990-EZ

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

Open to Public Inspection

, 20 09

A For the 2008 calendar year, or tax year beginning 17/1 , 2008, and ending 6/3 o , 2009										
В		applicable: Please C Name of organization	D Emp	oloyer ide	entification number					
	Address	change use IRS 15th Judicial District Child Advocacy	1 Center 33	3 1 1 1	04284					
	Name ch	nange print or Number and street (or P.O. box, if mail is not delivered to street address)		phone n	umber					
	Initial ret	um type. D D Box 1225	(6)		49-7975					
닏	Terminat	Specific Six Associated and 7/D + 4		up Exem	······································					
님	Amende	instruc-		aber.						
ᆜ					☑ Cash ☐ Accrual					
	• Sect.	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	Other (specify		IZ Oddi Accidai					
_		a completed deficable A from ecc of ecc 22).		· · · · · · · · · · · · · · · · · · ·						
					organization is not					
		te: NWW.cac15.0 rg		nedule B (Form 990,						
	J Organization type (check only one) — 🔀 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or 🔲 527 990-EZ, or 990-PF).									
Κ	Check •	if the organization is not a section 509(a)(3) supporting organization and its gross rece	ipts are normally no	t more th	nan \$25,000. A return is					
	not requ	uired, but if the organization chooses to file a return, be sure to file a complete return.			11/1 0-					
		es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 ins	tead of Form 990-EZ	<u>▶\$</u>	46,205					
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances	(See the instruc		or Part I.)					
•	1	Contributions, gifts, grants, and similar amounts received		1	46,205					
	2	Program service revenue including government fees and contracts		2	·					
	3	Membership dues and assessments		3						
	4	Investment income		4						
	5a	Gross amount from sale of assets other than inventory 5a								
	b	Less: cost or other basis and sales expenses								
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) .	5c						
ue	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, cl	neck here 🕨 🔲							
Revenue		Gross revenue (not including \$ of contributions								
ev	а	reported on line 1)								
ш.	_	Less; direct expenses other than fundraising expenses								
		Net income or (loss) from special events and activities (Subtract line 6b from line)	ne 6a)	6c						
	l _	Gross sales of inventory, less returns and allowances								
	7a	1 7 L 1		7						
		Less: cost of goods sold		7c						
	8 8			8						
	9	Other revenue (describe > Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	9	46,205					
		Grants and similar amounts paid (attach schedule)		10						
	10	Benefits paid to or for members		11						
w.	11	Salaries, other compensation, and employee benefits	12							
Se	12	Salaries, other compensation, and employee benefits	13							
en	13	Professional fees and other payments to independent contractors	• . • • • •	14	18.662					
Expenses	14	Occupancy, rent, utilities, and maintenance		15	170					
-	10	Printing, publications, postage, and shipping. Other expenses (describe Ora Durs Supplies Training Travel,	16	17,102						
	16 17	Total expenses. Add lines 10 through 16 '	IV VC(V()/1)#24 SV4#3)	17	35 834					
				18	10/371					
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		10	, 311					
SS	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	19	5841					
t A		end-of-year figure reported on prior year's return)		20						
Se	.20	Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year. Combine lines 18 through 20	· · · · · · ·	21	16,212					
	21	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more	e file Form 990 i							
	art II		(A) Beginning of		(B) End of year					
		(See the instructions for Part II.)	499		15,362					
22		n, savings, and investments	7,11	23	1 2, 202					
23	Lanc	and buildings	85		850					
-24			584		16 213					
25		l assets	-5,03	26	10,616					
26	Tota	Il liabilities (describe >) assets or fund balances (line 27 of column (B) must agree with line 21)	5 8 4		16,212					
27		y Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.	Cat. No. 106421	<u>, 21</u>	Form 990-EZ (2008)					
ror	~rivac)	y Act and Paperwork neededlen Act Notice, see the instruction for Form coo.								

Part III Statement of Program Service Acco	mplishments (See the ins	tructions for Par	t III.)		Expenses
What is the organization's primary exempt purpose?	J and	quired for 501(c)(3) I (4) organizations			
Describe what was achieved in carrying out the organ describe the services provided, the number of persons be	ano	l 4947(a)(1) trusts; ional for others.)			
				Jopa	1
28 Served 210 Children between P-19 one-interview process who had bee	1 years with multi	aisciplinan tee	M)		
education and advocacy to 0.551	st in Avenuation of	child abuse			
(Grants \$) If this amount inc	cludes foreign grants, check	k here	. ▶ □	28a	35,834
29					
				00-	
(Grants \$) If this amount inc				29a	
30					
(Grants \$) If this amount inc	ludes foreign grants, check	here	. ▶ □	30a	
31 Other program services (attach schedule)					
(Grants \$) If this amount inc	ludes foreign grants, check	here	. ▶ □	31a	
32 Total program service expenses (add lines 28a t	hrough 31a)		, , .	32	35,834
Part W List of Officers, Directors, Trustees, and Key	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compen	plans &	account and other allowances
Dr. C. William McKee PO BOX 1225 Lebanon TN 37088	5	D.	A		2
Mr. Jason Lawson		·			
P.O. Box 1225 Lebanon TN 37088	5	D	-0-		2
Ms. Noncy Willis					- D
P.O. Box 1225 Lebanon 71/37088	5	<u> </u>	2		-
Mrs Judy Jordan	5	ــــــــــــــــــــــــــــــــــــ			¥~.
P.O. Box 1825 LebanonTN 37088					
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	·				
					
