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Department of the Treasury Internal Revenue Service

معمد لا را **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)

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

2008 Open to Public Inspection

X Yes No

A For the 2008	calendar year, or tax year beginning $7/01/08$, and ending $6/30/0$)9		
B Check if applicab	USE IRS OF THE BIG HORNS		D Employ	er identification number
Name change	label or print or Doing Business As		86-0	687212
Ä	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephoi	ne number
Initial return	See P O BOX 6022		307-	-6 <u>75-5575</u>
Termination	Specific Instruc- City or town, state or country, and ZIP + 4		G Gross receip	s \$ 240,837
Amended return	tions SHERIDAN WY 82801			
Application pend	F Name and address of principal officer		H(a) Is this a	group return for
,	NADINE GALE		affiliates*	
	675 KINGFISHER AVENUE	1	H(b) Are all at included	Yes No
	SHERIDAN WY 82801		If "No," a	ttach a list (see instructions)
I Tax-exempt s				
J Website: >				remption number
K Type of organiza		Year of formation 1	991 <u>n</u>	State of legal domicile WY
Part I	Summary			
	y describe the organization's mission or most significant activities			
CC (پو	OURT APPOINTED ADVOCATES FOR KIDS			
<u>ا ۾</u>				
ĔĮ.	•			
2 Chec	k this box F if the organization discontinued its operations or disposed of more that	in 25% of its asset	•	
3 Numi	per of voting members of the governing body (Part VI, line 1a)	20% 01 110 00001	3	13
~ \	ber of independent voting members of the governing body (Part VI, line 1b)		4	13
5 Total	number of employees (Part V, line 2a)		5	20
S Total	number of volunteers (estimate if necessary)		6	41
	gross unrelated business revenue from Part VIII, line 12, column (C)		7a	31
1	•	•		0
D Net C	inrelated business taxable income from Form 990-T, line 34	Prior Yea	7b	Current Year
8 Cont	ributions and grants (Part VIII, line 1h)		5,702	228,339
<u> </u>	ram service revenue (Part VIII, line 2g)		9,634	10,421
2 10 Inves	stment income (Part VIII, column (A), lines 3, 4, and 7d)		1,050	85
11 Othe	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	1,100	1,992
1	revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	218	3,486	240,837
	ts and similar amounts paid (Part IX, column (A), lines 1-3)	+	7.300	210/001
	offits paid to or for members (Part IX, column (A), line 4)			
45 0-1-	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	140	9,412	169,720
ט נ	essional fundraising fees (Part IX, column (A), line 11e)	43.	7732	100,120
b Total	I fundraising expenses (Part IX, column (A), line 25)			
	r expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		4,398	56,955
17 00.00	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,810	226,675
			4,676	14,162
19 Reve	enue less expenses Subtract line 18 from line 12	Beginning of		End of Year
20 Tota	assets (Part X line 16)		4,899	67,900
ZE 21 Tota	Habilities (Part X, line 26)		4,096	3,967
듒린	assets or fund balances. Subtract line 21 from line 20		0,803	63,933
Part II	Signature Block	<u>_</u>	<u>- /</u>	<u> </u>
?` 	Under penalties of perjury, I declare that I have examined the return, including accompanying scheduling	les and statements of	and to the bee	t of my knowledge
Pait H	and belief, it is true correct, and complete Declaration of preparer (other than officer) is based on all	information of which	preparer has	any knowledge
_ 1	N (W) l o		-1.7	-20-2010
_າ ບ.ສ ¦	Supplies of the supplies of th	-		20 2010
nere i	Signature of officer		Date	
	Wadine Gale			
	Type or print name and title			Drongrade identificae acomba-
Paid Preparer's Use Only	Preparer's Date	Check self-		Preparer's identifying number (see instructions)
Propagar's		12/10 employ	yed ▶ X	P00721570
Preparer's	Firm's name (or yours CIMIDY L PILCH, CPA, LLC		EIN	▶ 83-0328701
ਨ੍ਹੋਂ Use Only	if self-employed), 9 41 E Burkitt St		Phone	
; 3	address, and ZIP+4 Sheridan, WY 82801-6301		no 🕨	307-674-7491

