

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047  
**2016**  
 Open to Public Inspection

Under section 501(c)(3), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
 Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning July 1, 2016, and ending June 30, 2017

**Part I Summary**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: \_\_\_\_\_

**M** State of legal domicile: NM

**J** Website: \_\_\_\_\_

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or 527

**H(c)** Group exemption number: \_\_\_\_\_

**H(b)** Are all subordinates included?  Yes  No

**H(a)** Is this a group return for subordinates?  Yes  No

**G** Gross receipts \$ 274,829.00

**F** Name and address of principal officer: Cavern City Child Advocacy Center, 1313 W. Mermod, PO Box 1441, Carlsbad, NM 88221

**E** Telephone number: 575-200-3929

**D** Employer identification number: 47-3442188

**C** Name of organization: CAVERN CITY CHILD ADVOCACY CENTER

**B** Check if applicable:  Address change  Name change  Initial return  Final return  Terminated  Amended  Application return  pending

**1** Briefly describe the organization's mission or most significant activities: PROVIDE A HOME ENVIRONMENT IN WHICH CHILD ABUSED VICTIMS OF SEXUAL ABUSE CAN BE INTERVIEWED WITHIN A CARING, SHELTERING AND PROTECTING ATOSPHERE

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**Activities & Governance**

3	Number of independent voting members of the governing body (Part VI, line 1a)	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	6
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	2
6	Total number of volunteers (estimate if necessary)	6
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b	Net unrelated business taxable income from Form 990-T, line 34	7b

**Revenue**

8	Contributions and grants (Part VIII, line 1h)	274,829.00	Prior Year
9	Program service revenue (Part VIII, line 2g)	274,829.00	Current Year
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	274,829.00	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	81,230.00	
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
16b	Total fundraising expenses (Part IX, column (D), line 25)		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	110,488.00	
19	Revenue less expenses. Subtract line 18 from line 12	191,718.00	
20	Total assets (Part X, line 16)	154,256.00	Beginning of Current Year
21	Total liabilities (Part X, line 26)	64,007.00	End of Year
22	Net assets or fund balances. Subtract line 21 from line 20	90,249.00	

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**

Signature of officer: *Debra Lopez*  
 Type or print name and title: *Debra Lopez Executive Director*  
 Date: *11-18-17*

Print/Type preparer's name: John Schonberger Jr, CPA  
 Preparer's signature: *John Schonberger Jr, CPA*  
 Date: 11/15/2017  
 Check  if self-employed PTIN: P00149954

Firm's name: JOHN J. SCHONBERGER, JR., CPA  
 Firm's address: 520 Pile St., Clovis, NM 88101  
 Firm's EIN: 85-0311315  
 Phone no.: 575-762-2495

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

PROVIDE A HOME ENVIRONMENT IN WHICH CHILD ABUSED VICTIMS OF SEXUAL ABUSE CAN BE INTERVIEWED WITHIN A CARING, SHELTERING AND PROTECTING ATOSPHERE

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
  - If "Yes," describe these new services on Schedule O.  Yes  No
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
  - If "Yes," describe these changes on Schedule O.  Yes  No
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ ) including grants of \$ (Revenue \$ )

4b (Code: ) (Expenses \$ ) including grants of \$ (Revenue \$ )

4c (Code: ) (Expenses \$ ) including grants of \$ (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ ) including grants of \$ (Revenue \$ )

4e Total program service expenses

1	2	3	4	5	6	7	8	9	10	11	a	b	c	d	e	f	12a	12a	12b	13	14a	15	16	17	18	18	19
	X																										
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.																										
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.																										
3	Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.																										
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.																										
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.																										
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.																										
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.																										
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.																										
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.																										
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.																										
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.																										
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.																										
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.																										
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.																										
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.																										
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.																										
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.																										
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.																										
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.																										
13	Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E.																										
14a	Did the organization maintain an office, employees, or agents outside of the United States?																										
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.																										
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.																										
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.																										
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).																										
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.																										
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.																										

Part IV Checklist of Required Schedules (continued)

20a	b	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	X
20a	b	20b	Did the organization report more than \$5,000 of grants or other assistance to this return?	X
21		21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X
22		21	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	X
23		22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X
24a		23	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	X
24a	b	24a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	X
24a	b	24b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	X
24a	d	24c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	X
25a		24d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	X
25a	b	25a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	X
26		25b	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	X
27		26	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or family member of any of these persons? If "Yes," complete Schedule L, Part III.	X
28		27	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	X
28	a	28a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	X
28	b	28b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	X
28	c	28c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	X
29		29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X
30		30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.	X
31		31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	X
32		32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	X
33		33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	X
34		34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X
35a		35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X
35a	b	35a	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," complete Schedule R, Part V, line 2.	X
36		35b	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	X
37		36	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	X
38		37	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

