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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2020

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В	Check if applicable	Iress change KENTUCKY, INC.										
님	•											
Ц	Name change	Numbe	E Telepho	no number								
Final return/ City or (own, state or province, country, and ZIP or (oreign postal code												
	LEXINGTON KY 40502 G Gross receipts 2,897,											
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58							<u> </u>		Beginning of Cur	rent Year	End of Year	
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May	the IRS discu		urn with the preparer							III	X Yes No	
			t Notice, see the separa						**************		Form 990 (2020)	
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		CACY CENTERS OF	61-1395277	Page 2
	<del>-</del>	ervice Accomplishments ains a response or note to any line ir	this Part III	
1 Briefly desc CHILDRE AT THE	cribe the organization's mission IN'S ADVOCACY CE STATE AND NATIO	NTERS OF KENTUCKY, INC NAL LEVELS BY COLLABOR NTUCKY CHILD ADVOCACY	C. SEEKS TO BUILD RATING WITH PARTNE	
2 Did the org	anization undertake any signific	ant program services during the year which v	were not listed on the	
•	990 or 990-EZ?	and program sorvides during the year which	word not notice on the	Yes X No
	scribe these new services on S anization cease conducting, or i	chedule O make significant changes in how it conducts,	any program	
services?	amzanen edade denadaling, er i	mane organical changes in the was a series,	any program	Yes X No
	scribe these changes on Sched	ule O e accomplishments for each of its three larg	est nrogram services, as measured	nv.
expenses \$	Section 501(c)(3) and 501(c)(4)	organizations are required to report the amo	_	
CACS DE CONNECT NEEDED ORGANIZ EXPERIE CENTERS	LDREN'S ADVOCAC DICATED TO HELP S LOCAL CACS AN TO PROVIDE A CO ATION, CHILDREN NCED PROFESSION SERVICES INC	,829,447 including grants of \$ Y CENTERS OF KENTUCKY ING EVERY CHILD IMPACT D PARTNERS WITH THE TO MPREHENSIVE RESPONSE TO 'S ADVOCACY CENTERS OF ALS DEDICATED TO SERVI LUDE ADVOCACY, COLLABO ENT, TRAINING AND TECH	TED BY ABUSE. CAC DOLS, RESOURCES, A TO CHILD ABUSE. A F KENTUCKY EMPLOYS ING THE NEEDS OF I DRATION, FUNDING,	COALITION OF KENTUCKY ND SUPPORT S A MEMBERSHIP A STAFF OF IS MEMBER NETWORKING,
4b (Code N/A	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c (Code N/A	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d Other progra	am services (Describe on Sched	dule O )		
(Expenses	\$i m service expenses ▶	ncluding grants of \$ 2,829,447	) (Revenue \$	)
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**Checklist of Required Schedules** 

candidates for public office? If "Yes," complete Schedule C, Part I

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"
	complete Schedule A
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to

- 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
- 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
- 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
- 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
- Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III
- Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV
- 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V
- If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VII, VIII, IX, or X as applicable
  - a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
  - b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
  - c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
  - d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
  - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV
- 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
- Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III
- 20a Did the organization operate one or more hospital facilities? If 'Yes," complete Schedule H
  - b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?
- 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

	Yes	No
1	x	
2	**	X
3		х
4	x	
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<u> </u>	art iv Checklist of Required Schedules (continued)			<del></del>
			Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	_ 22		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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
þ	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?			v
20	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		<u> </u>
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			İ
	"Yes." complete Schedule L, Part IV	_28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		х
31	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-31		<del></del>
32	complete Schedule N Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1 1		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<del></del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	x	ı
Pa	19º Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	] 36 ]	<u> </u>	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock it Contedute C contains a response of flote to any line in this i are v	<del></del>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	Γ †		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0		ĺ	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
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Form 990 (2020) CHILDREN'S ADVOCACY CENTERS OF 61-1395277 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 6 Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, X a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a 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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 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 X organization solicit any contributions that were not tax deductible as charitable contributions? 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was X required to file Form 8282? 7c If "Yes,' indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7<u>g</u> 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter а Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources 11b 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 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c C Enter the amount of reserves on hand X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 X excess parachute payment(s) during the year?