	,				
				+	

Pa	Other Information (Note the statement requirements in the instructions for Part VI.)		·	
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	theorethical	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36	8000 VIII.	X
b	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a	37b		<u>X</u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		Χ_
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule	40b		Х
С	L, Part I			
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed.		/	Ja
42a	The books are in care of ► Mrs. Judy Jordan Telephone no. ► (615) Located at ► 4599 Coles Ferry Pike rebanen TN ZIP + 4 ► 3	5708°	7	7.1.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	!.	<u>X</u>
43	If "Yes," enter the name of the foreign country: ►		, •	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		[S	/es	No
14	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
+4 15	Form 990-EZ	44		X
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	١	<u> </u>

Form **990-EZ** (2008)

Part VI	Section 501(c)(3) organizations only and complete the tables for lines 50 a	/. All section 501(c)(3) c and 51.	organizations m	ust answer ques	tions 46-49
cand 47 Did 48 Is th 49a Did	the organization engage in direct or indirect paidates for public office? If "Yes," complete Sthe organization engage in lobbying activities organization operating a school as describe the organization make any transfers to an exc	political campaign activitie Schedule C, Part I ? If "Yes," complete Sche ed in section 170(b)(1)(A)(ii empt non-charitable relate	dule C, Part II)? If "Yes," comp d organization?	olete Schedule E	Yes No 46 X 47 X 48 X 49a X
50 Com	es," was the related organization(s) a section plete this table for the five highest compensa- n received more than \$100,000 of compensat	ated employees (other tha	n officers, director If there is none,	ors, trustees and ke	y employees) who
(a)	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
	NONE			.:	
	per of other employees paid over \$100,000 ►				
51 Comp	plete this table for the five highest compensa pensation from the organization. If there is no	ted independent contractorie, enter "None."	ors who each rec	eived more than \$1	00,000 of
	(a) Name and address of each independent contractor p	eaid more than \$100,000	(b) Ty	pe of service	(c) Compensation
	NONE				
Fotal numb	per of other independent contractors each rec	ceiving over \$100,000 .	. ▶		
otal Halli	Under penalties of perjury, I declare that I have examin and belief, it is true, correct, and complete. Declaration	ed this return, including accompa	anying schedules and is based on all infor	statements, and to the bration of which prepare	pest of my knowledge r has any knowledge.
Sign Here	Signature of Fice Jordan, Tre Type or print name and title.	asurer		11-15-0 Date	9
Paid	Preparer's signature	Date	Check if self-employed		Number (See instructions)
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ► ()	
May the IF	S discuss this return with the preparer show	n above? See instructions		<u></u> -	Yes No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization 33 1104284 District 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: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes 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 that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated b 🗌 Type II e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No-(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes-11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports. h (iv) Is the organization (vii) Amount of (v) Did you notify (vi) Is the (ii) EIN (iii) Type of organization (i) Name of supported organization in col. support in col. (i) listed in your the organization in (described on lines 1-9 organization (i) organized in the governing document? col. (i) of your above or IRC section support? U.S.? (see instructions)) Yes No Yes Yes No Total

	Support Schedule for Or (Complete only if you ched	ganizations	Described in	Sections 17	70(b)(1)(A)(iv)	and 170(b)(1)(A)(vi)
	ction A. Public Support	red the box	OH IIIIe J, 7,	or o or rait	•)		
Sec	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
C	alendar year (or liscal year beginning iii)	(4) 2004	(5) 2555	(0)	(-,	(-/	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	680	12,910	6,311	25,844	46,205	91,950
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	D	٥	9	Đ-	Ð	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	1 2	4	6,311	<u>6</u> 25,844	46,205	91.950
4	Total. Add lines 1-3	680	12,910	61211	25,844	46,205	41,430
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)						مخار
6	Public support. Subtract line 5 from line 4.						91,950
	tion B. Total Support						
Ca	nlendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	680	12,910	6311	25,844	46,205	91,950
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	_\$	b -	b-	e	6	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	٥	Ð	5	5	0	8
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-	A Sekakulussassuatus		Ð	D -	91.950
11	Total support. Add lines 7 through 10 .					40	71,730
12	Gross receipts from related activities, etc	. (see instructio	ns)		 .	12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re , , ,		d, third, fourth,	or fifth tax ye	ear as a section	n 501(c)(3) > 🗵
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2008 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2007 Schedule A, Part IV-A, line 26f						
b	b 331/4 % support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 18	10%-facts-and-circumstances test—2007, more, and if the organization meets the "facts-and-circumsta private foundation. If the organization did	acts-and-circums nces" test. The o	stances" test, cl organization qual	neck this box a lifies as a publicl	nd stop here. I ly supported org	Explain in Part I Janization	V how the ▶ □