1a		Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		0	1a	
b		Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		0	1b	
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	X
2a		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		2	2a	
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	X
b		If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O.			3b	
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	X
b		If "Yes," enter the name of the foreign country: <span style="border: 1px solid black; padding: 2px;"> </span>			4b	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	X
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	X
c		If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	X
6a		Does the organization solicit any contributions that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a	X
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7		Organizations that may receive deductible contributions under section 170(c).				
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	X
d		If "Yes," indicate the number of Forms 8282 filed during the year.			7d	
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	X
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	X
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	X
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	X
8		Sponsoring organizations maintaining donor advised funds.				
a		Did the sponsoring organization make any taxable distributions under section 4966?			9a	X
b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	X
9		Sponsoring organizations maintaining donor advised funds.				
a		Did the sponsoring organization have excess business holdings at any time during the year?			8	X
b		Did the sponsoring organization make any taxable distributions under section 4966?			9a	X
10		Section 501(c)(7) organizations. Enter:				
a		Initiation fees and capital contributions included on Part VIII, line 12			10a	
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			10b	
11		Section 501(c)(12) organizations. Enter:				
a		Gross income from members or shareholders.			11a	
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			11b	
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b	
13		Section 501(c)(29) qualified nonprofit health insurance issuers.				
a		Is the organization licensed to issue qualified health plans in more than one state?			13a	
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13b	
c		Enter the amount of reserves on hand			13c	
14a		Did the organization receive any payments for indoor tanning services during the tax year?			14a	X
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b	

**Section A. Governing Body and Management**

1a Enter the number of voting members of the governing body at the end of the tax year . . . . . 6  
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.  
 b Enter the number of voting members included in line 1a, above, who are independent . . . . . 6  
 1b

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . X  
 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . . X  
 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . X  
 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . X  
 6 Did the organization have members or stockholders? . . . . . X  
 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . X  
 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . X  
 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  
 a The governing body? . . . . . X  
 b Each committee with authority to act on behalf of the governing body? . . . . . X  
 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . . X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Did the organization have local chapters, branches, or affiliates? . . . . . X  
 b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . X  
 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . X  
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  
 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . X  
 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . X  
 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .  
 13 Did the organization have a written whistleblower policy? . . . . . X  
 14 Did the organization have a written document retention and destruction policy? . . . . . X  
 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . . X  
 a The organization's CEO, Executive Director, or top management official . . . . . X  
 b Other officers or key employees of the organization . . . . . X  
 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  
 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . X  
 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . X

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed . . . . . N/A  
 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  
 Another's website  Upon request  Other (explain in Schedule O)  
 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  
 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **Cavern City Child Advocacy Center 1313 W Mermod Carlisbad, NM 575-200-3929**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII.

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any officer and a director/trustee) hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director			
(1) SCOTT LONDON	VARY				X			0.00	0.00	0.00
(2) EDWARD SANCHEZ	VARY				X			0.00	0.00	0.00
(3) RICK LOPEZ	VARY				X			0.00	0.00	0.00
(4) STACI COMPTON	VARY				X			0.00	0.00	0.00
(5) JIM GRANTNER	VARY				X			0.00	0.00	0.00
(6) CARLSBAD, NM	VARY				X			0.00	0.00	0.00
(6) JON BLACKOMON	VARY				X			0.00	0.00	0.00
(7) CARLSBAD, NM	VARY				X			0.00	0.00	0.00
(7) ZEIMA LOPEZ	VARY				X			0.00	0.00	0.00
(8) CARLSBAD, NM	VARY				X			0.00	0.00	0.00
(8) CARLSBAD, NM	VARY				X			0.00	0.00	0.00
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										

<b>1b Sub-total</b>									
<b>c Total from continuation sheets to Part VII, Section A.</b>									
<b>d Total (add lines 1b and 1c)</b>									

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

3	4	5	Yes	No
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.		

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII.

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax sections 512-514
<p><b>Contributions, Gifts, Grants and Other Similar Amounts</b></p>					
1a	Federated campaigns				
b	Membership dues				
c	Fundraising events				
d	Related organizations				
e	Government grants (contributions)	305,985.00			
f	All other contributions, gifts, grants, and similar amounts not included above				
g	Noncash contributions included in lines 1a-1f				
h	Total. Add lines 1a-1f	305,985.00			
<p><b>Program Service Revenue</b></p>					
2a					
b					
c					
d					
e					
f					
g	All other program service revenue				
g	Total. Add lines 2a-2f				
<p><b>Other Revenue</b></p>					
1a					
b					
c					
d					
e	All other revenue				
f	Total. Add lines 1a-1d				
12	Total revenue. See instructions	305,985.00			

Part IX Statement of Functional Expenses			
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).			
Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>			
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.			
(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
123,998.00	111,598.00	12,400.00	
12,259.00	11,033.00	1,226.00	
6,320.00	5,688.00	632.00	
12,476.00	11,229.00	1,248.00	
19,560.00	17,604.00	1,956.00	
34,284.00	30,856.00	3,428.00	
7,853.00	7,067.00	785.00	
6,460.00	5,814.00	645.00	
830.00	747.00	83.00	
1,576.00	1,418.00	158.00	
13,797.00	12,417.00	1,380.00	
18,700.00	16,830.00	1,870.00	
258,647.00	232,782.00	25,865.00	

1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.