	CHILD ADVOCACY		168/212	Page 2
		ervice Accomplishments (see instruction	ns)	
	be the organization's mission PPOINTED ADVOCA			
COOKI A	POINTED ADVOCE	TIES FOR KIDS		
2 Did the organ	nization undertake any signific	cant program services during the year which were no	t listed on	
	m 990 or 990-EZ?			Yes X No
If "Yes," desc	cribe these new services on S	Schedule O.		
3 Did the organ	nization cease conducting, or	make significant changes in how it conducts, any pro-	ogram	
services?		·		☐ Yes X No
	cribe these changes on Sche			
		nts for each of the organization's three largest progra		
	-	ons and section 4947(a)(1) trusts are required to rep	-	
anocations to	o others, the total expenses, a	and revenue, if any, for each program service reporte	u .	
4a (Code.) (Expenses \$	205, 368 including grants of \$) (Revenue \$	
		DES COURT APPOINTED VOLUN		,
•		N INVOLVED IN THE LOCAL CO		
	•			
•				
•	•			
•				•
		•		
4b (Code.) (Expenses \$	including grants of \$) (Revenue \$	
_			, ,	,
	•			
X.				
			•	
		•		
		•		
			•	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
	•	•		
•		•		
		•		•
	•			
	•		·	
	im services (Describe in Scr	•		
(Expenses			Revenue \$	
4e Total progra	am service expenses 🕨 \$	205,368 (Must equal Part IX, Lin	e 25, column (B))	
				Form 990 (2008)

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			١
_	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			v
7	Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	Ů		,
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	-		
	Parts VI, VIII, IX, or X as applicable	11	Х	ĺ
12	Did the organization receive an audited financial statement for the year for which it is completing this return			
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			1
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Χ
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ. <u></u>	X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			\ _V
24-	Schedule J	23		X
24a	3, 1			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions	240		_V
h	24b–24d and complete Schedule K. If "No," go to question 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	-	X
b		24b		╁
·	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	ļ	
25a		240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	200		1,,
_	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1200		<u> </u>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X
			990	(2008)

Form 990 (2008) CHILD ADVOCACY SERVICES Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
28 Dui	ring the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a Ha	ve a direct business relationship with the organization (other than as an officer, director, trustee, or			
em	ployee), or an indirect business relationship through ownership of more than 35% in another entity			
(ınc	dividually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
Pai	rt IV	28a		X
b Ha	ve a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
cor	mplete Schedule L, Part IV	28b		X
c Se	rve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
pro	ofessional corporation) doing business with the organization? 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		X
30 Did	the organization receive contributions of art, historical treasures, or other similar assets, or qualified	} }	ţ	
cor	nservation contributions? If "Yes," complete Schedule M	30		X
31 Dio	the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
Pa	rtl _	31		X
32 Did	the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
Scl	hedule N, Part II	32		X
33 Dic	the organization own 100% of an entity disregarded as separate from the organization under Regulations			
sec	ctions 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34 Wa	as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
III,	IV, and V, line 1	34		X
35 Is a	any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
Sc	hedule R, Part V, line 2	35		X
36 Se	ction 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
org	ganization? If "Yes," complete Schedule R, Part V, line 2	36		X
37 Dic	d the organization conduct more than 5% of its activities through an entity that is not a related organization			
and	d that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
VI		37		X

