Part XI

Form 990 (2021) Fifteenth Judicial District Child

Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))

Reconciliation of Net Assets

Maturicalized spine (topose) as investments

Page **12** 33-1104284 Check if Schedule O contains a response or note to any line in this Part XI 241,264 Total revenue (must equal Part VIII, column (A), line 12) 1 236,663 Total expenses (must equal Part IX, column (A), line 25) 2 4,601 Revenue less expenses. Subtract line 2 from line 1 3

123,472

SCHEDULE A (Form 990)

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.

2021 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Fifteenth Judicial District Child Em

Advocacy Center

Inspection

Employer identification number

33-1104284

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

A church convention of churches or association of churches described in section 170(b)(1)(A)(i).

1	Ň	A church, co	nvention of churches, or ass	sociation of churches described	in sectio	n 170(b)(1)(A)(i).			
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and stat								
5		An organizat	ion operated for the benefit	of a college or university owned	or operat	ed by a g	overnmental unit described in			
		-	b)(1)(A)(iv). (Complete Part							
6			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	governmental unit described in s	ection 17	70(b)(1)(A	\)(v).			
7	X		ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fromplete Part II.)	om a gove	ernmenta	I unit or from the general public	3		
8				170(b)(1)(A)(vi). (Complete Part	II.)					
9	П			scribed in section 170(b)(1)(A)(i		ed in con	junction with a land-grant colle	ge		
				of agriculture (see instructions).						
		university:								
0) more than 33 1/3% of its supp				ISS		
		receipts from	activities related to its exer	npt functions, subject to certain	exception	is; and (2) no more than 331/3% of its			
				nd unrelated business taxable in						
	\Box			0, 1975. See section 509(a)(2).						
1	\dashv			exclusively to test for public safe				sees of		
2		An organizati	on organized and operated	exclusively for the benefit of, to ions described in section 509(a	1/11 or se	ction 50	9(a)(2) See section 509(a)(3)	Check		
		the box on lin	es 12a through 12d that de	scribes the type of supporting or	ganizatio	n and cor	nplete lines 12e, 12f, and 12g.	*		
	а		1	erated, supervised, or controlled						
	u			wer to regularly appoint or elect						
				omplete Part IV, Sections A a						
	b			pervised or controlled in connec						
				rting organization vested in the s	ame pers	sons that	control or manage the support	ed		
			7 6	Part IV, Sections A and C.				2.4		
	С	Type III f its suppo	unctionally integrated. A street organization(s) (see ins	supporting organization operated structions). You must complete	in conne	ection with Sections	n, and functionally integrated w A, D, and E.	ith,		
	d	Type III r	non-functionally integrated	d. A supporting organization ope	rated in c	onnection	n with its supported organization	n(s)		
				e organization generally must sa				ess		
				nust complete Part IV, Sectior						
	е	Check thi functiona	is box if the organization rec Ily integrated, or Type III no	eived a written determination fron n-functionally integrated support	m the IR ing organ	S that it i: ization.	s a Type I, Type II, Type III	r		
	f	Enter the nun	nber of supported organizati	ons				L		
	g	Provide the fo	ollowing information about the	ne supported organization(s).						
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c		(v) Amount of monetary	(vi) Amount		
	org	anization		(described on lines 1–10		or governing	support (see	other support instructions		
above (see instructions)) document? instructions) Yes No					man detions)	in structions	- /			
A \					163	140				
A)								1		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		listed in your governing		listed in your governing		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		,				
(A)										
(B)										
(C)										
(D)										
(E)										
Total						Schodulo A (Form 990) 2021				

Schedule A (Form 990) 2021 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (d) 2020 (e) 2021 (f) Total (a) 2017 (b) 2018 (c) 2019 Gifts, grants, contributions, and membership fees received. (Do not 938,126 include any "unusual grants.") 148,880 190,802 162,371 194,809 241.264 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 190,802 162,371 194,809 241,264 938,126 Total. Add lines 1 through 3 148,880 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) 938,126 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (a) 2017 Amounts from line 4 190,802 162,371 194,809 241,264 938,126 7 148,880 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 938,126 11 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 100.00% Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 15 100.00% Public support percentage from 2020 Schedule A, Part II, line 14 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 16a X box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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			***************************************				
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			*			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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			1.000			
11	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the org	ganization's first. se	econd, third, fourth	. or fifth tax vear a	s a section 501(c)	(3)	
	organization, check this box and stop here					•	
Sec	tion C. Computation of Public Su		age				
5	Public support percentage for 2021 (line 8,	column (f), divided	d by line 13, colum	n (f))		15	%
6	Public support percentage from 2020 Sche	edule A, Part III, line	e 15				%
Sec	tion D. Computation of Investme						
7	Investment income percentage for 2021 (lin			, column (f))			%
	Investment income percentage from 2020 S						%
9a	33 1/3% support tests—2021. If the organ						▶ □
L	17 is not more than 33 1/3%, check this bo		=				
b	33 1/3% support tests—2020. If the organ line 18 is not more than 33 1/3%, check thi						.
0	Private foundation. If the organization did						
-			.,	.,			A DESTRUCTED TO L

Part IV Supporting Organizations

(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.)