2 Grants and other assistance to domestic individuals. See Part IV, line 22.

3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.

4 Benefits paid to or for members.

5 Compensation of current officers, directors, trustees, and key employees.

6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).

7 Other salaries and wages.

8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).

9 Other employee benefits.

10 Payroll taxes.

11 Fees for services (non-employees):

a Management

b Legal

c Accounting

d Lobbying

e Professional fundraising services. See Part IV, line 17.

f Investment management fees

9 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).

12 Advertising and promotion

13 Office expenses

14 Information technology

15 Royalties

16 Occupancy

17 Travel

18 Payments of travel or entertainment expenses for any federal, state, or local public officials

19 Conferences, conventions, and meetings

20 Interest

21 Payments to affiliates

22 Depreciation, depletion, and amortization

23 Insurance

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).

a Dues, subscription & books

b Miscellaneous

c Supplies

d Contractual Services

e All other expenses

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if following SOP 98-2 (ASC 958-720).

Check if Schedule O contains a response or note to any line in this Part X.

		(A) Beginning of year	(B) End of year
1	Cash - non-interest-bearing	-57,236.00	52,241.00
2	Savings and temporary cash investments		
3	Pledges and grants receivable, net		
4	Accounts receivable, net		
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees, Complete Part II of Schedule L	148,362.00	45,586.00
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions), Complete Part II of Schedule L		
7	Notes and loans receivable, net		
8	Inventories for sale or use		
9	Prepaid expenses and deferred charges		
10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	32,462.00	16,656.00
	10a	39,264.00	
	10b	15,370.00	
11	Investments - publicly traded securities		
12	Investments - other securities. See Part IV, line 11		
13	Investments - program-related. See Part IV, line 11		
14	Intangible assets		
15	Other assets. See Part IV, line 11	600.00	600.00
16	Total assets. Add lines 1 through 15 (must equal line 34)	154,256.00	138,977.00
17	Accounts payable and accrued expenses	64,007.00	207.00
18	Grants payable		
19	Deferred revenue		
20	Tax-exempt bond liabilities		
21	Escrow or custodial account liability. Complete Part IV of Schedule D		
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23	Secured mortgages and notes payable to unrelated third parties		
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		
26	Total liabilities. Add lines 17 through 25.	64,007.00	207.00
27	Unrestricted net assets	90,249.00	138,770.00
28	Temporarily restricted net assets		
29	Permanently restricted net assets		
30	Capital stock or trust principal, or current funds		
31	Paid-in or capital surplus, or land, building, or equipment fund		
32	Retained earnings, endowment, accumulated income, or other funds		
33	Total net assets or fund balances	90,249.00	138,770.00
34	Total liabilities and net assets/fund balances	154,256.00	138,977.00

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?  Yes  No

If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  Yes  No

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  Yes  No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Check if Schedule O contains a response or note to any line in this Part XI.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XII.

**Part XII Financial Statements and Reporting**

1	Total revenue (must equal Part VIII, column (A), line 12)	305,985.00
2	Total expenses (must equal Part IX, column (A), line 25)	258,647.00
3	Revenue less expenses. Subtract line 2 from line 1.	47,338.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	90,249.00
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	1,182.00
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	138,769.00

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 Attach to Form 990 or Form 990-EZ.  
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047  
**2016**  
 Open to Public Inspection

Name of the organization: **CAVERN CITY CHILD ADVOCACY CENTER**  
 Employer identification number: **47-3442188**

**Part I 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 12, 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 (Form 990 or 990-EZ).)
  - 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
  - 10 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.)
  - 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
  - 12 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).

- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 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).
- a Type I. A supporting organization operated, supervised, or controlled by its supporting organization and complete lines 12e, 12f, and 12g. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d Type III non-functionally integrated. A supporting organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations.
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))		(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Yes	No			
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1						
2						
3						
4						
5						
6						
<b>Section B. Total Support</b>						
<b>Section C. Computation of Public Support Percentage</b>						

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage from 2015 Schedule A, Part II, line 14

16a 33 1/3% support test - 2016. 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

16b 33 1/3% support test - 2015. 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

17a 10%-facts-and-circumstances test - 2016. If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17b 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

**Part III**

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

(Complete only if you checked the box on line 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1				274,829.00	305,985.00	580,814.00
2						
3						
4						
5						
6				274,829.00	305,985.00	580,814.00
7a						
b						
c						
8						
<b>Section B. Total Support</b>						
Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9				274,829.00	305,985.00	580,814.00
10a						
11						
12						
13						
14				274,829.00	305,985.00	580,814.00

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

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	100.0000 %
16	Public support percentage from 2015 Schedule A, Part III, line 15.	16	%

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

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)).	17	%
18	Investment income percentage from 2015 Schedule A, Part III, line 17.	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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.

**Part IV** Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

1	2	3a	b	c	4a	b	c	4c	5a	b	c	6	7	8	9a	b	c	10a	b	10b
1	2	3a	b	c	4a	b	c	4c	5a	b	c	6	7	8	9a	b	c	10a	b	10b
Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	Substitutions only. Was the substitution the result of an event beyond the organization's control?	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		



**Part IV Supporting Organizations (continued)**

11		Has the organization accepted a gift or contribution from any of the following persons?	Yes	No
a	1a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	11b	A family member of a person described in (a) above?		
c	11c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations				
1	1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization. If how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization.	2	

Section C. Type II Supporting Organizations				
1	1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes	No
1	1			

Section D. All Type III Supporting Organizations				
1	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the tax year, (i) a written notice describing the type and amount of support provided during the prior year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	Yes	No
2	2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	1	
3	3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	2	
3	3			

Section E. Type III Functionally Integrated Supporting Organizations				
1	1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). <input type="checkbox"/> a The organization satisfied the Activities Test. Complete line 2 below. <input type="checkbox"/> b The organization is the parent of each of its supported organizations. Complete line 3 below. <input type="checkbox"/> c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	2	Activities Test. Answer (a) and (b) below.	Yes	No
a	a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3	3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b	b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Schedule A (Form 990 or 990-EZ) 2016				
3b	3b	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3a	3a			
2b	2b			
2a	2a			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions (see instructions)		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.		
5	Depreciation and depletion		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)		
7	Other expenses (see instructions)		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	Total (add lines 1a, 1b, and 1c)		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)		
6	Multiply line 5 by .035.		
7	Recoveries of prior-year distributions		
8	Minimum Asset Amount (add line 7 to line 6)		
<b>Section C - Distributable Amount</b>		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)		
2	Enter 85% of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Section D - Distributions		Section E - Distribution Allocations (see instructions)	
1	2	3	4
Amounts paid to supported organizations to accomplish exempt purposes	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	Administrative expenses paid to accomplish exempt purposes of supported organizations	Qualified set-aside amounts (prior IRS approval required)
5	6	7	8
Other distributions (describe in Part VI). See instructions.	Total annual distributions. Add lines 1 through 6.	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	Distributable amount for 2016 from Section C, line 6
9	10	11	12
Distributable amount for 2016 from Section C, line 6	Line 8 amount divided by Line 9 amount	Excess Distributions (i)	Underdistributions Pre-2016 (ii)
Amount for 2016 Distributable (iii)	Current Year		
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100







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

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8879-EO and Form 8879-EO for payment instructions.

**(Electronic Federal Tax Payment System).** See instructions.

**c Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS.

**b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

**3a** If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

**3b** \$

**3c** \$

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

calendar year 20  or tax year beginning  JULY 1, 2016, and ending  JUNE 30, 2017.

**1** I request an automatic 6-month extension of time until February 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- If the organization does not have an office or place of business in the United States, check this box.  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). If this is for the whole group, check this box.  If it is for part of the group, check this box.  and attach a list with the names and EINs of all members the extension is for.

• The books are in the care of  Zelma Lopez

Application	Return Code	Is For
Form 990 or Form 990-EZ	01	Form 990-T (corporation)
Form 990-BL	02	Form 1041-A
Form 4720 (individual)	03	Form 4720 (other than individual)
Form 990-PF	04	Form 5227
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069
Form 990-T (trust other than above)	06	Form 8870
Return Code		
Application		
Is For		
07		
08		
09		
10		
11		
12		

Enter the Return Code for the return that this application is for (file a separate application for each return)  0  1

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	CAVERN CITY CHILD ADVOCACY CENTER
<b>File by the</b>	Number, street, and room or suite no. If a P.O. box, see instructions.	1313 W. Mermod, PO Box 1441
<b>due date for filing your return. See instructions.</b>	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	Carlsbad, NM 88221
<b>Employer identification number (EIN) or</b>	Employer identification number (EIN) or	47-3442188
<b>Social security number (SSN)</b>	Social security number (SSN)	

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.