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 1			
	U.S. Information Returns. Enter -0- if not applicable	1a 3			1
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0]]	.	i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	portable	7 !		
	gaming (gambling) winnings to prize winners?		1c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 20		, [į
	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				ĺ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by			ĺ
	this return?		3a	l	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	iancial			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country:				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank			
	and Financial Accounts.			(
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	•		1	
	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a	<u> </u>	Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or			
	gifts were not tax deductible?		6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than			
	\$75?		7a_	↓	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_	ــــ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as		l	l
	required to file Form 8282?		7c	-	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a property of the organization of the organiz	personal			١
	benefit contract?		7e_	ــــ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	ract?	7f	├ ─	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•	<u>7g</u>	 -	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-	C as	\		,
	required?		7h	 	X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and sec				
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spo	nsoring		1	١.,
	organization, have excess business holdings at any time during the year?		8	┼—	X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				\ ,,
а	Did the organization make any taxable distributions under section 4966?		9a_	┼—	X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	 	+x
10	Section 501(c)(7) organizations. Enter.	11			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter	11			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against]]			
	amounts due or received from them)	11b		1	
	· · · · · · · · · · · · · · · · · · ·			1	
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1f "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a	-	+

Form 990 (2008) CHILD ADVOCACY SERVICES 86-0687212 Governance, Management, and Disclosure (Sections A. B. and C request information about policies not Part VI required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions Enter the number of voting members of the governing body 13 Enter the number of voting members that are independent 1h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. The governing body? 8a Χ b Each committee with authority to act on behalf of the governing body? 8b Χ Does the organization have local chapters, branches, or affiliates? 9a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9Ъ Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Х Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 11 X Section B. Policies No Yes Χ 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The organization's CEO, Executive Director, or top management official? 15a Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the

P.O. BOX 6022

WY 82801

307-675-5575

SHERIDAN

organization ▶ GRETA MAXFIELD

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
NADINE GALE BOARD PRES	5			Х				0	0	0
JENNIE GORDO		╁─	-	^		 				
BOARD VP	5			X		Ì		0	0	0
JOYCE SCHMII	Т	ľ								
BOARD TREAS	5	↓	_	X	L	ļ	<u> </u>	0	0	0
BEN KIRVEN BOARD SECR	5			X				o	0	0
JESSICA CANT		╁	-	^	├─	-	 			
MEMBER	5			1	ļ			o	o	0
LEE HELVEY		1		T						
MEMBER	5	<u> </u>						0	0	0
DAVID HUBERT							"			
MEMBER	5	↓_	<u> </u>	<u> </u>	<u> </u>	 _		0	0	0
CHIP KING	_		ļ	ļ	ļ		ļ			
MEMBER LISA KRAMER	5	╁─	┢	╁	 	┼		0	0	0
MEMBER	5					1	ļ	0	0	0
JESSICA LINI		 	\vdash	1		 		<u>-</u>		<u>_</u>
MEMBER	5	1			1		1	0	0	0
COLLEEN ROLS	1								_	_
MEMBER	5	↓_	 _	}_	<u> </u>	↓	<u> </u>	0	0	0
SHARYN SILEI MEMBER	\$ 5					į	ļ	0	0	0
CINDI WILLIA		†	Т	†	╁	\dagger		<u> </u>	_	
MEMBER	55	_	<u> </u>		<u> </u>			0	0	0
	ļ									
		+	T	T	\dagger	\dagger	 			
	ļ	+-	-	}-	_	+	-			
·										
			ᆚ	Щ.	┸_	_l	1		1	