Form 990 (2020)

16

X

16

If "Yes." see instructions and file Form 4720. Schedule N

If "Yes," complete Form 4720, Schedule O

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2020) CHILDREN'S ADVOCACY CENTERS OF 61-1395277 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VÍ response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 10 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O 10 Enter the number of voting members included on line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure ΚY 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

128 KENTUCKY AVE., SUITE 115

KY 40502

CAROLINE RUSCHELL

LEXINGTON

Form 990 (2020)	CHILDREN'S	ADVOCACY	CENTERS	OF

61-1395277

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

See instructions for the order in white Check this box if neither the org	ch to list the pers	sons	abo	ve						
(A) Name and title	(B) Average hours per week (list any hours for	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			s both r/truste	an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(1. 2.1030 11.105)	( <u>2</u> - 3 - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4	related organizations
(1) CAROLINE RUSCHE										<u> </u>
	37.50									
EXECUTIVE DIRECTOR	0.00	<u> </u>	L	X		Ш		44,017	0	0
(2) CATHERINE ROBINI	· · ·	₽				1 1				
	1.00									
BOARD MEMBER	0.00	X		<u> </u>		ļļ		0	0	0
(3) BRADY DUNNIGAN										
	2.00				ŀ				•	
PRESIDENT	0.00	X	<u> </u>	X	_			0	0	0
(4) VICKIE HENDERSON						li				
POARD AGENTA	1.00	v						ام	^	0
BOARD MEMBER (5) LISA PHELPS	0.00	X	<del> </del>			$\vdash$		0	0	0
(5) LISA PRELES	1.00	1								
BOARD MEMBER	0.00	x						0	0	0
(6) JASON SAUER	0.00	^	<del> </del>						<del></del> <del>_</del>	
(0) ORBON BROEK	1.00									
BOARD MEMBER	0.00	x						o	0	0
(7) RENEE SHEPARD	0.00	1					-			
(//KEIKEE SHELLING	1.00									
BOARD MEMBER	0.00	x						o	0	0
(8) RICK SHIELDS										
(3,11=130 2001====0	2.00									
TREASURER	0.00	X		х				0	0	0
(9) EDWIN STEPHENS								<u> </u>		
-	2.00					l				
SECRETARY	0.00	x		X				0	0	0
(10) CAROLINA WEATHER										
	1.00									
BOARD MEMBER	0.00	X						0	0	0
(11) AMY WICKLIFFE										
	1.00									
BOARD MEMBER	0.00	X						0	0	0

