

**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)

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A For the 2008 calendar year, or tax year beginning** MAR 1, 2008 **and ending** FEB 28, 2009

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type.</p> <p>See Specific Instructions.</p>	<p><b>C Name of organization</b> <b>CHILDREN'S ASSESSMENT CENTER FOUNDATION</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2500 BOLSOVER</b></p> <p>City or town, state or country, and ZIP + 4 <b>HOUSTON, TX 77005</b></p>	<p><b>D Employer identification number</b> <b>76-0458780</b></p>
		<p><b>F Name and address of principal officer:</b> <b>DEBBIE MARTINEZ</b> <b>2500 BOLSOVER, HOUSTON, TX 77005</b></p>	<p><b>E Telephone number</b> <b>713-986-3485</b></p>
		<p><b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>	<p><b>G Gross receipts \$</b> <b>2,729,252.</b></p>
		<p><b>J Website:</b> <b>WWW.CACHOUSTON.ORG</b></p>	<p><b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p>
		<p><b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>	<p><b>H(c) Group exemption number</b> <input type="checkbox"/></p>
		<p><b>L Year of formation:</b> <b>1994</b></p>	<p><b>M State of legal domicile:</b> <b>TX</b></p>

**Part I Summary**

	<p><b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE CAC FOUNDATION, IN COLLABORATION WITH HARRIS COUNTY, PROVIDES THERAPY AND PSYCHOLOGICAL</b></p>		
	<p><b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.</p>		
	<p><b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....</p>	<b>3</b>	<b>20</b>
	<p><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....</p>	<b>4</b>	<b>18</b>
	<p><b>5</b> Total number of employees (Part V, line 2a) .....</p>	<b>5</b>	<b>2</b>
	<p><b>6</b> Total number of volunteers (estimate if necessary) .....</p>	<b>6</b>	<b>145</b>
	<p><b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) .....</p>	<b>7a</b>	<b>1,074.</b>
	<p><b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....</p>	<b>7b</b>	<b>0.</b>
	<p><b>8</b> Contributions and grants (Part VIII, line 1h) .....</p>	<b>Prior Year</b>	<b>Current Year</b>
	<p><b>9</b> Program service revenue (Part VIII, line 2g) .....</p>	<b>1,556,374.</b>	<b>1,691,626.</b>
	<p><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</p>	<b>292,498.</b>	<b>174,203.</b>
	<p><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</p>	<b>958,693.</b>	<b>809,014.</b>
	<p><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</p>	<b>2,807,565.</b>	<b>2,674,843.</b>
	<p><b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....</p>		
	<p><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....</p>		
	<p><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....</p>	<b>661,574.</b>	<b>712,533.</b>
	<p><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....</p>		
	<p><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>100,511.</b></p>		
	<p><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) .....</p>	<b>1,111,260.</b>	<b>1,146,946.</b>
	<p><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....</p>	<b>1,772,834.</b>	<b>1,859,479.</b>
	<p><b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....</p>	<b>1,034,731.</b>	<b>815,364.</b>
	<p><b>20</b> Total assets (Part X, line 16) .....</p>	<b>Beginning of Year</b>	<b>End of Year</b>
	<p><b>21</b> Total liabilities (Part X, line 26) .....</p>	<b>19,663,752.</b>	<b>20,394,375.</b>
	<p><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....</p>	<b>183,732.</b>	<b>100,141.</b>
		<b>19,480,020.</b>	<b>20,294,234.</b>

**Part II Signature Block**

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.

<p><b>Sign Here</b></p>	<p><i>Debbie Martinez</i> Signature of officer</p>	<p><u>1-15-10</u> Date</p>	
	<p><b>DEBBIE MARTINEZ, PRESIDENT</b> Type or print name and title</p>		

<p><b>Paid Preparer's Use Only</b></p>	<p>Preparer's signature <i>Stanley R. Langston</i></p>	<p>Date <u>1/14/2010</u></p>	<p>Check if self-employed <input checked="" type="checkbox"/></p>	<p>Preparer's identifying number (see instructions)</p>
	<p>Firm's name (or yours if self-employed), address, and ZIP + 4 <b>HAM, LANGSTON &amp; BREZINA, LLP</b> <b>11550 FUQUA, SUITE 475</b> <b>HOUSTON, TEXAS 77034</b></p>			<p>EIN <input type="checkbox"/></p> <p>Phone no. <b>281-481-1040</b></p>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:  
**THE MISSION OF THE CHILDREN'S ASSESSMENT CENTER IS TO PROVIDE A PROFESSIONAL, COMPASSIONATE AND COORDINATED APPROACH TO THE TREATMENT OF SEXUALLY ABUSED CHILDREN AND THEIR FAMILIES AND TO SERVE AS AN ADVOCATE FOR ALL CHILDREN IN OUR COMMUNITY.**
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
 If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
 If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 778,968. including grants of \$ 510,454. ) (Revenue \$ )  
**THERAPY AND PSYCHOLOGICAL SERVICES: THIS DIVISION PROVIDES ON-SITE AND HOME-BASED THERAPY, PSYCHOLOGICAL ASSESSMENTS AND PSYCHIATRIC EVALUATIONS TO CHILD VICTIMS AND THEIR FAMILIES. WITH THE ASSISTANCE OF HARRIS COUNTY, THE CENTER PROVIDED 8,132 THERAPY AND PSYCHOLOGICAL UNITS OF SERVICE TO CHILDREN AND 2,884 TO ADULTS.**

4b (Code: ) (Expenses \$ 129,589. including grants of \$ 81,646. ) (Revenue \$ )  
**MEDICAL CLINIC DIVISION: EXPERT PHYSICIANS AND NURSE PRACTITIONERS ADMINISTERED 799 SEXUAL ASSAULT EXAMINATIONS AND RAPE EVIDENCE COLLECTION KITS USING STATE-OF-THE-ART VIDEO AND DIGITAL COLPOSCOPY, A NON-INVASIVE AND TECHNOLOGICALLY ADVANCED PROCEDURE.**

4c (Code: ) (Expenses \$ 405,658. including grants of \$ 261,771. ) (Revenue \$ )  
**FORENSIC SERVICES DIVISION: THIS DIVISION PROVIDED 3,535 NON-THREATENING AND NON-LEADING FORENSIC VIDEOTAPED INTERVIEWS FOR SEXUALLY ABUSED CHILDREN AND FOR TRAUMATIZED CHILDREN.**

4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 323,609. including grants of \$ 234,587. ) (Revenue \$ )

4e Total program service expenses \$ 1,637,824. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

Form 990 (2008)