Average Pour por Week Pour pour pour pour pour pour pour pour p			rustees	s, Ke			yees	, an	d Highest Compensated	Employees (continued)	
Total Total number of individuals (including those in 1s) who received more than \$100,000 in reportable compensation from the organization Very and the organization	(A) Name and title	Average			chec	k all t			Reportable	Reportable	Estimated
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation from the organization for services A		•	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	from related organizations	other compensation from the organization and related
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? It "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services Compensation from the organization for services Description of services											-
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services rendered to the organization? If "Yes," complete Schedule J for such person ection B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address Description of services (C) Compensation of services	employee on line 1 For any individual l the organization ar individual	la? If "Yes," complete So listed on line 1a, is the s and related organizations	chedule um of re greater	J fo epor thar	r suc table 1 \$15	ch in e cor 50,00	divid npen 00? It	ual satio	on and other compensations," complete Schedule J 1	n from for such 	3
Compensation from the organization (A) Name and business address Description of services Compensation from the organization (C) Compensation from the organization from the or	services rendered ection B. Independer	to the organization? If "\ nt Contractors	es," co	mple	ete S	Sche	dule	J for	such person		5
	compensation from	n the organization		ateo	ınae	epen	aent —–	cont			(C) Compen
Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of independent contractors (including those in 1) who received more than \$100,000 in					.=-		_	-			
Total number of independent contractors (including those in 1) who received more than \$100,000 in											
The manual of magnetic demands of meaning man in 17 min received their disciplines in	Total number of in	dependent contractors (ıncludır	a th	ose	ın 1\	who	rece	eived more than \$100 000	ın	

Pa	rt V	III Statement of Rev	venue			000/212		Page 9
		•			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ats ots	1a	Federated campaigns	1a			revenue		512 513 or 514
Contributions, gifts, grants and other similar amounts		Membership dues	1b					
s, g		Fundraising events	1c					
aff		Related organizations	1d					
S, III		Government grants (contributions)	1e	47,000				
tion		All other contributions, gifts, grants,						
혈췱		and similar amounts not included above	1f	181,339				
	g	Noncash contributions included in lines						
5 €		Total. Add lines 1a-1f	•	•	228,339			
ne				Busn. Code				
Program Service Revenue	2a	Program Service Re	evenue		10,421	10,421		
8	b					20,122		
<u>Ş</u>	С							
Ser	d	•					<u> </u>	
ᇣ	е							
g	f	All other program service re-	venue					
ے		Total. Add lines 2a-2f		•	10,421		· · · · · · · · · · · · · · · · · · ·	
	3	Investment income (includin	g dividends, int	erest, and				
		other similar amounts)		•	85			85
	4	Income from investment of t	ax-exempt bond	d proceeds ▶				
	5	Royalties		▶ 「				
		(ı) Rea	1 (1	ı) Personal			······································	
	6a	Gross Rents						
ŀ	b	Less rental exps						
į	C	Rental inc or (loss)						
	d	C		<u> </u>				
	/ a	Gross amount from sales of assets (i) Security	ties	(II) Other				
		other than inventory						
	b	Less cost or other						
		basis & sales exps						
-		Gain or (loss)		·				
1		Net gain or (loss)						
	8a	Gross income from fundraising e	vents					
- P		(not including \$						
ē		of contributions reported on line	1c).					
<u>م</u> ر		See Part IV, line 18	a					
Other Revenue		Less direct expenses	ь					
ŏ		Net income or (loss) from fur		s >				
	9a	Gross income from gaming activi	ities					
		See Part IV, line 19	a					
		Less direct expenses	b [
		Net income or (loss) from ga						<u> </u>
	10a	Gross sales of inventory, les	ss					
		returns and allowances	a					
		Less cost of goods sold	b					
ŀ	<u>c</u>	Net income or (loss) from sa					·-····	
-		Miscellaneous Reven	iue	Busn. Code				
	11a	FAMILY CARNIVAL			1,992			1,992
	b	•••		— ———				
	C	• • • • • • • • • • • • • • • • • • •		<u> </u>				
ľ		All other revenue		L			·····	
		Total. Add lines 11a–11d		. <u>.</u> . • -	1,992			
	12	Total Revenue. Add lines 11	n, 2g, 3, 4, 5, 6d					
		9c, 10c, and 11e		▶	240,837	10,421	1	0 2,077

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) but are not required to complete columns (B), (C), and (D).