NOT APPLICABL Page 3 Schedule A (Form 990 or 990-EZ) 2008 Support Schedule for Organizations Described in Section 509(a)(2) Part (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 (f) Total (b) 2005 (c) 2006(e) 2008 Calendar year (or fiscal year beginning in) (a) 2004 Gifts, grants, contributions, membership fees received. (Do not include any "unusual grants.") 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 . . . Gross receipts from activities that are not an unrelated trade or business under section 513 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 . . . Total. Add lines 1-5 . . . 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b Public support (Subtract line 7c from Section B. Total Support (f) Total (e) 2008 (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 Calendar year (or fiscal year beginning in) 9 Amounts from line 6 . . . 10a Gross income from interest, dividends, payments-received-on-securities loans,rents, royalties and income from similar b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, 13 and 12.) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . 15 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage % Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . 17 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a 331/2 % support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 331/2 %, and line 17 is not more than 33⅓ %, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ 331/2 % support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/2 %, and line 18 is not more than 331/2 %, check this box and stop here. The organization qualifies as a publicly supported organization

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

Name of the organization

Employer identification number

15th Judicia	al District Child Advocacy Center 33: 1104284							
Organization type (check	1							
Filers of:	Section:							
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization							
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 organization can check box	s covered by the General Rule or a Special Rule . (Note. Only a section 501(c)(7), (8), or (10) es for both the General Rule and a Special Rule. See instructions.)							
General Rule								
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or ne contributor. Complete Parts I and II.							
Special Rules								
For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33% % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.								
during the year, aggre	r), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, egate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)								
990-EZ, or 990-PF), but they	are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, we must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their fitheir Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990,							
For Privacy Act and Paperwork Reduction Act Notice see the Instructions Cat No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2008)								

	2		11			
age		of	<u> </u>	of	Part	ł

Employer identification number

Name of organization strict Child Advocacy Center Contributors (see instructions) (d) (c) (b) (a) Type of contribution Aggregate contributions Name, address, and ZIP + 4 Νo. Person **Payroll** Noncash (Complete Part II if there is ebanon, TN a noncash contribution.) (d) (c) (b) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash Avenue North (Complete Part II if there is TN 37243-1290 a noncash contribution.) (d) (c) (b) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.) (c) (d) (b) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II if there is a noncash contribution.) (d) (c) (b) (a) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
15th Judicial District Child Advocacy Center

Employer identification numb

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	NONE	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<u>-</u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<i>l</i>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	/
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	<i>J</i> :
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2008)	NOT APP	LICARIE	Page $\frac{4}{4}$ of $\frac{4}{4}$ of Part III				
Name of	g (Form 990, 990-EZ, or 990-PF) (2008) organization Judicial District Child	V V V		Employer identification number				
15世。 Part III	Exclusively religious charitable, e	ot 1400 0 COCG	center atributions to section	33 1/0 4284 n 501(c)(7), (8), or (10) organizations				
r cite iir	aggregating more than \$1,000 for t	the year. Complete	columns (a) through	(e) and the following line entry.				
	For organizations completing Part I contributions of \$1,000 or less for	 enter the total the year. (Enter the 	of exclusively religiounis information once.	s, charitable, etc., See instructions.) ► \$				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
		(e) Trar	sfer of gift					
	Transferee's name, address, and	ZIP + 4	Relationshi	p of transferor to transferee				
j								
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) U	se of gift	(d) Description of how gift is held				
-19.11								
	(e) Transfer of gift							
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee							
(=) No -								
(a) No. from Part I	(b) Purpose of gift	(c) Us	se of gift	(d) Description of how gift is held				
-	(e) Transfer of gift							
	(e) Italiaier or gill							
-	Transferee's name, address, and Z	CIP + 4	Relationship	of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Us	e of gift	(d) Description of how gift is held				
		•••••						
_								
		(e) Tran	sfer of gift					
	Transferee's name, address, and Z	IP + 4	Relationship	of transferor to transferee				

			Sci	hedule B (Form 990, 990-EZ, or 990-PF) (2008)				