11	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(d bo	o not o x, unlo	Pos Check	C) ition more	than both Highest compensated employee	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	com com fr organ	(F) aled amount of other opensation om the inzation and organization	
			_	е 			ited						
					_			<u> </u>					
			_		_								
						i					<del></del>		
							    						-
1b	Subtotal  Total from continuation shee	ets to Part VII. S	ecti	on A				<b>&gt;</b>	44,017				
<u>d</u>	Total (add lines 1b and 1c)  Total number of individuals (increportable compensation from	cluding but not li	mite	d to		e list	ed a	bove	44,017 e) who received more than	\$100,000 of			
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and person listed on line 1 for services rendered to the organization.	rmer officer, dire complete Sched a 1a, is the sum of dizations greater a receive or accr	ector lule . of re than	, trus I for porta \$15	such able o 0,00 ensa	o ind com 02 ii	vidu pens "Yes from	al ation s," co n any	on and other compensation to complete Schedule J for suc by unrelated organization or	from the	3	<b>I</b>	X X
Sect 1	ion B. Independent Contractor Complete this table for your five	rs re highest compe	ensa	ted in	ndep	end	ent c	ontr	ractors that received more t	han \$100,000 of			
	compensation from the organiz	(A) business address		insai	ion i	OF U	e ca	ieno	Descript	(B) on of services	al	(C) Compensati	lion
												<del></del>	
					_	_		_					
			<u>.                                      </u>			<u></u>		•					
2 DAA	Total number of independent c received more than \$100,000 c								se listed above) who	0		Form <b>990</b>	(2020)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (D) Revenue excluded (C) Total revenue Unrelated function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns b Membership dues 1b c Fundraising events 1c d Related organizations 1d 2,896,499 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 849 1f g Noncash contributions included in lines 1a-1f 1g 2,897,348 h Total. Add lines 1a-1f **Business Code** 50 50 CHILDREN'S ADVOCACY Frocram Service Revenue b C d f All other program service revenue 50 g Total Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents 6a b Less rental expenses 6b 6c c Rental inc or (loss) Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets 7a other than inventory Other Revenue **b** Less cost or other 7b basis and sales exps c Gain or (loss) 7с  $\blacktriangleright$ d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a b Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 9b b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances b Less cost of goods sold 10b  $\blacktriangleright$ c Net income or (loss) from sales of inventory **Business Code** scellaneous Revenue 11a b All other revenue Total Add lines 11a-11d ▶ 2,897,398 50 0 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Program service (D) Do not include amounts reported on lines 6b, Total expenses Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 35,214 44,017 8,803 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 94,146 23,537 117,683 Other salaries and wages Pension plan accruals and contributions (include 8,085 6,468 1,617 section 401(k) and 403(b) employer contributions) 11,520 9,216 2,304 Other employee benefits 2,704 13,518 10,814 10 Payroll taxes Fees for services (nonemployees) Management 36,000 36,000 b Legal 7,500 7,500 Accounting d Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 42,203 42,203 (A) amount list line 11g expenses on Schedule O) 12 Advertising and promotion 4,532 2,666 1,866 13 Office expenses 12,051 12,051 Information technology Royalties 15 3,960 4,950 990 16 Occupancy 6,832 6,832 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 569 569 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 3,104 3,880 776 22 Depreciation depletion, and amortization 2,918 2,334 584 23 insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 2,567,920 CONTRACTUAL 2,567,920 12,289 2,322 9,967 SUPPLIES 5,679 5,679 TRAINING С 3,447 OTHER EXPENSE 3,447 d e All other expenses 2,905,593 2,829,447 0 76,146 Total functional expenses Add lines 1 through 24e 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 following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 549,781 19,953 1 Cash—non-interest-bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 1,021,899 691,074 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 3,385  $6,\overline{307}$ Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other <u>67,942</u> 10a basis Complete Part VI of Schedule D 35,285 36,537 32,657 10b 10c b Less accumulated depreciation 11 Investments—publicly traded securities 11 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 15 Other assets See Part IV, line 11 1,080,816 1,280,777 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 941,858 941,119 17 Accounts payable and accrued expenses 17 18 18 Grants payable 197,027 6,000 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 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 1,138,885 947,119 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33 141,892 27 133,697 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 133,697 141,892 32 Total net assets or fund balances 32 1,080,816 1,280,777

Form 990 (2020)

Total liabilities and net assets/fund balances

orr	m 990 (2020) CHILDREN'S ADVOCACY CENTERS OF 61-1395277			Pa	ge 12
	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			_	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,9	05,	<u>593</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-8,	<u> 195</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	41,	892
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 on Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1	33,	697
Pá	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	X	
~	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
c	separate basis, consolidated basis, or both  X 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 oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	i

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Single Audit Act and OMB Circular A-133?

Form **990** (2020)

3a

SCHEDULE A (Form 990 or 990-EZ) Public Charity Status and Public Support

Complete if the organization is a section \$01(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information

CHILDREN'S ADVOCACY CENTERS OF KENTUCKY, INC.

Employer identification number 61-1395277

Reason for Public Charity Status. (All organizations must complete this part ) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II ) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B Type II A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (n) EIN (v) Amount of monetary (vi) Amount of (i) Name of supported (iii) Type of organization listed in your governing support (see other support (see organization (described on lines 1-10 above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

