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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

2008

OMB No 1545-1150

Open to Public Inspection

A FO	or the 2	2008 calenda	r year,	or tax year b		07-03	, 2008, and	endin	g		06-3	,	2009	
B c	eck if a	plicable	M	C Name of or	-				ĺ	D Emplo	yer id	entifi	cation nu	mber
Ac	idress cl	nange	Please use IRS	APRIL HOU	JSE					20	-2974	4762		
[] Na	me char		iabel or print or			mail is not delivered to	street address)	Room	/suite	E Teleph	one n	umbe	r	
🔲 Ini	tial retur	n i	type.						1					
☐ Te	rminatio	n .	See Seecific	503 N MAI	ISON STREET			ļ		(3	09)9	45-5	739	
An	nended r		Instruc-		n, state or country, an	d ZIP + 4			1	F Group	Exem	ption		
☐ Ac	plication	pending	tions.	MORRISON,	IL 61270				1	Numb	er	. ▶		
						mpt charitable trus	s must attacl	h	G Ac	counting m	ethod	\Box	Cash 🔯	Accrual
			_		dule A (Form 990	•				her (specify		_		
										eck ▶ 🄀		orga	nization is	not
ı w	ebsite	: >								ured to at				
			neck on	nly one) - 🔯	501(c)(3) ◀	(insert no.) 494	7(a)(1) or	527		0-EZ, or 99			(, 0.	,
						oporting organization							\$25,000	A return
			-			be sure to file a co	-	3 1000.p	15 410 1	ionnessy no			425,000	Aicidiii
						s, if \$1,000,000 or m		990 inc	toad of	Form 990	E7 N	-		74,625
Pai						Net Assets or							11	74,023
[F-41											$\overline{}$	real		51 151
Ì			_	-		eived					1 2	╁		71,151
l						and contracts					- -	┼		
İ	3	-									3	┼—		
[4	Investment ir					1	1		• • • •	4	—		
						ory					-	1		
- }											1	1		
R	¢	Gain or (loss) from s	sale of assets	other than invento	ry (Subtract line 5b f	rom line 5a) (a	attach s	chedul	e)	5c	<u> </u>		
e	6	Special events	and activ	vities (complete a	pplicable parts of Sch	edule G) If any amount	s from gaming , c	heck he	re 🕨]		1		
e	а	Gross revenu	ue (not	including \$		of contributions						1		
บ		reported on l	kne 1)				6a					1		
е	ь	Less directs	XPPRS	espother than	fundraising expens	ses	6b					1		
	С	Net income	Fices	From special	events and activiti	es (Subtract line 6b	from line 6a)				6c			
_	7a	Gross sales	of inver	ntory, less retu	and allowance	ct line 7b from line 7	7a							
2010	b	Lese Gost of	Abbd2	sala 2010 .	유		7ь				7			
~	С	Gross profit	or (loss) from sales o	Noventory (Subtra	ct line 7b from line 7	'a)				 7c	1		
es	8	Other revenu	re (desi	cubeST	MT41)	8	 		3,474
0	9	Total reven	SD	EN. Usta	4-5c 6c 7c and	8					9	†		74,625
<u> </u>	10	Grants and s	ımilar a	amounts paid	(attach schedule)						10	 		717023
FEB											11	┼		
						ts					12	+		
						nt contractors					13	+-		61,150
夏 e												+		
SCANI											14	 		6,651
တ္ဆန္				-						١.	15	┼		10 000
י עש		-		scribe > ST							16	┿		12,903
											17	_		80,704
A						line 9)					18			(6,079
Ns e e t t	19				•	om line 27, column (_					1		
e e											19	—		31,287
't						h explanation)					20			
Ĺ						e lines 18 through 2					21			25,208
Pa	rt II	Balance	Shee	ets. If Total	assets on line 25,	column (B) are \$2,5	00,000 or mor	re, file F	orm 99	0 instead	of Form	n 990	-EZ	
		-	_	(See the insti	ructions for Part II)			(A)	Beginning of	year		(B) End o	f year
22	Cash,	savings, and	l invest	ments						8,	844	22		8,789
23												23		
24	Other	assets (desc	ribe 🕨	ST	M131)		22.	443	24		16,419
25								-			287			25,208
26		liabilities (de					-)				26		
27					of column (B) must	agree with line 21)		<u> </u>		31 .	287			25,208
						e Instructions for I			 EA		'		orm 990 -	EZ (2008)
	,							_				•		,