_	All other organizations must o	(A)			
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				······
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U.S See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	151,256	136,131	15 125	
8	Pension plan contributions (include section 401(k)	101,200	130,131	15,125	
Ü	and section 403(b) employer contributions)	1			
9	Other employee benefits				
	•	10 101	16 610	1 046	
10	Payroli taxes	18,464	16,618	1,846	
11	Fees for services (non-employees)				
a	Management				
b	Legal			205	
C	Accounting	995		995	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	1,951	976	975	
13	Office expenses	1,408	704	704	<u> </u>
14	Information technology				
15	Royalties				
16	Occupancy	22,908	22,908		
17	Travel	6,294	6,294		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5 655			
19	Conferences, conventions, and meetings	5,677	5,677		
20	Interest				<u></u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	141	141		
23	Insurance .				
0.4	Other symposis Heavy				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below.)				
a	TELEPHONE	4,278	4,278		
b	FUNDRAISING EXPENSE	4,255	4,255		
C	LIABILITY INSURANCE	2,650	2,650		
d	SUPPLIES	2,440	1,708	732	
e	REPAIRS & MAINTENANCE	1,860	930	930	
f	All other expenses	2,098	2,098		
<u>25</u>	Total functional expenses. Add lines 1 through 24f	226,675	205,368	21,307	
26	Joint Costs. Check here ► if following SOP 98-2. Complete this line only if the	1		T	
	organization reported in column (B) joint costs	}			
	from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (200

	(2008) CHILD ADVOCACY SERVICES	86-	-0687212		Page 1
art X	Balance Sheet			 -	
	•		(A) Beginning of year	1	(B) End of year
1	Cash—non-interest bearing		3,266	1	4(
2	Savings and temporary cash investments		23,863	2	30,425
3	Pledges and grants receivable, net	·		3	
4	Accounts receivable, net	ļ	12,318	4	21,824
5	Receivables from current and former officers, directors, truste	es. kev			
	employees, or other related parties. Complete Part II of Sche			5	
6	Receivables from other disqualified persons (as defined under				······································
	4958(f)(1)) and persons described in section 4958(c)(3)(B) C				
	Part II of Schedule L	,	•	6	
7	Notes and loans receivable, net			7	
7 8 9	Inventories for sale or use	•		8	
9	Prepaid expenses and deferred charges	ł		9	
		7,080			 _
		7,000			
"	Less: accumulated depreciation Complete	6,991	230	400	89
	Part VI of Schedule D	0,991	230	$\overline{}$	<u> </u>
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		15 000	14	1
15	Other assets See Part IV, line 11	. *	15,222	15	15,52
16	Total assets. Add lines 1 through 15 (must equal line 34)		54,899		67,90
17	Accounts payable and accrued expenses		4,096	$\overline{}$	3,96
18	Grants payable .			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21 22	Escrow account liability Complete Part IV of Schedule D			21	
22	Payables to current and former officers, directors, trustees, k	ey e			
	employees, highest compensated employees, and disqualifie	đ			
i	persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third part	es		23	
24	Unsecured notes and loans payable			24	
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		4,096	26	3,96
3	Organizations that follow SFAS 117, check here ▶ 🔲 a	d			
<u> </u>	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets			27	
27 28	Temporarily restricted net assets	•		28	
29	Permanently restricted net assets	•		29	
29	Organizations that do not follow SFAS 117, check here ▶	図			
	and complete lines 30 through 34.	LI			
30	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment fun	· ·		31	
30 31 32 33 34	Retained earnings, endowment, accumulated income, or oth		50,803	_	63,93
33	Total net assets or fund balances		50,803		63,93
34	Total liabilities and net assets/fund balances		54,899		67,90
Part :			01/023	04	<u> </u>
	_				Yes N
1 Ac	counting method used to prepare the Form 990. Cash	X Accrual O	ther		
2a W	ere the organization's financial statements compiled or review	d by an independent accour	ntant?		2a X
b W	ere the organization's financial statements audited by an indep	endent accountant?			2b X
c If	"Yes" to lines 2a or 2b, does the organization have a committe	e that assumes responsibility	y for oversight of		
	ne audit, review, or compilation of its financial statements and				2c
	s a result of a federal award, was the organization required to				
	e Single Audit Act and OMB Circular A-133?				
	"Yes," did the organization undergo the required audit or audit	•	•	•	3b

