Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2015

Department of the Treasury Internal Revenue Service

Under section 501(c), 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.

Open to Public Inspection

<u> </u>	For the 2	<u>2015 cale</u>	ndar year, or tax year beginning ${ m JULY~1}$, 2015, and ending	JUN JUN	E 30	,20 16
В	Check if a	pplicable:	C Name of organization KID'S PLACE A CHILD ADVOCACY CENTER		D Employ	er identification number
	Address o	hange	Doing business as		31-15	92730
ΠĪ	Name cha	•	Number and street (or P.O. box If mail is not delivered to street address) Room/suit	.e		ne number
Ħ.	Initial retu	-	614 WEST POINT ROAD		931 7	66.2213
\exists		/terminated	City or town, state or province, country, and ZIP or foreign postal code		33211	30.2213
H			LAWRENCEBURG, TN 38464		G Gross re	206 016
	Amended			T1111 11 111		
U	Applicatio	n pending	F Name and address of principal officer: BRANDI BURDETTE	l l		subordinates? Yes No
			614 WEST POINT ROAD, LAWRENCEBURG, TN. 38464			s included? Yes No
<u> </u>	Tax-exem	pt status:	X 501(c)(3)	۰۰۰ ا	No," attach a	a list. (see instructions)
<u>J</u>	Website:			H(c) Group	exemption	number >
		ganization:	X Corporation ☐ Trust ☐ Association ☐ Other ► ☐ L Year of formation	on: 1999	M State	of legal domicile: TN
P	art I	Summ				
	1 E	Briefly de	scribe the organization's mission or most significant activities: TO RE	DUCE TH	E TRAU	MA OF CHILD ABUSE
ø			VIDING A CHILD ORIENTED ENVIROMENT FOR THE COORD			
aŭ			IGATION, INTERVENTION AND TREATMENT OF CHILD SEX			
Ē			is box ▶ ☐ if the organization discontinued its operations or disposed or			
Š	1		of voting members of the governing body (Part VI, line 1a)		. 3	<u> </u>
ر ص	·		of independent voting members of the governing body (Part VI, line 1b)	• • •		13
Se	1			• • •		13
Ę			nber of individuals employed in calendar year 2015 (Part V, line 2a) .	• • •	. 5	4
Activities & Governance			nber of volunteers (estimate if necessary)		. 6	0
Ĭ	1		elated business revenue from Part VIII, column (C), line 12		. 7a	
	<u>b</u> 1	Vet unrel	ated business taxable income from Form 990-T, line 34		. 7b	0
				Prior Y	ear	Current Year
Revenue	8 (Contribut	ions and grants (Part VIII, line 1h)	2	80,010	284,189
	9 F	rogram	service revenue (Part VIII, line 2g)		0	0
Š	10 1	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		0	0
ď	i .		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		9,066	22,727
	1		enue – add lines 8 through 11 (must equal Part VIII, cetumn (A), line 12)	2	89,076	306,916
_			nd similar amounts paid (Part IX, column (A), lines (13)-1-10.		0	300,310
	1					
			paid to or for members (Part IX, column(A),-line 4)		0	012.475
Expenses			other compensation, employee benefits (Part IX, column (A) lines (5210)	<u>_</u>	71,837	213,475
SUS			nal fundraising fees (Part IX, columnica), line 1116	· ·	0	0
×			draising expenses (Part IX, column (D), line 25)	-		
ш	17 (Other exp	penses (Part IX, column (A), lines 11a 11d, 11f-246	1	04,698	109,848
	18 T	rotal exp	enses. Add lines 13-17 (must equal Rart IX column (A), line 25) .	2	76,535	323,323
	19 F	Revenue	less expenses. Subtract line 18 from line 12		12,541	(16,407)
58			В	eginning of C	urrent Year	End of Year
Net Assets (Fund Balance		Total ass	ets (Part X, line 16)	1	53,653	137,625
AS Ba			ilities (Part X, line 26)		5,915	6,293
ΣĚ			s or fund balances. Subtract line 21 from line 20	1	47,738	131,332
	art II		ure Block		117130	131,332
					1b a b and a f -	and beautages and belief at t
			y.) declare that L have examined this return, including accompanying schedules and statem atc. Declaration of preparer (other than officer) is based on all information of which preparer I			ny knowledge and belief, it is
		1	Daniel Di Atti	······································	1110	
c:-		2	JUMU JUMUUM		1/18	16
Sig		Signa	ature of officer	D:	ate' /	
He	re		Brandi Burdette, Executive Director			
			or print name and title			
Pa	id	Print/Typ	Preparer's signature R. POOLE Preparer's signature Proble, CPA 9.	е	Check	X) if PTIN
	eparer	JOHN	R. POOLE John (Youle, CPA 9.	30.16		PO1466592
	-	Firm's na	TANN B	Fin	n's EIN ▶	
υS	e Only		ddress ►134 NORTHLAKE DRIVE, 37075			5.822.4177
May	v the IBS		this return with the preparer shown above? (see instructions)	<u></u>		· . X Yes No
			tion Act Notice see the separate instructions.			Form 990 (2015)