Sec	tion A. Public Support	·					
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	261,807	1,033,541	4,276,579	4,808,847	2,897,348	13,278,122
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3	261,807	1,033,541	4,276,579	4,808,847	2,897,348	13,278,122
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						13,278,122
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	261,807	1,033,541	4,276,579	4,808,847	2,897,348	13,278,122
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or			[			
	loss from the sale of capital assets (Explain in Part VI)		200				200
11	Total support. Add lines 7 through 10	_					13,278,322
12	Gross receipts from related activities, etc	(see instructions)	·			12	53,889
13	First 5 years If the Form 990 is for the org	•	cond, third, fourth,	or fifth tax year as	a section 501(c)(	3)	
	organization, check this box and stop here	•					▶ □
Sec	tion C. Computation of Public Su	pport Percenta	ge				
14	Public support percentage for 2020 (line 6,	column (f) divided l	by line 11, column	(f))		14	100.00%
15	Public support percentage from 2019 Sche	edule A, Part II, line	14			15	100.00%
16a	33 1/3% support test—2020. If the organi	zation did not check	the box on line 13	3, and line 14 is 33	1/3% or more, ch	neck this	
	box and stop here The organization quali	fies as a publicly su	pported organizati	on			<b>▶</b> [X]
b	33 1/3% support test-2019. If the organi	zation did not check	a box on line 13 o	or 16a, and line 15	ıs 33 1/3% or mo	re, check	_
	this box and stop here. The organization of	ualifies as a publici	y supported organ	ızatıon			▶ □
17a	10%-facts-and-circumstances test-202	0. If the organization	did not check a b	ox on line 13, 16a,	, or 16b, and line	14 is	
	10% or more, and if the organization meets	s the "facts-and-circ	umstances" test, d	check this box and	stop here. Explai	ın ın	
	Part VI how the organization meets the "fa	cts-and-circumstand	es" test. The orga	nization qualifies a	is a publicly suppo	orted	
	organization						▶ 🗌
b	10%-facts-and-circumstances test-201	9. If the organization	n did not check a b	ox on line 13, 16a,	, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization	meets the "facts-and	d-circumstances" (	test, check this box	k and <b>stop here</b> . I	Explain	
	in Part VI how the organization meets the '	facts-and-circumsta	inces" test. The or	ganization qualifies	s as a publicly sup	ported	
	organization						▶ 🗌
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	k this box and see	•	_
	instructions						▶ []
				<del></del>		chedule A /Form 90	00 or 990 EZ1 2020

Schedule A (Form 990 or 990-EZ) 2020 Support Schedule for Organizations Described in Section 509(a)(2) Part III

oupport concade for organizations becomes in country costa/(2)	
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part	П
If the organization fails to qualify under the tests listed below, please complete Part II )	

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			  - 	 		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	<del></del>			·		
8	Public support. (Subtract line 7c from line 6)						
	ction B. Total Support			//			
Cale	ndar year (or fiscal year beginning in) 🔻 🕨	(a) 2016	(b) 2017 //	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	<u> </u>					ļ <u></u>
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				<del></del>		
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,						
14	and 12)  First 5 years. If the Form 990 is for the org	_	econd, third, fourth	n, or fifth tax year a	as a section 501(c)	0(3)	
	organization, check this box and stop here		hama				▶
	tion C. Computation of Public Su	<del></del>		- (5)	<del></del>	145	0/
15 16	Public support percentage for 2020 (line 8, Public support percentage from 2019 Sche	• • •	•	u (1))		15	<u>%</u> %
	tion D. Computation of Investmen						
17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))						17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17						18	%
19a	33 1/3% support tests—2020. If the organ			14, and line 15 is	more than 33 1/39	%, and line	
	17 s not more than 33 1/3%, check this bo	ox and stop here.	The organization q	ualifies as a public	ly supported orga	nızatıon	▶ ⊔
b	33 1/3% support tests—2019. If the organ						. □
/	line 18 is not more than 33 1/3%, check the	-	_				▶□
	Private foundation. If the organization did	HOLCHECK a DOX C	on line 14, 19a, or	theck this DO		Schedule A (Form	200 000 57) 2020

#### Supporting Organizations Part IV

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

dection A. An dupporting diganizations	Section	A. All	Supporting	g Organizations
----------------------------------------	---------	--------	------------	-----------------

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings )