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 by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- b 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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.
- 7 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- **b** 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.)

	Yes	No
1		

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Pa	rt IV Supporting Organizations (continued)			
		Commence	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		-
b	A family member of a person described on line 11a above?	11b	100000000000000000000000000000000000000	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c	L	
Sect	ion B. Type I Supporting Organizations		T	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)	J		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporter	1		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	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			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		**************
Sect	ion C. Type II Supporting Organizations			
0000	ion of Typo ii oupporting organizations		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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		1
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	0.0000000000000000000000000000000000000	
3	By reason of the relationship described on line 2, above, 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	•		
Coot	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	onel		
1	The organization satisfied the Activities Test. Complete line 2 below.	Olis).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete mic 9 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	nstructions)	
2	Activities Test. Answer lines 2a and 2b below.	1011 4011 011 0)	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	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.	2a		
b	Did the activities described on 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		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported examinations? If "Vos." describe in Part VI the role played by the organization in this regard	3b		1

Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	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.								
Sec	tion 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	3						
Sect	tion B – Minimum 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							
t	Average monthly cash balances	1b							
c	Fair market value of other non-exempt-use assets	1c							
c	i 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							
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	ion 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	Гуре III	supporting organization						
	(see instructions).								

Schedule A (Form 990) 2021

Fifteenth Judicial District Child 33-1104284 Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) (i) Underdistributions **Excess Distributions** Distributable Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2021 a From 2016. b From 2017 c From 2018 ... d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990) 2021

a Excess from 2017.
b Excess from 2018.
c Excess from 2019.
d Excess from 2020.
e Excess from 2021.

Schedule A (Forr	n 990) 2021	Fifteenth	Judicial	District	Child	33-1104284	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V, lines 2, 5, and 6. A	ormation. Provide Section A, lines 1, art IV, Section C, lir line 1; Part V, Sec	the explanatior 2, 3b, 3c, 4b, 4 ne 1; Part IV, S tion B, line 1e;	ns required by I 4c, 5a, 6, 9a, 9I section D, lines Part V, Sectior	Part II, line 10; b, 9c, 11a, 11k 2 and 3; Part l n D, lines 5, 6,	Part II, line 17a or o, and 11c; Part IV, IV, Section E, lines and 8; and Part V,	17b; Part Section 1c, 2a, 2b,
	9 + FRS 6 6303 + 6307 X 650 X 65 X 6 X 6 X 6 X 8						
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

Solution Government of the latest information.

OMB No. 1545-0047

2021

Name of the organization

Organization type (check one):

Fifteenth Judicial District Child Advocacy Center Employer identification number

33-1104284

Section: Filers of: **X** 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

\$

Name of organization

Fifteenth Judicial District Child

Employer identification number 33-1104284

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	State of TN, Dept of Children's Serv 8th Floor Cordell Hull Bldg 436 6th Avenue North Nashville TN 37243-1290	\$ 137,812	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	E destruction of the contraction	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and Air + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Open to Public Inspection

	e of the organization		Employer identification number
	ifteenth Judicial District Child		
	dvocacy Center		33-1104284
P	organizations Maintaining Donor Advised Fu	inds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on		
		(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		
	funds are the organization's property, subject to the organization's exc		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 don	nor advisor, or for any other purpose	$\square_{Y_{AA}}$ $\square_{Y_{AA}}$
			Yes No
P	Conservation Easements. Complete if the organization answered "Yes" on	Form 990 Part IV line 7	
_	·		
1	Purpose(s) of conservation easements held by the organization (check Preservation of land for public use (for example, recreation or edu-		important land area
	Protection of natural habitat	Preservation of a certified his	
	Preservation of open space	Freservation of a certified his	stone structure
2		envation contribution in the form of a conse	envation
2	easement on the last day of the tax year.	Sivation contribution in the form of a conse	Held at the End of the Tax Year
2			2-
	STATE OF THE RESIDENCE OF THE PROPERTY OF THE		5000
	Number of conservation easements on a certified historic structure inc		
	Number of conservation easements included in (c) acquired after 7/25.		
u	historic structure listed in the Medicael Desistes		2d
3	Number of conservation easements modified, transferred, released, ex	xtinguished, or terminated by the organiza	
·	tax year ▶		3
4	Number of states where property subject to conservation easement is	located ▶	
5	Does the organization have a written policy regarding the periodic mor		
•	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of		
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation easen	nents during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)(i))
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easem		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes the
	organization's accounting for conservation easements.	•	
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on		
1a	If the organization elected, as permitted under FASB ASC 958, not to		
	of art, historical treasures, or other similar assets held for public exhibit		of public
	service, provide in Part XIII the text of the footnote to its financial state		
b	If the organization elected, as permitted under FASB ASC 958, to repo		
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtherance of	public service,
	provide the following amounts relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		\$
name.	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or		ovide tile
	following amounts required to be reported under FASB ASC 958 relating		•
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		> \$
b	ASSETS INCIUDED IN FORM 990, PAR X		F Ψ