		EZ*(2008)
Day	+ ftf	Ctate

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Page 2

Part III Statement of Program Service Accomplishments (See the instructions for Part III)							Expenses			
Wh	nat is the organization's primary exempt purpose? CHILDRENS ADVOCACY CENTER (Required for 501(c)(3)									
and								(4) organizations 4947(a)(1) trusts,		
				=			ation for each progran			nal for others)
_		HOUSE IS THE							<u> </u>	
		Y ILLINOIS W								
		E CHILD ADVO			HE PROTOCOL	DE 4111	<u> </u>			
	(Grants		ACT ADVISO				abook boro		28a	90 704
29	Giants	•	·) II triis arric	ount includes loreiç	in grants	s, check here	· · · · · · · ·	204	80,704
23										
							·			
				<u>-</u>	· · · · · · · · · · · · · · · · · · ·					
	(Grants	\$) If this amo	ount includes foreign	n grants	, check here	<u> ▶ ∐</u>	29a	
30		<u> </u>		<u></u>			<u> </u>			
									1	
	(Grants	\$) If this amo	ount includes foreig	n grants	s, check here	▶ 🔲	30a	
31	Other pi	rogram services (att	tach schedule) .							
	(Grants	•			ount includes foreig	in grants	s, check here	▶ □	31a	
32			penses (add line			<u> </u>			32	80,704
_	art IV						even if not compensat		truction	
		,			(b) Title and ave		(c) Compensation	(d) Contribution		(e) Expense
		(a) Name a	and address		hours per we devoted to pos	ek		employee benefit p deferred compen		account and other allowances
73.	DOT D	TANKOMONT			 	lion .	enter -0)	deferred compen	sation	Other allowances
		LINKOWSKI			PRESIDENT	_				•
_		DISON STREET	MORRISON	LL, 61270		0	0		0	0
	VIN JO				DIRECTOR	_			_	_
		DISON STREET	MORRISON	L, 61270		0	0		0	0
	RIE FL				DIRECTOR					
50	3 N MA	DISON STREET	MORRISON 1	L, 61270		0	0		0	0
GA.	RY HAY	ENGA			DIRECTOR		n.			
<u>50</u>	3 N MA	DISON STREET	MORRISON I	L, 61270		0	0		0	0
SH	ELLY B	RANTLEY			DIRECTOR					
50	3 N MA	DISON STREET	MORRISON I	L, 61270		0	0		0	0
DO.	UG FAR	GHER			DIRECTOR					
50	3 N MA	DISON STREET	MORRISON 1	L, 61270		0	o		0	0
JO	HANNA	HAGER			EXECUTIVE D	REC				
50	3 N MA	DISON STREET	MORRISON	L, 61270		0	58,800		0	0
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					1]]
_										

Forn	990-EZ (2008) APRIL HOUSE 20-2974	762	Р	age 3
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		_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			į
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,	1		
	and proxy tax requirements?	35a		_X
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35ь		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			1
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b	1	X
38 a	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?	38a		X
b	If "Yes," complete Schedule L, Part il and enter the total amount involved		I	
39	501(c)(7) organizations Enter		Ī	•
а	Initiation fees and capital contributions included on line 9		Ī	
þ	Gross receipts, included on line 9, for public use of club facilities		•	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under		I	•
	section 4911 ▶, section 4912 ▶; section 4955 ▶		‡	l
Ь	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction	1		
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule		ļ	1
	L, Part I	40ь	<u> </u>	X
С	Enter amount of tax imposed on organization managers or disqualified persons during		ļ	
	the year under sections 4912, 4955, and 4958		ŧ	
d	Enter amount of tax on line 40c reimbursed by the organization ▶		Ī	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	ļ	<u> </u>	
	transaction? If "Yes," complete Form 8886-T	40e	1	X
41	List the states with which a copy of this return is filed IL			
42 a	The books are in care of ▶ JOHANNA HAGER Telephone no ▶ 309-		739	
	Located at ▶ 503 N MADISON MORRISON, IL ZIP + 4 ▶ 612	70		
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority			T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	ļ	<u>X</u>
	If "Yes," enter the name of the foreign country		1	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		Ī	
	and Financial Accounts.		1	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u></u>	<u> </u>
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	. П
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			<u> </u>	<u> </u>
	- 10 10 10 10 10 10 10 10 10 10 10 10 10	F	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		ŧ	v
4-	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	45	ŧ	v
_	"Yes," Form 990 must be completed instead of Form 990-EZ	45	90. 57	X (2008)
	EE. *	CILLIA	JU-E4	, (200 0)

