

Return of Organization Exempt From Income Tax

2008

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

For the 2008 calendar year, or tax year beginning **2008**, and ending **2008**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific instructions.	C Name of organization A Child Is Missing, Inc.	D Employer identification number 65-07
		Number and street (or P.O. box if mail is not delivered to street addr) Room/suite 500 S.E. 17th Street 101	E Telephone number (954) 763-1288
		City, town or country State ZIP code + 4 Fort Lauderdale FL 33316	G Gross receipts \$ 1,301,544.
		F Name and address of principal officer: Sherry Friedlander 1201 SE 13th Terrace Fort Lauderdale FL 33316	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: N/A		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1997 M State of legal domicile: FL		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Assist law enforcement with missing persons		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of employees (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	10
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,192,433.	1,234,223.
	9 Program service revenue (Part VIII, line 2g)		
	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)	123,181.	48,298.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,315,614.	1,282,521.
Expenses	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)	588,038.	682,234.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25)	187,233.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	484,787.	865,796.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,072,825.	1,548,030.	
19 Revenue less expenses. Subtract line 18 from line 12	242,789.	-265,509.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	321,062.	123,659.
	21 Total liabilities (Part X, line 26)	238,008.	306,114.
	22 Net assets or fund balances. Subtract line 21 from line 20	83,054.	-182,455.

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.

Sign Here
 Signature of officer: Sherry Friedlander Date: 5/20/09
 Type or print name and title: **Sherry Friedlander**

Paid Preparer's Use Only
 Preparer's signature: Laurence E. Mullins Date: 05/20/09
 Firm's name (or yours if self-employed), address, and ZIP + 4: **Laurence E. Mullins, P.A.**
201 SE 15th Terrace, Suite 212
Deerfield Beach FL 33441
 EIN: Phone no.: **(954) 428-4411**

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