SCHEDULE A

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

Name of the organization

CHILD ADVOCACY SERVICES

OF THE BIG HORNS

Employer identification number 86-0687212

Pa	art l	Reaso	on for Public Charity	Status (All organizations	s must c	omplet	e this	part.) (see ir	struct	tions)	·			
The	orga	nization is not	a private foundation becaus	e it is (Please check only one	organizati	on)									
1				ociation of churches described	_)(A)(i).								
2			cribed in section 170(b)(1)(A			`									
3	П			ce organization described in se	ction 170	b)(1)(A)(i	ii). (Atta	ch Sche	edule H)					
4	П			in conjunction with a hospital							soital's name) .			
	_	city, and state						, , , , , , , , , , , , , , , , , , ,	,			1			
5		•		of a college or university owned	or operati	ed hv a no	overnme	ntal uni	t descri	hed in					
	_		b)(1)(A)(iv). (Complete Part		o, operati	ou by a g		intar ann	003011	DÇG					
6	П			, overnmental unit described in s	ection 17	0/b)/1)/A	W								
7	X							rom the	gonoro	مراطييم ا					
•	نشقا	described in section 170(b)(1)(A)(vi). (Complete Part II)													
8	\Box	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	Н) more than 33 1/3 % of its sup		contributi	one me	mbarch	ın foos	and are	200				
·				ipt functions—subject to certain						-	755				
				nd unrelated business taxable in	-		-								
				0, 1975 See section 509(a)(2)				, 110111 L	usines:	563					
10	\Box			exclusively to test for public saf				(see in	struction	ne\					
11	Ħ			exclusively for the benefit of, to											
	_			ed organizations described in s											
				he type of supporting organizat											
		a Type		c Type III-Function			a l		e III–Ot	her					
е	П			anization is not controlled direct											
			_	and other than one or more pu	-						1				
		509(a)(1) or s	section 509(a)(2).	·		_									
f		If the organiz	ation received a written dete	rmination from the IRS that it is	s a Type I,	Type II,	or Type	III suppo	orting						
			check this box				•		-				П		
g		Since August	17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of th	ne								
_		following per	sons?												
		(i) A persor	who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (II)				Yes	No		
		and (III) b	pelow, the governing body of	f the supported organization?							11g(ı)				
		(ii) A family	member of a person describ	ped in (i) above?							11g(ii)				
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(ıi	1			
h		Provide the f	following information about t	he organizations the organization	on suppor	ts.									
(i)	Nam	e of supported	(iı) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	s the	(vii) Am	ount of	·		
• •		janization	, ,	(described on lines 1-9	1 ' '	sted in your		nzation in	organizat	ion in col	sup				
				above or IRC section (see instructions))	governing	document?		of your	1,,	zed in the S ?					
				(See instructions))	Yes	No	Yes	port? No	Yes	No					
		-			1		100	-	1	111					
								<u> </u>	 						
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Tota	31		F	i .	£	Ŧ	3	1	1	± :	I				

Schedule A (Form 990 or 990-EZ) 2008 CHILD ADVOCACY SERVICES 86-0687212 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (d) 2007 (e) 2008 (c) 2006 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 206,702 228,339 115,137 201,462 751,640 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 Total. Add lines 1-3 228.339 751,640 115,137 201,462 206,702 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) Public support. Subtract line 5 from line 4 751,640 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (d) 2007 (e) 2008 (f) Total (b) 2005 (c) 2006 Amounts from line 4 115,137 201,462 206,702 228,339 751,640 Я Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 951 1,050 85 1,933 4,017 sources 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 4,286 2,337 1,100 1,992 9,715 (Explain in Part IV.) 11 Total support. Add lines 7 through 10 765,372 Gross receipts from related activities, etc. (see instructions) 12 12 34,217 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 98.2058 % Public support percentage from 2007 Schedule A. Part IV-A. line 26f 15 15 96.8460 33 1/3 % support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support test—2007. 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—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 10%-facts-and-circumstances test-2007. 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 IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