Schedule A (Form 990 or 990-EZ) 2020

Pa	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		İ	
	11c below, the governing body of a supported organization?	_11a		<u> </u>
b	A family member of a person described in line 11a above?	11b	ļ	<u> </u>
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		ł	ł
	detail in Part VI	11c	L	L
Sect	ion B. Type I Supporting Organizations	<del></del>		T
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,	- }		
	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	1	ĺ	
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	]	)	]
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	ļ <u>.</u>	
2	Did the organization operate for the benefit of any supported organization other than the supported	-	}	l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	L	L
Sect	on C. Type II Supporting Organizations		ſ <u></u>	τ
		<u> </u>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			Ì
	or management of the supporting organization was vested in the same persons that controlled or managed			
Soot	the supported organization(s)	1	L	Щ
Seci	on D. All Type III Supporting Organizations			
4	Dut the consequence arounds to each of the consequence has the least day of the fifth wearth of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		<del> </del>
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	,		
2	the organization maintained a close and continuous working relationship with the supported organization(s)	2_		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			<u> </u>
	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 <b>Part VI</b> the role the organization's	3		
Secti	supported organizations played in this regard on E. Type III Functionally-Integrated Supporting Organizations			L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)			
· a	The organization satisfied the Activities Test. Complete line 2 below	•/		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a governmental entity (see inst	ructions)	ı	
2	Activities Test Answer lines 2a and 2b 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 <b>Part VI identify</b>	1 1		
	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	1 1		
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement	2b	ł	
3	Parent of Supported Organizations Answer lines 3a and 3b below			
э a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-55		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Schedi	ule'A (Form 990 or 990-EZ) 2020 CHILDREN'S ADVOCACY CENTERS		<u>61-1395</u>	277 Page 6			
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	<u>niza</u>	tions				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
Sect	ion A – Adjusted Net Income	(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					
Sect	ion B – Mınimum Asset Amount	(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year)						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> )						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use Enter 0 015 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 0 035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	on C – Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0 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					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally integrated T	ype III	supporting organization				

(see instructions)

Section D, line 7

Part VI See instructions

Breakdown of line 7 a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

and 4c

a Applied to underdistributions of prior years b Applied to 2020 distributable amount

c Remainder Subtract lines 4a and 4b from line 4

Remaining underdistributions for years prior to 2020, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3<sub>1</sub>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

CHILDREN'S ADVOCACY CENTERS OF

61-1395277

Page 8

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$

200

## SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below

Attach to Form 990 or Form 990-EZ

If the organization is described below ► Attach to Form 990 or Form 9

■ Go to www.irs.gov/Form990 for instructions and the latest information

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Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- · Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

	section 301(c)(4), (3), of (0) organizations. Complete Fait in	<u> </u>			
Nam	e of organization CHILDREN'S ADVOCACY	CENTERS OF		1 ' -	tification number
	KENTUCKY, INC.		<del></del>	61-13952	
Pa	rt I-A Complete if the organization is exen				on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV (See in	structions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (See instructions)			▶ \$	
_3_	Volunteer hours for political campaign activities (See instri		1(2)		
Pa	t I-B Complete if the organization is exen	<del></del>	(3).		
1	Enter the amount of any excise tax incurred by the organiz			<b>&gt;</b> \$	
2	Enter the amount of any excise tax incurred by organization	=	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	orm 4720 for this year?			Yes No
	Was a correction made?				Yes No
	If "Yes," describe in Part IV	and warden and the E01/a	\	F04/-\/2\	
	rt I-C Complete if the organization is exen	<del></del>	<i></i>	ion 50 ((c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt fund	ction	<b>.</b> .	
_	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	ited to other organizations for s	section	<b>.</b> .	
•	527 exempt function activities	4 1 1 - Farm 4400 BO	,	▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En	ter here and on Form 1120-PO	ıL,	<b>.</b> •	
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this yea			ana da colocala de a filipa	Yes No
5	Enter the names, addresses and employer identification no	• •			
	organization made payments. For each organization listed	•			
	the amount of political contributions received that were pro		*	<del>-</del>	
	as a separate segregated fund or a political action commit			1	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
		}		funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
41			<del> </del>		
1)			ļ		16
2)		<del> </del>	<del></del>	<u> </u>	<del></del>
2)		(	ĺ		
3)		<del></del>			
٦)					
4)			<del></del>		<del></del>
4)					
5}	- <del></del>			<del>  -  </del>	
٠,					
6)	<del></del>				
~,		1			