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¥ 2017

44	d. Other program services (Describe in	in Schedule (1)			
4d	d Other program services (Describe in		\/Payanua \$		
	(Expenses \$ includi	ding grants of \$) (Revenue \$;)	

Part	V 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)? If "Yes," complete Schedule A		į	
•	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2_	X	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
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	4	 	х
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	5		x
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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	9		X
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	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
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	11b		х
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	11c		х
đ	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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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.	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	14b		<u> </u>
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.	15		X
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)	16		X
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	17		X
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	18	Х	
		13	000	X

Part	Checklist of Required Schedules (continued)			9-
			Yes	No
20 a		20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21	ļ	X
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			1
	employees? If "Yes," complete Schedule J	23		Х
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? If "Yes," answer lines 24b			}
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		X
b	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?			
	If "Yes," complete Schedule L, Part I	25b		,
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		X
20	current or former officers, directors, trustees, key employees, highest compensated employees, or	1 1		}
	disqualified persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	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):			, 10 K
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		X
C	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	} _	,	l
20	Part I	31		X
32	complete Schedule N, Part II	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Ì	х
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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related expanization? If "You " complete School up B. Part V. line 2.	_		
22	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		х
38	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.	38	х	
			000	

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Part	-			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		<u>. </u>
10	Feteration with a way and in Pour C of Form 1000 Feter O Mark and Back I		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	reportable gaming (gambling) winnings to prize winners?		v	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	Х	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	Х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		Ŷ	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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	H-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			1
	account)?	4a		Х
ь	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	1.3.7		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	300.00	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	-,		V.10
_		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
·	required to file Form 8282?	7-		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
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		- <u>^</u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:	i e.		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		-, .	. ~.:
	· · · · · · · · · · · · · · · · · · ·			· .
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		4
	Enter the amount of reserves the organization is required to maintain by the states in which		ij	
	the organization is licensed to issue qualified health plans		4.4	
	Enter the amount of reserves on hand			
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

Part				
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Secti	ion A. Governing Body and Management	···	<u> </u>	ليا ٠
	and the state of t		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	If there are material differences in voting rights among members of the governing body, or		12	
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			100
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 13			
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?	2		Х
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?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6 7a	Did the organization have members or stockholders?	6	ļ	X
/ d	one or more members of the governing body?		Ì	١
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X
•	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
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	9	<u> </u>	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVa		<u> </u>
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Ī
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			17.5
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		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?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	ę /	X
162	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
100	with a taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Ŷ
	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?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► TN			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	1 501(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website Upon request Other (explain in Schedule O)	A	aella:	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	DOILC	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	corde:	•	
LU	BRANDI BURDETTE, 614 WEST POINT ROAD, LAWRENCEBURG, TN. 38464, 931.766.221			

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

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. (C) Position (B) (D) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) week (list any from related other Officer Individual Institutional trustee employee Key employee Highest compensated hours for organizations the compensation organization related (W-2/1099-MISC) from the organizations (W-2/1099-MISC) organization below dotted and related trustee organizations (5) (9)____ (10)_____ (11) (12)(13)

٠	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe d a d	rson	than o	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(15)		 									
(16)								<u> </u>			
(17)											
		<u> </u>				_		-			
								-		}	
				_		_		-			
		i						-			
		L		_				<u> </u>			
		ł		_							
		L									
(25)											
1b c d	Sub-total	VII, Sectio	n A					▶ ▶	0	0	0
2	Total number of individuals (including but reportable compensation from the organi	t not limited	to th	ose						<u> </u>	
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							mp	loyee, or high	est compensate	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual										ne de la
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individu	
Section	on B. Independent Contractors							_	:		
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	ress							(B) Description of se	ervices	(C) Compensation
				_							
	Total number of independent contractor	re (includin	a bi	1 0	nt 1	mit	od +0	+h	nee lieted abo	ove) who	
	received more than \$100,000 of compens									0	
											Form 990 (2015)