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86-0687212

87212 Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2004 (b) 2005 Calendar year (or fiscal year beginning in) (d) 2007 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and 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 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total (c) 2006 Amounts from line 6 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 Add lines 10a and 10b С Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carried on 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, 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) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 33 1/3 % support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

33 1/3 % support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

860687212 01/12/2010 10 33 AM Schedule A (Form 990 or 990-EZ) 2008 CHILD ADVOCACY SERVICES 86-0687212 Supplemental Information. Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions) Part II, Line 10 - Other Income Detail \$ 9,715

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047 2008

Open to Public Inspection

Name of the organization Employer identification number CHILD ADVOCACY SERVICES OF THE BIG HORNS 86-0687212 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ __ _ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 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)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Scheo		CACY SERVICE:			<u> 36-061</u>					ige 2			
Par	rt III Organizations Maintaining (Collections of Art, H	listorical Treas	ures, o	Other S	Similar As	ssets	continu					
	Using the organization's accession and other retrems (check all that apply)	ecords, check any of the f	ollowing that are a s	ignificant	use of its	collection			-				
а	Public exhibition	d Loan or	exchange programs	s									
b	Scholariy research	e Other											
c	Preservation for future generations						_						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV												
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Pa	rt IV Trust, Escrow and Custodia Part IV, line 9, or reported a				answere	ed "Yes" t	o Forr	n 990,					
	Is the organization an agent, trustee, custodiar				not								
	included on Form 990, Part X?	,						Yes	\Box	No			
	If "Yes," explain the arrangement in Part XIV a	nd complete the following	table.				_		`				
-								Amount					
С	Beginning balance					1c							
	Additions during the year					1d							
	Distributions during the year					1e							
f	Ending balance		•			1f							
	Did the organization include an amount on For	m 990 Part X line 212					' П	Yes	\Box	No			
	If "Yes," explain the arrangement in Part XIV	111 030, 1 art X, 1110 2 1 ·					ш	162	ш'	NO			
	rt V Endowment Funds. Comple	ete if organization ar	swered "Yes" to	o Form	990. Pa	rt IV. line	10.						
	T	(a) Current year	(b) Prior year		ears back	(d) Three ye		(e) Four	vears	back			
1a	Beginning of year balance					· · · · · ·							
	Contributions			·			·····						
	Investment earnings or losses	-				. 			••••••				
	Grants or scholarships								••••••				
	Other expenditures for facilities							·					
·	and programs												
f	Administrative expenses									••••••			
g g	End of year balance												
2	Provide the estimated percentage of the year	end balance held as:	I	······		l,		1	************				
a	Board designated or quasi-endowment	%											
h	Permanent endowment > %	·											
_	Term endowment ▶ %												
	Are there endowment funds not in the possess	sion of the organization th	at are held and adm	unistered :	for the								
Ju	organization by	or the organization th	at are now and dum		(1.0				Yes	No			
	(i) unrelated organizations							3a(i)	- 55				
	(ii) related organizations							3a(ii)					
h	If "Yes" to 3a(ii), are the related organizations	listed as required on Sche	edule R?			•		3b					
4	Describe in Part XIV the intended uses of the					•				l			
Pa	art VI Investments—Land, Buildi			n Part	X line 1	n							
	Description of investment	(a) Cost or other basis	(b) Cost or oth			preciation		(d) Book	value				
	,	(investment)	basis (other)	1	1-, 50	, 		, ,					
12	Land	† 	 	-			-						
	Buildings	ļ	 	- +	*								
	Leasehold improvements		+				\neg		•				
	Equipment		 	+			+						
	Other		+ 7	,080		6,99	1			89			
	1. Add lines 1a-1e (Column (d) should equal F	orm 990 Part Y column (, 000		0,93				-89			
Tota		onn 330, Fait A, Column (D), IIIIE 10(C))				Palacel. I	e D (For	m 000				
							scneou	ヒレルハ	11 330	I ZUUP			