Schedule C (Form 990 or 990-EZ) 2020 <b>CHI</b>	LDREN'S ADV	OCACY CENTE	RS OF	6	51-1395277	Page <b>2</b>
Part II-A Complete if the orga						
section 501(h)).  A Check  In the filing organization	on halongs to an affi	listed group (and lis	t in Part IV on	ob offile	ntod group mombo	v'o nomo
address, EIN, expens	_			CH allin	aled group membe	n S name,
address, £in, expensions  3 Check ► ☐ if the filing organizati		•	•	lv		
			TOVISIONS app	<del></del>	(-) Eine	(b) Affiliated
The term "expenditures"	obbying Expendit				(a) Filing nization's totals	group totals
1a Total lobbying expenditures to influence					0	
b Total lobbying expenditures to influence			Ī		221	
c Total lobbying expenditures (add lines 1a and 1b)					221	
d Other exempt purpose expenditures	· · · · · · · · · · · · · · · · · · ·					
e Total exempt purpose expenditures (ade	d lines 1c and 1d)		ļ		,905,372 ,905,593	
f Lobbying nontaxable amount Enter the	•	ung table in both				
columns		<b>gg</b>			295,280	
If the amount on line 1e, column (a) or (b)	is. The lobbying no	ntaxable amount is				
Not over \$500,000	20% of the amour					
Over \$500,000 but not over \$1,000,000		% of the excess over \$500	0,000		ľ	
Over \$1,000,000 but not over \$1,500,000						
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5%	of the excess over \$1,50	0,000			
Over \$17,000,000	\$1,000,000				L	
g Grassroots nontaxable amount (enter 25	5% of line 1f)				73,820	
h Subtract line 1g from line 1a. If zero or le	ess, enter -0-				0	
Subtract line 1f from line 1c. If zero or le	ss, enter -0-				0	
J If there is an amount other than zero on	either line 1h or line 1i	, did the organization fi	le Form 4720			
reporting section 4911 tax for this year?						Yes No
	4-Year Averagi	ng Period Under S	ection 501(h)	)		
(Some organizations that ma		•			of the five column	s below.
, ,	· · ·	nstructions for line				
	obbying Expenditu	res During 4-Year	Averaging P	eriod		
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019		(d) 2020	(e) Total
2a Lobbying nontaxable amount	235	364,762	390	, 673	295,280	1,050,950
<ul> <li>b Lobbying ceiling amount</li> <li>(150% of line 2a, column (e))</li> </ul>			· · · · · · · · · · · · · · · · · · ·			1,576,425
c. Total lobbying expenditures						

Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	235	364,762	390,673	295,280	1,050,950
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>					1,576,425
c Total lobbying expenditures	1,175	458	303	221	2,157
d Grassroots nontaxable amount	59	91,191	97,668	73,820	262,738
e Grassroots ceiling amount (150% of line 2d, column (e))					394,107
f Grassroots lobbying expenditures				0	

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 CHILDREN'S ADVOCACY CENTERS OF 61-1395277 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (b) (a) For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity No **Amount** Yes During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of X a Volunteers? X Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? X c Media advertisements? X d Mailings to members, legislators, or the public? X e Publications, or published or broadcast statements? X f Grants to other organizations for lobbying purposes? X g Direct contact with legislators, their staffs, government officials, or a legislative body? X h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? X i Other activities? j Total Add lines 1c through 1i X 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes," enter the amount of any tax incurred under section 4912 c If 'Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year 2a 2b b Carryover from last year Total 2c С 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the

# excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

Taxable amount of lobbying and political expenditures (See instructions)

### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (See instructions), and Part II-B, line 1. Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2020

Schedule C (Form 990 or 990-EZ) 2020 CHILDREN'S ADVOCACY CENTERS OF

61-1395277

Page 4

Part IV Supplemental Information (continued)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

► Go to www irs gov/Form990 for instructions and the latest information.