Par	t VIII	Statement of Reve	enue						
	,	Check if Schedule C		a res	ponse or note to	any line in this	Part VIII	<i>.</i>	🗀
- ~ C	. —					(A) Total revenue	(8) Related or	(C) Unrelated	(D)
						Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	3	1a					
E Ž	Ь	Membership dues .		1b					
2 6	С	Fundraising events .		1c					
ar /	d	Related organizations		1d					
°, E	е	Government grants (con		1e	152,658	. 🕯			
S S	f	All other contributions, g							
E E	ŀ	and similar amounts not inc		1f	131,531				
ξŽ	g	Noncash contributions include	ded in lines 1a		43,200				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1	f		▶	284,189			
					Business Code				
Program Service Revenue	2a								
æ	ь	***************************************							
<u>3</u>	С								
ē	d								
Ë	e								
g	f	All other program sen	vice revenu	ie .					
g	g	Total. Add lines 2a-2			▶	0			
	3	Investment income	(including	divid	ends, interest,				
		and other similar amo	ounts) .		▶				
	4	Income from investmen	t of tax-exer	npt bo	ond proceeds ►				
	5	Royalties	_ • <u>•</u> • _		▶ [
			(i) Real		(ii) Personal				
	6a	Gross rents							
	b	Less: rental expenses				3			
	С	Rental income or (loss)		0	0	,			
	d	Net rental income or (loss) .		>	0			
	7a	Gross amount from sales of	(i) Securit	es	(ii) Other				
		assets other than inventory							
	b	Less: cost or other basis							
		and sales expenses .							
	С	Gain or (loss)		0	0	4			
	d	Net gain or (loss) .			<u> ▶ </u>	0			
a					·				
Ž	8a	Gross income from fu	ndraising						
Other Revenue		events (not including \$							
æ		of contributions reporte							
ē		See Part IV, line 18 .		-	21,541				
7		Less: direct expenses			2,246				
		Net income or (loss) fi		•	events . >	19,295			
}	9a	Gross income from ga				1			
		See Part IV, line 19 .							
		Less: direct expenses				·	经验验		10000000000000000000000000000000000000
- 1		Net income or (loss) fr	-		vities ▶	0			the state of the second second second
	10a	Gross sales of in							
	_	returns and allowance		_					
		Less: cost of goods s				1	。	(A) 中的情况中	
,	С	Net income or (loss) fi		of inve		0			
J		Miscellaneous Ri			Business Code				
	11a	Other				3,432	3,432		
1	b			1					ļ- <u></u>
	C		,						
	d	All other revenue .		•					
1	е	Total revenue See in			· · · · •	3,432			
	77	LATEL POMOBILA CAA in	CTO ICTIONS		<u> </u>	406 UTEI	* N 20	i .	

Part IX Statement of Functional Expenses

Section 5	501(c)(3)	and 501(c)(4)	organizations must	t complete all	columns	All other	organizations	must con	nplete column	1 (A).

	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .		
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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 5	Benefits paid to or for members 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 8	Other salaries and wages	194,490	188,031	6,459	
9 10 11	Other employee benefits	4,106 14,879	4,106 14,385	494	
a b	Management				
c d e	Accounting	1,200		1,200	
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 13 14	Advertising and promotion	1,784	1,606	178	
15 16 17	Royalties	49,641 21,723	49,146 21,723	495	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20 21	Conferences, conventions, and meetings . Interest				
22 23	Depreciation, depletion, and amortization . Insurance	3,610 4,462	2,960 4,462	650	
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.)				
а	Professional services	8,854	8,169	685	
c b	Supplies Dues	11,392 5,324	10,253 3,824	1,139 1,500	
d e	Other All other expenses Total functional expenses. Add lines 1 through 24e	1,858	1,842	12 916	
25 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)	323,323	310,507	12,816	