Form 990-	-EZ (2008) APRIL HOUSE				20-29747	762	Р	age 4
Part VI		1ly. All section 501(c)(3) organizations mus	t answer question				- 9- -
	and complete the tables for lines 50 and 51	•		•				
6 Did	the organization engage in direct or indirect poli	tical campaign activities or	behalf of or in oppo	osition to			Yes	No
can	didates for public office? If "Yes," complete Sch	edule C, Part I				46		X
7 Did	the organization engage in lobbying activities?	lf "Yes," complete Schedul	e C, Part II			47		X
8 Isth	e organization operating a school as described	in section 170(b)(1)(A)(ii)?	If "Yes," complete Se	chedule E		48		X
9 a Did	the organization make any transfers to an exem	pt non-charitable related o	organization?			49a		<u>X</u>
b If "Y	es," was the related organization(s) a section 52	7 organization?				49b		
O Con	nplete this table for the five highest compensate	d employees (other than o	fficers, directors, trus	tees and key emp	loyees) who			-
eacl	received more than \$100,000 of compensation	from the organization If	there is none, enter "	'None "				
		<u>-</u>						
(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) Contributi employee benefi deferred compe	t plans &		xpense unt and lowance	
IONE								
IONE								
						_		
				1				
		<u> </u>						
	ber of other employees paid over \$100,000		1	1 0100				
	nplete this table for the five highest compensate	•	who each received	more than \$100,0	UU of			
com	pensation from the organization If there are no	one, enter None						
	(a) Name and address of each independent contractor p	naid more than \$100,000	(b) Tv	pe of service	(4)	Compe	sation	
	A riame and address of each mosperident contractor p	Sala more sman \$ 100,000	(3) 1)	pe or service	(4)	Compe	13011011	
IONE			j		}			
						_		
otal num	ber of other independent contractors each rece		•					
	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete De	examined this return, including	accompanying schedule officer) is based on all i	es and statements, an information of which	d to the best of preparer has an	my knov v knowie	vledge edge	
		- / .			12011			
Sign	and make	ushi			02/1	0		
tere	Signature of officer	a., a., a.	<i></i>	Date ,	سم 'سرد			_
	THEOL P. LINK	DWS/CI, P/	ESIDENT,	BONKO O	PU	1126	=e7	OK
	Type or print name and title.			 _			15	
Paid	Preparer's signature		Date 1-18-10	Check if self- employed ▶	Preparer's Iden	itifying N	o (See	inst)

Samuel S Card CPA PC

STERLING, IL 61081

501 E 4th St., PO Box 1093

Preparer's

Use Only

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no. 🕨

815-625-2727

X Yes No

Form **990-EZ** (2008)

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

2008

Open to Public Inspection

Employer identification number Name of the organization APRIL HOUSE 20-2974762 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) 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 state 5 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). 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) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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 By 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) 11g(ii) 11g(iii) Provide the following information about the organizations the organization supports h (vi) Is the (iv) Is the organization (v) Did you notify Name of supported (iii) EIN (iii) Type of organization (vii) Amount of organization in col organization (described on lines 1-9 in col (i) listed in your the organization in col support (i) organized in the above or IRC section governing document? (i) of your support? (see Instructions) No Yes No Yes