OMB No 1545-0047 2020

Open to Public Inspection

	of the organization		Employer	identification number
	HILDREN'S ADVOCACY CENTERS OF			205077
	ENTUCKY, INC.	nde en Other Similar France en		395277
Pa	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F		Account	is.
	Complete if the organization and order to con-	(a) Donor advised funds	(1	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 tha	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl			Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" on f	Form 990, Part IV, line 7		- ** - * ***
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (for example, recreation or educ	<del></del>	•	
	Protection of natural habitat	Preservation of a certified his	storic struc	cture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse		
	easement on the last day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	,	odad o ZaX	2b	
С.			2c	
ď	Number of conservation easements included in (c) acquired after 7/25/	ub, and not on a	2d	
2	historic structure listed in the National Register  Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza		the
3	tax year	iniguished, or terminated by the organiza	uon dunng	y trie
4	Number of states where property subject to conservation easement is I	ocated ►		
5	Does the organization have a written policy regarding the periodic monitoring			
Ŭ	violations, and enforcement of the conservation easements it holds?	normal, map contain, managing co		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation e	asements	during the year
	<b>&gt;</b>	•		•
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easen	nents duri	ng the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)(i	)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes t	he
	organization's accounting for conservation easements	Uistaviaal Trassuras ar Other I	Cimilar	Annata
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		oimilar i	Assels.
4-	If the organization elected, as permitted under FASB ASC 958, not to re		o shoot w	uorke
ıa	of art, historical treasures, or other similar assets held for public exhibit	•		OINS
	service provide in Part XIII the text of the footnote to its financial stater		о. роз	
b	If the organization elected, as permitted under FASB ASC 958, to repoi		neet works	s of
	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items	•	-	
	(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, pro	vide the	
	following amounts required to be reported under FASB ASC 958 relatin			
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
b	Assets included in Form 990, Part X		<u> </u>	\$

Schedule D (Form 99)	0) 2020 CHILDREN	I'S ADVOCAC	Y CENTERS C	<u>)</u>	PT-T	.395277	Page
Part III Orga	anizations Maintainii	ng Collections of	Art, Historical 1	reasures,	or Othe	r Similar Asse	
	ization's acquisition, acces (check all that apply)	sion, and other record	s, check any of the fo	ollowing that	make signi	ficant use of its	
a Public exhib	oition	d 🗍	Loan or exchange pr	ogram			
b Scholarly re	esearch	e 🗍	Other				
c Preservation	n for future generations						
	iption of the organization's	collections and explain	n how they further the	organization	's exempt	purpose in Part	
XIII			·				
• • •	did the organization solicit		·	•			
	d to raise funds rather than		part of the organization	n's collection	12		Yes No
	ow and Custodial A				_		
	plete if the organization Part X, line 21	on answered "Yes"	on Form 990, P	art IV, line	9, or rep	orted an amou	nt on Form
	on an agent, trustee, custo	dian or other intermed	liary for contributions	or other asse	ets not		<del> </del>
included on Fori	=	diam of ourier intermed	nary for continuations	0. 00. 000.			☐ Yes ☐ No
	the arrangement in Part XI	II and complete the fo	llowing table				
b ii 163, explaiii	the arrangement in rate Ar	in and complete the lo	llowing table				Amount
c Beginning balan	rea.					1c	
d Additions during						1d	
e Distributions during	•					1e	<del></del>
	ing the year					16 1f	
f Ending balance	dian include on amount on	Corm 000 Dart V line	04 for anarow or our	stadial assaul	المعادلة المسارعة		Ves DNs
	ition include an amount on						Yes No
	the arrangement in Part XI	II Check here ii the ex	xpianation has been p	provided on F	art Alli		
	plete if the organization	n answered "Vee"	on Form 000 Pr	art IV Juno	10		
	piete ii trie organizatio					(d) Three years have	(a) 5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
4		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years bac	k (e) Four years back
1a Beginning of year	ar balance			<del> </del>			
<b>b</b> Contributions				<del>                                      </del>		<u> </u>	
	earnings, gains, and						
losses				<del> </del>			
d Grants or schola	· ·			<del> </del>		· · · · · · · · · · · · · · · · · · ·	
,	res for facilities and						
programs							
f Administrative e				<del>                                     </del>			
g End of year bala	_			<u></u>			
	mated percentage of the cu		e (line 1g, column (a))	) held as			
	d or quasi-endowment	%					
<b>b</b> Permanent endo							
c Term endowmer	· ·						
, ,	s on lines 2a, 2b, and 2c sh	•					
3a Are there endow	ment funds not in the poss	ession of the organiza	tion that are held and	l administere	d for the		
organization by							Yes No
(i) Unrelated or	ganizations						3a(i)
(ii) Related orga							3a(ii)
	a(II), are the related organiz	•					3b
	XIII the intended uses of th		wment funds				
	i, Buildings, and Equ	-					
Comp	olete if the organizatio	<u>n answered "Yes"</u>	on Form 990, Pa	art IV, line	11a. See	Form 990, Pa	rt X, line 10.
Descri	ption of property	(a) Cost or other ba	asıs (b) Cost or	other basis		ccumulated	(d) Book value
		(investment)	(oth	er)	de	preciation	
1a Land							
<b>b</b> Buildings							
c Leasehold impro	vements						
d Equipment				67,942		35,285	32,657
e Other	·						
Total. Add lines 1a thro	ough 1e (Column (d) must	equal Form 990, Part	X, column (B), line 10	Oc )		<b>•</b>	32,657