Form 990 (2015)

	art X	Balance Sheet			
	aitA	Check if Schedule O contains a response or note to any line in this Pa	art X	 -	· · · · · · ·
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	136,132	1	124,961
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	5,954	3	4,707
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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		6	
ets	-	•		6 7	_
Assets	8	Notes and loans receivable, net		8	
•	9			9	
	10a	Prepaid expenses and deferred charges		9	
	100	other basis. Complete Part VI of Schedule D 10a 69, 669		11.5	
	Ь	Less: accumulated depreciation 10b 61,963		10c	7,706
	11	Investments—publicly traded securities	11/010	11	7,700
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	251	15	251
	16	Total assets. Add lines 1 through 15 (must equal line 34)	153,653	16	137,625
	17	Accounts payable and accrued expenses	5,915	17	6,293
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	······································
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	Andread in the American Street Street	21	T
Liabilities	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		22	
ia.	23	Secured mortgages and notes payable to unrelated third parties		23	
_	24	Unsecured notes and loans payable to unrelated third parties		24	<u> </u>
	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		25	
	26	Total liabilities. Add lines 17 through 25	5,915	26	6,293
sex		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	147,738	27	131,331
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ţ	32	Retained earnings, endowment, accumulated income, or other funds.		32	
Š	33	Total net assets or fund balances	147,738	_	131,331
	34	Total liabilities and net assets/fund balances	153 , 653	34	137,624

Page	1	2
FAUB		•

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		306,	916
2	Total expenses (must equal Part IX, column (A), line 25)	2		323,	323
3	Revenue less expenses. Subtract line 2 from line 1	3		(16,	407
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		147,	738
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				_
	33, column (B))	10		131,	331
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u> </u>		
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," ex Schedule O.	oplain i	n (Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were correviewed on a separate basis, consolidated basis, or both:				X
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	 ed on	2b	Х	
С	⊠ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent according to the organization changed either its oversight process or selection process during the tax year, exchedule O.	untant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth in	n 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		9 3b		
			For	gan	/201E\

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

2015

Open to Public Inspection

	of the organization					Employer Identification	n number
	'S PLACE A CHILD ADVOCA					31-1592730	
	Reason for Public Cha						ons.
ine (organization is not a private found:		•	-	•	•	
2	A school described in section						
3	☐ A hospital or a cooperative ho		•				
4	A medical research organizati hospital's name, city, and stat	on operated in c					(iii). Enter the
5	☐ An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	al unit described in
6 7							
8	☐ A community trust described	in section 170(b)(1)(A)(vi). (Complete	Part II.)			
9							
10 11	☐ An organization organized and one or more publicly supporte the box in lines 11a through 11	operated exclusions d	ively for the benefit of, lescribed in section 5	to perfor 09(a)(1) c	m the fur or section	ctions of, or to carry 509(a)(2). See sect	ion 509(a)(3). Check
а	☐ Type I. A supporting organize the supported organization(sorganization. You must contact the support of the	s) the power to re	egularly appoint or ele				
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control organization organization organization. ☐ Type II. A supporting organization organization organization organization. ☐ Type II. A supporting organization. ☐ Type II. A suppo	ne supporting org	ganization vested in th				
С	☐ Type III functionally integrates its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated. The organi	ization generally must	satisfy a	distributi	on requirement and	
е		ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported	organizations .					[
g	Provide the following informatio	n about the supp	oorted organization(s).				
	(i) Name of supported organization			(Iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		1		Yes	No		
(A)		-				-	
(B)							
(C)							
(D)							
(E)							
Total						0	. 0

