLAWS  
THE CHILDREN'S CENTER OF MEDINA COUNTY**

**ARTICLE I – NAME and PURPOSE**

**Section I: Name**

The name of this organization shall be The Children's Center of Medina County.

**Section II: Purpose**

The Children's Center of Medina County is organized exclusively for charitable, scientific and educational purposes, more specifically to create a respectful, safe and neutral environment that places priority on the needs of neglected and sexually abused children while coordinating the services that cause healing and recovery.

**ARTICLE II – MEMBERSHIP**

**Section I:** Membership shall consist only of the members of the Board of Directors.

**ARTICLE III – MEETINGS AND NOTICE**

**Section I: General**

The meeting place, time and date will be set by the Board of Directors.

**Section II: Meeting Notices**

Notice of each meeting shall be given to Board members not less than 10 days before the meeting, except special meetings may be called by the President with 24 hours or more notice.

**Section III: Location**

Regular meetings shall be held at the Children's Center, 200 Highland Drive, on the third Thursday of each month, or at a time, interval and place otherwise determined by the Board.

**Section IV: Minimum Number of Attendees**

A majority of the Board members shall be required to be in attendance in order to conduct business.

**Section V: Executive Director**

The Executive Director, as appointed by the Board, shall be invited to Board meetings as determined by the Board President, but shall have no voting rights.

**ARTICLE IV – BOARD OF DIRECTORS**

**Section I: Composition**

The Board shall be reflective of the Medina County Community.

**Section II: Size**

The Board shall consist of not less than five or more than seventeen elected Board members. Each elected Board member shall have one vote which may be cast in person or in writing which may be in the form of e-mail.

**Section III: Compensation**

The Board receives no compensation other than reasonable expenses.

**Section IV: Board Role**

The Board (in consultation with the Executive Director) is responsible for overall questions of policy and general plans as follow:

- A. The Board shall delegate appropriate responsibility for day-to-day operations to the Executive Director and committees.
- B. The Board has the responsibility of developing policy and giving direction with input from Executive Director.
- C. Board members shall have the responsibility for helping to interpret the work and goals of the organization to the community.
- D. The Board shall adopt such bylaws as it may deem necessary to govern the administration of the organization and may alter and amend the same at any time by a two-third vote of the Board.

**Section V: Election and Term of Office**

Members of the Board shall be elected to an initial two-year term and may be re-elected to additional one-year terms. Each term shall commence the first meeting of the new fiscal year on or after July 1. A Board member or Officer whose term begins other than at the start of the fiscal year shall serve on an interim basis and be required to be re-elected as a Board member or Officer upon commencement of the next fiscal year. New Board members serving on an interim basis and who are re-elected at the start of the new fiscal year as described in the prior sentence shall have such first full term considered an initial two-year term. Board members may be elected to consecutive terms. However, no Board member shall serve more than five (5) consecutive terms, consisting of any combination of two-year or one-year terms. Any Board member who serves five consecutive terms may be re-elected to the Board after an absence from the Board of at least one fiscal year.

**Section VI: Quorum**

Except as otherwise provided in these Bylaws, the action approved or rejected by a majority of the Board members present at a meeting shall be a quorum and represent the action of the Board.

### **Section VII: Officers and Duties**

There shall be four elected officers of the Board consisting of a President, Vice President, Secretary and Treasurer. The term of an officer shall terminate coincidental with his or her term on the Board. Their duties are as follows:

A. The President shall preside at all Board meetings and shall appoint committee chairpersons, work closely with Executive Director to guide and act as public spokesperson for the organization. The President will execute notes, deeds, contracts or other binding documents.

B. The Vice President shall preside at Board meetings in the President's absence and carry out the President's duties in his or her absence.

C. The Secretary shall be responsible for keeping records of Board actions, overseeing the taking of minutes at all Board meetings, sending out meeting announcements, distributing copies of minutes and the agenda to each Board member, and assuring that corporate records are maintained. In the absence of the President and the Vice President, the Secretary shall preside at Board meetings and carry out the President's duties in his or her and the Vice President's absence.

D. The Treasurer shall oversee the organization's financial aspects, make a financial report to Board at each meeting and serve as chairperson of the Board finance committee. In the absence of the President, Vice President or Secretary, the Treasurer shall preside at Board meetings and carry out the President's duties in his or her and the Vice President's, and Secretary's absence.

### **Section VIII: Vacancies**

When a vacancy on the Board exists, nominations for new members may be received from Board members by the Secretary two weeks in advance of the Board meeting. These nominations shall be sent out to Board members with the regular meeting announcements to be voted upon at the Board meeting.

### **Section IX: Absences**

The Board members understand that this is an active, volunteer position and that each member's participation is necessary for the continuity of the organization. Each member shall make every effort to attend all regularly scheduled meetings and events.

### **Section X: Resignation, Termination**

Resignation from the Board must be in writing and received by the Secretary. A Board member may be removed by a three-fourths vote of the other Board members.

## **ARTICLE V – COMMITTEES**

### **Section I: Committees**

The Board may create committees as needed. Committee Chairs are appointed by the President.

## **ARTICLE VI – OTHER PROVISIONS**

### **Section I: Fiscal Year**

The fiscal year of the organization shall begin on July 1 and end on June 30 unless some other fiscal year is specified by resolution of the Board.

## **ARTICLE VII – AMENDMENTS**

### **Section I: Approval**

These Bylaws may be amended when necessary by a two-thirds vote of the Board. Proposed amendments must be submitted to the Secretary to be sent out with regular Board announcements.

### **Section II: Enactment and Revisions**

These Bylaws were approved at a meeting by the Board of The Children's Center of Medina County, November 21, 2006 and subsequently revised on January 23, 2010.

**Children's Center of Medina County  
Board of Directors Roster**

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**Executive Director**

Children's Center of Medina County

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