1	(a) Description of liability		(b) Book value
(1) Federal income tax	res		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must	equal Form 990, Part X, col. (B) line 25.)	<b>&gt;</b>	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

X

4a

4b

Part XIII Supplemental Information.

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)

e Add lines 2a through 2d

Subtract line 2e from line 1

b Other (Describe in Part XIII )

c Add lines 4a and 4b

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X - FIN 48 FOOTNOTE

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JUNE 30, 2021, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER

2e

3

4c

5

2,905,593

2,905,593

Schedule D (Form 990) 2020 CHILDREN'S ADVOCACY CENTERS OF

61-1395277

Page 5

Part XIII Supplemental Information (continued)

SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2018.

SCHEDULE O (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.

Attach to Form 990 or 990-EZ.

► Go to www.irs gov/Form990 for the latest information.

2020

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

CHILDREN'S ADVOCACY CENTERS OF KENTUCKY, INC.

Employer identification number 61–1395277

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

CHILDREN'S ADVOCACY CENTERS OF KENTUCKY, INC. IS A MEMBERSHIP ORGANIZATION

WITH THE 15 CHILDREN'S ADVOCACY CENTER

AS MEMBERS FROM ACROSS THE STATE OF KENTUCKY.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE DIRECTORS OF THE MEMBER CENTERS HAVE THE AUTHORITY IN THE BY-LAWS TO APPROVE ALL NEW BOARD MEMBERS.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS
BY-LAW AMENDMENTS ARE ALSO SUBJECT TO THE APPROVAL OF THE CHILD ADVOCACY
CENTER DIRECTORS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 WILL BE PROVIDED TO ALL BOARD MEMBERS FOR REVIEW AND FEEDBACK
PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
CHILDREN'S ADVOCACY CENTERS OF KENTUCKY, INC. RECENTLY REVIEWED ALL
CORPORATE POLICIES, INCLUDING THE CONFLICT OF INTEREST POLICY AT A
COMMITTEE MEETING OF THE BOARD.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PERSONNEL COMMITTEE OF THE BOARD CONDUCTED AN ANALYSIS OF COMPARABLE

EMPLOYMENT POSITIONS BEFORE DETERMING THE SALARY OF THE EXECUTIVE DIRECTOR.

Name of the organization

CHILDREN'S ADVOCACY CENTERS OF

Employer identification number

61-1395277

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE PERSONNEL COMMITTEE OF THE BOARD CONDUCTED AN ANALYSIS OF COMPARABLE

EMPLOYMENT POSITIONS BEFORE DETERMINING THE SALARIES OF OTHER EMPLOYEES.

FORM 990, PART VI, LINE 19 ~ GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

AUDIT ADJUSTMENTS \$ 0