Part	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	o qualify unde	r the tests lis	sted below, p	lease comple	te Part III.)	
	ion A. Public Support			,			
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014_	(e) 2015	(f) Total
1	Gifts, grants, contributions, and	1		1			ĺ
	membership fees received. (Do not	ļ		,			
	include any "unusual grants.")	271,252	<u>259,464</u>	259,463	289,076	306,916	1,386,171
2	Tax revenues levied for the			 			
	organization's benefit and either paid						
_	to or expended on its behalf	ļ				ļ <u>. — . </u>	
3	The value of services or facilities				,	l	
	furnished by a governmental unit to the organization without charge	Į į			1	:	
	-	071 050	050 464	050 463	000 076	206 016	1 206 171
4	Total. Add lines 1 through 3	271,252	259,464	259,463	289,076	306,916	1,386,171
5	The portion of total contributions by	. ;	į				
	each person (other than a governmental unit or publicly						
	governmental unit or publicly supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	,	;				
6	Public support. Subtract line 5 from line 4.						1,386,171
Secti	on B. Total Support	the same of the second		<u> </u>		<u> </u>	
	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	271,252	259,464	259,463	289,076	306,916	1,386,171
8	Gross income from interest, dividends,						1
	payments received on securities loans,		ı				
	rents, royalties and income from similar	1					
	sources	227	2				229
9	Net income from unrelated business	ŀ					
	activities, whether or not the business is regularly carried on						
40		·					
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)		i				
11	Total support. Add lines 7 through 10				a militarian i		1,386,400
12	Gross receipts from related activities, etc.	. (see instruction	ns)	المجالك الشياب المحاجة المساحدة		12	1,300,400
13	First five years. If the Form 990 is for th			d, third, fourth	, or fifth tax ye		n 501(c)(3)
	organization, check this box and stop he						·
Secti	on C. Computation of Public Suppor	rt Percentage)				
14	Public support percentage for 2015 (line 6	5, column (f) div	vided by line 1	1, column (f))		14	99.98 %
15	Public support percentage from 2014 Sch					15	%
16a	331/3% support test—2015. If the organiz						
	box and stop here. The organization qua	•		-	40- 15		. ▶ 🛛
b	331/3% support test—2014. If the organicheck this box and stop here. The organi					15 IS 33'/3%	or more, . ► □
17a	10% -facts-and-circumstances test20	015. If the orga	nization did no	ot check a box	on line 13, 16	a, or 16b, and	-
	10% or more, and if the organization me						
	Part VI how the organization meets the "fa	acts-and-circu	mstances" tes	t. The organiza	ation qualifies	as a publicly s	upported
	organization						. ▶ 🗆
b	10% -facts-and-circumstances test-20						
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m				he organizatio	n qualifies as a	publicly
40	supported organization				47		. ▶ 🗅
18	Private foundation. If the organization di instructions		-		, or 17b, checl	this box and	see . ▶ □

20

Schedu	chedule A (Form 990 or 990-EZ) 2015						
Part	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.						
<u> </u>	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part	ll.)	
	ion A. Public Support dar year (or fiscal year beginning in)	(a) 2011	(h) 2012	(-) 2042	(4) 2014	(=) 2045	
Jaier 1	Gifts, grants, contributions, and membership fees	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
•	received. (Do not include any "unusual grants.")		ĺ				
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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		•	į			
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						
С	Add lines 7a and 7b						<u></u>
8	Public support. (Subtract line 7c from line 6.)	-					
Secti	on B. Total Support		<u> </u>	<u> </u>		**************************************	
alen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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						
С	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			-			
14	First five years. If the Form 990 is for the organization, check this box and stop her	-		d, third, fourth	•		* * * * * * * * * * * * * * * * * * * *
ecti	on C. Computation of Public Suppor						
15	Public support percentage for 2015 (line 8			3, column (f))			%
16	Public support percentage from 2014 Sch			<u> </u>	<u></u>	16	%
	on D. Computation of Investment Inc			<u> </u>	(0)	T-4=1	
17	Investment income percentage for 2015 (Investment income percentage from 2014)			•		17	<u>%</u>
18 19a	33 ¹ / ₁₃ % support tests—2015. If the organi						
, va	17 is not more than 33½, check this box						
b	331/s% support tests—2014. If the organiz line 18 is not more than 331/s%, check this b						3 ¹ /3%, and

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

Yes No

Part IV

Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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 to 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 statu under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supporte 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," answi (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) an satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how th organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(E 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")? "Yes," and if you checked 11a or 11b 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 discretio 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 determinatio under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization use to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(E purposes.
- 5a 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 El. 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 actio 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 alread 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) t anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefite by one or more of its supported organizations, or (iii) other supporting organizations that also support 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 wit 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 mor disqualified persons as defined in section 4946 (other than foundation managers and organizations describe 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 whic 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 benef 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 sectio 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrate supporting organizations)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

distribution.		to E of our
1		
2		
3a	200	Kaza
3b	1842 TO 20	
3c		
4a	20014	7-50-26
4b		248 Second
4c	25775	
5-		
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9a 9b		
	2 3a 3b 3c 4a 4b	2 3a 3b 3c 4a 4c 4c 5a 5b

				raye
Part	IV Supporting Organizations (continued)			
1i	Has the organization accepted a gift or contribution from any of the following persons?	F225/31	Yes	No
''a				
-	below, the governing body of a supported organization?	11a	2(2.2)	
b		11b		
	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.	11c		
Secti	ion B. Type I Supporting Organizations	— т	V1	N.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	NO
•	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.			
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 "Yes," explain in Part			, A.
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		ix 1 / 4	
	supervised, or controlled the supporting organization.	2	1	
Secti	ion C. Type II Supporting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	Yes	NO
•	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	- X		
	the supported organization(s).	11		
Secti	ion 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		Yes	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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?	1	-	क्राम स्टब्स
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	q		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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.			
Secti	on E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	in ctrue		
-	The organization satisfied the Activities Test. Complete line 2 below.	III SU UC	LIUIIS	·J·
a b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructio	ons).
2	Activities Test. Answer (a) and (b) below.	「	Yes	No
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.			
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI</i> .	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Jä		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		-