Sche	ੈ dule A (Foਿੰਕ੍ਰ 990 or 990-EZ) 2008 APRIL 1	HOUSE	1				20-2974762	Page 2
	Support Schedule for Organic			ibed in Section	ons 170(b)(1)	(A)(iv) and 1		
******	(Complete only if you checked the						, , , , , , , ,	
Sec	tion A. Public Support		·	<u> </u>				
Cal	endar year (or fiscal year beginning in)	•	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	Ī		71 167	88,861	88,640	71,151	210 010
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			71,167	88,861	88,040	71,131	319,819
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1-3	[71,167	88,861	88,640	71,151	319,819
5	The portion of total contributions by each							
	person (other than a governmental unit or			}				
	publicly supported organization) included	Į.						
	on line 1 that exceeds 2% of the amount							
	shown on line 11, column (f)	[
6	Public support. Subtract line 5 from line 4			"				319,819
Sec	tion B. Total Support							
Cal	endar year (or fiscal year beginning in)	•	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	[71,167	88,861	88,640	71,151	319,819
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 IV)							
11	Total support. Add lines 7 through 10							319,819
12	Gross receipts from related activities, etc. (se	e instri	uctions)				12	
13	First five years. If the Form 990 is for the or check this box and stop here							
Sec	tion C. Computation of Public Sup							
14	Public support percentage for 2008 (line 6, o						14 1	00.00 %
15	Public support percentage from 2007 Sched							00.00 %
16a	33 1/3% support test - 2008. If the organization	ation di	d not check the	box on line 13, a	and line 14 is 33	1/3% or more, of	heck this box	
	and stop here. The organization qualifies as			•				▶ 🏻
Þ	33 1/3% support test - 2007. If the organization	ation de	d not check a b	oox on line 13 or	16a, and line 15	ıs 33 1/3% or m	ore, check this	_
	box and stop here. The organization qualific			-				▶ 📋
17a	10%-facts-and-circumstances test - 2008	3. If the	organization d	id not check a bo	ox on line 13, 16a	i, or 16b, and lir	ne 14 is 10% or	
	more, and if the organization meets the "fact			-	•	•		
	organization meets the "facts-and-circumsta		_			_		
ь			-					or
	more, and if the organization meets the "fact							<u>-</u>
18	organization meets the "facts-and-circumstate" Private foundation . If the organization did r		_			-		

20-2974762

Part III

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

APRIL HOUSE

	' (Complete only if you checked the box on	line 9 of Part I)	·					
Sec	tion A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200)8 (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 1-5							
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								
8	Public support (Subtract line 7c from line 6)		<u> </u>	<u> </u>	<u> </u>	<u> </u>		
	tion B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 200	<u>)8</u> (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		 		 	 		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12 13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		<u> </u>					
14	First five years. If the Form 990 is for the organiza check this box and stop here							▶□
Sec	tion C. Computation of Public Support	Percentage						
15	Public support percentage for 2008 (line 8, column					15		%
16	Public support percentage from 2007 Schedule A,					16		%
Sec	tion D. Computation of Investment Inco					T -= T -		
17	Investment income percentage for 2008 (line 10c, o					17		<u>%</u>
18	Investment income percentage from 2007 Schedule					18	. 47 :	%
19a	33 1/3% support tests - 2008. If the organization of							
L	not more than 33 1/3%, check this box and stop he	_			_			
b	· · · · · · · · · · · · · · · · · ·							
20	is not more than 33 1/3%, check this box and stop Private Foundation: If the organization did not che	_	•		· · ·			_
	ritvate roundation: If the organization did not che	ery a nox ou liu	C 17, 13d, 01 19	o, CHECK THIS DO	A ariu see instruc	710112		· · ·

	Federal Supporting Statements	2008
Name(s) as shown on return		FEIN

FORM 990EZ, PART I, LINE 16 OTHER EXPENSES SCHEDULE 2

DESCRIPTION	AMOUNT
DEPRECIATION	6,024
DUES	200
ELECTRONIC TRACKING SERVICES	1,500
FILING FEES	125
INSURANCE	1,650
MEETINGS AND SEMINARS	797
MILEAGE REIMBURSE	2,440
OFFICE EXPENSE	167
TOTAL	12,903

FORM 990EZ, PART II, LINE 24 OTHER ASSETS SCHEDULE 3

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
UTILITY DEPOSIT NET	77 22,366	77 16,342
TOTAL	22,443	16,419

FORM 990EZ, PART I, LINE 8 OTHER REVENUES SCHEDULE 2

DESCRIPTION	<u>AMOUNT</u>
FUNDRAISING INCOME	5,517
FUNDRAISING EXPENSES	(2,043)
TOTAL	3,474