Part V Type III Non-Functionally integrated 509(a)(3) Supporting Organical Control of the Contro	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			nstructions. All
other Type III non-functionally integrated supporting organizations must co Section A - Adjusted Net Income	mpi	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		An or and the second of the se
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	the second secon	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		<u> </u>
7 Check here if the current year is the organization's first as a non-functionall instructions)	y-int	tegrated Type III supporting	organization (see

	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish					
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	∍mpt purposes of suppo	rted			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	inizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	h the organization is res	ponsive			
9	Distributable amount for 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:	The second of the second of		mande distribution de la company de plan		
a						
<u>a</u>						
- 		THE STOREST OF THE STOREST				
d	From 2013	Lane				
e	From 2014					
f	Total of lines 3a through e					
9	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount		The second secon			
<u>_</u>	Carryover from 2010 not applied (see instructions)					
ユ	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section D, line 7:					
	Applied to underdistributions of prior years		المستعمر كالمنافظ المستعمل ومستعمل مستعمل المستعمل المستعمل والمستعمل والمستعمل المستعمل المس			
<u>_</u>	Applied to 2015 distributable amount			Ama fama ana padéhan ang paganan		
	Remainder. Subtract lines 4a and 4b from 4.	the second of the second beginning to the second of second		And the formation of the second secon		
 _5	Remaining underdistributions for years prior to 2015, if	****	المتراجع فيستني والمتراجع والمتراج والمتراجع والمتراج والمتراجع والمتراجع والمتراج والمتراجع والمتراجع والمتراجع والمتراجع والمتراجع والمتراجع وال			
•	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).					
7	Excess distributions carryover to 2016. Add lines 3j and 4c.					
8	Breakdown of line 7:					
a						
b						
С	Excess from 2013					
d	Excess from 2014					
	Excess from 2015					

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047 2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

aine C	of the organization		Employer identification fulliber
ID'	S PLACE A CHILD ADVOCACY CENTER		31-1592730
Par	Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ds or Accounts.
	Complete if the organization answered		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets he	eld in donor advised
_	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, a		
•	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Par	Conservation Easements.		
	Complete if the organization answered '	"Yes" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
ı	Preservation of land for public use (e.g., recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space	rieseivation of	a certified historic structure
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	un in the form of a conservation
_	easement on the last day of the tax year.	cia a quannea conservation contributio	Held at the End of the Tax Year
а			2a
b	Total acreage restricted by conservation easement		
_	Number of conservation easements on a certified I		
ď	Number of conservation easements included in		
u			· · 2d
3	Number of conservation easements modified, trans		
•	tax year ►	sierieu, reieuseu, extinguisticu, or terri	milated by the organization during the
4	Number of states where property subject to conse	rvation easement is located >	
5	Does the organization have a written policy reg		pection, handling of
	violations, and enforcement of the conservation ea		
6	Staff and volunteer hours devoted to monitoring, inspect		
•		and the second of the second o	oncorration occasion to during the year
7	Amount of expenses incurred in monitoring, inspecting	a, handling of violations, and enforcing	conservation easements during the year
-	▶\$	g,g or moremone, and emercing	,
8	Does each conservation easement reported on line	2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports of		
-	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme	ents.	
Part	III Organizations Maintaining Collection	s of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "		
1a	If the organization elected, as permitted under SF.	AS 116 (ASC 958), not to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide, in Part XIII, the text of the f	ootnote to its financial statements that	describes these items.
ь	If the organization elected, as permitted under S	FAS 116 (ASC 958), to report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other similar	•	ucation, or research in furtherance of
	public service, provide the following amounts relati	•	
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art,	historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
	Assets included in Form 900 Part Y		>

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): a	Par	III Organizations Maintaining Co								
b	3		ession, and oth	ner reco	rds, ched	k any of th	ne follov	ving that are a	significant us	e of its
c ☐ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No Part IV ☐ Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance .	а	☐ Public exhibition		ď	🗌 Loan	or exchang	ge progi	rams		
c ☐ Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No Part IV ☐ Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance .	b	•		е	☐ Othe	r				
XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C									
### Sasets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No	4	XIII.		•		·				in Part
Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization the arrangement in Part XIII and complete the following table: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Agent V Endowment Funds. (a) Current year on Form 990, Part IV, line 10. Agent V Endowment Funds (a) Current year on Form 990, Part IV, line 10. Administrative expenses (b) Current year on Form 990, Part IV, line 10. Administrative expenses (c) Prior years back (d) Three years back (e) Four years back	5	During the year, did the organization soli assets to be sold to raise funds rather that	icit or receive o In to be maintai	donation ined as p	s of art, part of the	historical to e organizat	reasure: ion's co	s, or other simil llection?	ar □ Yes	□ No
990, Part X, line 21.	Par	IV Escrow and Custodial Arrang	ements.					·		
included on Form 990, Part X? □ Yes No No Management in Part XIII and complete the following table: □ Beginning balance 1c Amount 1d 1d 1d 1d 1d 1d 1d 1		990, Part X, line 21.				·				orm
c Beginning balance	1a	included on Form 990, Part X?								□ No
c Beginning balance	b	If "Yes," explain the arrangement in Part >	Kili and comple	te the fo	llowing to	able:		- 		
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									mount	
e Distributions during the year f Ending balance										
Ending balance If										
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?										
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance	=								.2 □ Van	□ No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.										
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back			uni Oriook nere	7 11 1110 02	tpianatio	TTIAO DCOIT	provide	d Oli i dit zaii .	• • •	<u></u>
Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years (swered "Yes"	on For	m 990. I	Part IV. line	e 10.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment % Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 69,669 61,963 7,706								(d) Three years bac	k (e) Four yea	rs back
c Net investment earnings, gains, and losses	1a	Beginning of year balance								
d Grants or scholarships	b	Contributions								
e Other expenditures for facilities and programs	С									
f Administrative expenses	d	Grants or scholarships								
g End of year balance	е	· · · · · · · · · · · · · · · · · · ·								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	f	Administrative expenses		· 						
Board designated or quasi-endowment	g								<u> </u>	
b Permanent endowment % C Temporarily restricted endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2				e (line 1g	, column (a	i)) held a	is:		
Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment Cother 69,669 61,963 7,706 e Other	a	Board designated or quasi-endowment	·	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	р	Permanent endowment								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	С			00/						
organization by: (i) unrelated organizations	22	•	•		zation the	at are held	and adi	ministered for th	10	
(i) unrelated organizations	Ja		330331011 01 (116	o organiz	Lation the	at are neid	ana adi	ministered for th		s No
(ii) related organizations		•								110
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		•								+
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (finvestment) (investment)	b									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (other) (ii) Equipment (iii) Book value	4									
Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Accumulated depreciation (d) Book value (e) Accumulated depreciation (f) Book value (investment) (investme	Part									
(investment) (other) depreciation 1a Land		Complete if the organization ans	swered "Yes"	on For	m 990, F	Part IV, line	e 11a. S	See Form 990,	Part X, line	10.
b Buildings		Description of property	1 ' '		· ·				(d) Book val	lue
c Leasehold improvements d Equipment 69,669 61,963 7,706 e Other	1a									
d Equipment	b	<u> </u>								
e Other	C	•				60 660				7 7 7 7
						69,669		61,963	· · · · · · · · · · · · · · · · · · ·	1, 106
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 7,706			equal Form 00	O Part \	Column	(R) line 10)c)			7.706

Part VII.					
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		od of valuation. of-year market value
(1) Financia					
	held equity interests				
(3) Other					
(4)					
(B)			w-		
(C) (D)					·
(E)					
(F)	***************************************				
(G)			.=	***	
(H)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	***************************************	<u> </u>		
Part VIII	Investments—Program Related.				
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value		od of valuation of-year market value
(1)					
(2)					
_(3)					
(4)					
(5)					
(6)					
(8)			- 1.	• • • • • • • • • • • • • • • • • • • •	
(8)					· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets.	L		and the second section of the second section of the second section of the second section of the second section	Section Sectio
	Complete if the organization answer	ered "Yes" on For	m 990, Part IV, line	e 11d. See Form	990, Part X, line 15.
	(a) D	escription			(b) Book value
_(1)					
(2)			".		
(3)			·		
(4)					· · · · · · · · · · · · · · · · · · ·
<u>(5)</u> <u>(6)</u>					
(7)					
(8)	***	- 			······································
(9)					
	nn (b) must equal Form 990, Part X, col.	(B) line 15.)			
Part X	Other Liabilities.				
	Complete if the organization answe line 25.	red "Yes" on For	m 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			and the second s
(1) Federal in	come taxes				
(2)		-			
(3)					
(4)					
(5)	· · ·	-			
(6) (7)					
(8)					
(9)					
) must equal Form 990, Part X, col. (B) line 25.) ▶				
	uncertain tax positions. In Part XIII, provide	the text of the footno	te to the organization	's financial statemen	is that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statem		e per Return.	
1	Complete if the organization answered "Yes" on Form 990, Total revenue, gains, and other support per audited financial statements			206 016
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			306,916
ч а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants			
ď	• • •			
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	306,916
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			306,916
Part	XII Reconciliation of Expenses per Audited Financial Statem		ses per Return.	
	Complete if the organization answered "Yes" on Form 990,		···	
1	Total expenses and losses per audited financial statements		1	323,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)			_
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	323,323
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		
b b	Add lines 4a and 4b		4c	^
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	323,323
	XIII Supplemental Information.		• • • • •	323,323
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part			e 4; Part X, line

Schedule D (Form 990) 2015 Page 5				
Part XIII	Supplemental Information (continued)			
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## **SCHEDULE G** (Form 990-or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name	of the organization					Employer Identific	cation number
KID'	S PLACE A CHILD ADVOCA	ACY CENTER				31-1592730	
Par	Fundraising Activities Form 990-EZ filers are				vered "Yes" on F	orm 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. C	heck all that apply.	
· a	☐ Mail solicitations	011 / 411004 / 41100	• •		ion of non-govern		
b	☐ Internet and email solicitation	ne			ion of government	_	
	<del>_</del>	7115			-	_	
C	Phone solicitations		g L	J Special	fundraising events	,	
d	☐ In-person solicitations						
2a							
	or key employees listed in Form	<del>-</del>	•		<u> </u>	-	
b	If "Yes," list the ten highest pai compensated at least \$5,000 b			draisers) p	ursuant to agreem	ients under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		<del> </del>	Yes	No	<del> </del>		<del> </del>
1			163	100			
2		<del>                                     </del>					
3	<u>,                                     </u>						
4	· · · · · · · · · · · · · · · · · · ·		<b>†</b>			·	
5							
6		<del>                                     </del>	<del> </del>				
7		<del> </del>					
8							
9							
10							
Γotal				▶			
3							

P	art II	Fundraising Events. Co than \$15,000 of fundraising gross receipts greater the	ing event contributions			
			(a) Event #1  ACTIVITIES (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	21,541			21,541
~	2 3	Less: Contributions Gross income (line 1 minus				0
		line 2)	21,541			21,541
	4	Cash prizes				0
	5	Noncash prizes				0
nses	6	Rent/facility costs				0
Direct Expenses	7	Food and beverages				0
Direct	8	Entertainment				0
	9	Other direct expenses .	2,246			2,246
Pa	10 11 rt III	Direct expense summary. And Net income summary. Subtraction Gaming. Complete if the	ract line 10 from line 3, one organization answe	olumn (d)	▶ ▶ 90, Part IV, line 19, or	2,246 19,295 reported more
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1_	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	[ ] v	Yes %	
	6	Volunteer labor	☐ Yes% ☐ No	☐ Yes% ☐ No	Yes %	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		}
	8	Net gaming income summar	ry. Subtract line 7 from li	ine 1, column (d)	<u> ▶</u>	
	a Ist	ter the state(s) in which the or the organization licensed to c 'No," explain:	-	s in each of these state		🗌 Yes 🗌 No
10		ere any of the organization's of Yes," explain:	gaming licenses revoked		-	

Schedu	ele G (Form 990 or 990-EZ) 2015	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes ☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	
b	An outside facility	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address►	
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes ☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ►	
	Address►	
16	Gaming manager information:	
	Name▶	
	Gaming manager compensation ► \$	
	Description of services provided ▶	
	□ Director/officer □ Employee □ Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
b	retain the state gaming license?	
	spent in the organization's own exempt activities during the tax year ▶ \$	
Part		
	.,	

### **SCHEDULE 0** (Form 990 or 990-EZ)

# 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
KID'S PLACE A CHILD ADVOCACY CENTER	31-1592730
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Part VI. 11b Full Board reviews.	
rait vi. 11b ruii boatu teviews.	
······································	
Part VI. 12c Full Board reviews all such items.	
Part VI-B. 15b Full Board reviews.	
rart VI-B. 15D FUIL BOARD reviews.	
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