Schedule D (Form 990) 2008 CHILD ADVOCACY SERVIC	ES	86-068/212	Page 3
Part VII Investments—Other Securities. See Form 99		·	
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market v	alue
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
		<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 99	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	value
			· · · · · · · · · · · · · · · · · · ·
	 		
			
	 		
			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description) Book value
REST WY COMM FD ENDOWM	ENT		15,222
SECURITY DEPOSIT			300
<u> </u>			
			
			
			
			
			
			
			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15)		•	15,522
Part X Other Liabilities. See Form 990, Part X, line 3	25		13/322
(a) Description of liability	(b) Amount		
Federal income taxes	(5) / 11152111	┪	
Tederal income taxes		1	
		- }	
		-{	
	- 	-	
		4	
		4	
		4	
		4	
		4	
		_	
		_	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	·		
In Part XIV, provide the text of the footnote to the organization's financial s	tatements that reports the o	rganization's liability for	
uncertain tax positions under FIN 48			
	Latements that reports the o	nyanization's ilability tof	

Sche	dule D (Form 990) 2008 CHILD ADVOCACY SERVICES	86-068723	12	Page 4
Pa	rt Xi Reconciliation of Change in Net Assets from Form 990 to	Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses	•	6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net). Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	
	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per Re	eturn	<u> </u>
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a	1	
h	Donated services and use of facilities	2b	7	
c	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIV)	2d	1	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	[[- -	
٠ •	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
h	Other (Describe in Part XIV)	4b	1	
	Add lines 4a and 4b	(40 ,	4c	
5			5	
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12) Art XIII Reconciliation of Expenses per Audited Financial Staten	nents With Expenses per		ro
1	Total expenses and losses per audited financial statements	ilents with Expenses per	1 d	T
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		 	
-	Donated services and use of facilities	_{2a}		
a h	Prior year adjustments	2b	-	
0	• •	2c 2c	-	
4	Losses reported on Form 990, Part IX, line 25	2d	-{	
d	Other (Describe in Part XIV)		٦,	
е 3	Add lines 2a through 2d Subtract line 2e from line 1		2e 3	
4	••	f 1	13	
*	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	4a	-	
U	·	40	┨.	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	· · · · · · · · · · · · · · · · · · ·	5	
	art XIV Supplemental Information		_	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,			
and.	2b, Part V, line 4; Part X; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2	and 4b.		
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			50	hedule D (Form 990) 2008:

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	Schedule D (F	Form 990	2008	СН	$_{ m LLD}$	<u> AD</u>	VOC	ACY	SE	ERV	ICE	S					8	6-0	687	21.	2				F	age 5
	Schedule D (F	Supp	leme	ntal Ir	forn	natio	n (cor	ntinue	1)							-										
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Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No 67 ► See separate instructions. ► Attach to your tax return. CHILD ADVOCACY SERVICES Name(s) shown on return Identifying number OF THE BIG HORNS 86-0687212

	ess or activity to which this form relates	•									
	ndirect Depreciat:		anti linda C	-41	470						
Pa	rt I Election To Expen							4_1			
	Note: If you have a				erore you	com	piete Pa	аπ I.			250 000
1	Maximum amount See the instruc	•		esses					1	 	<u>250,000</u>
2	Total cost of section 179 property								2		000 000
3	Threshold cost of section 179 prop	•	=		ons)				3	 	800,000
4	Reduction in limitation Subtract lin		•						4	 	
5	Dollar limitation for tax year Subtract lin		r less, enter -0 If ma						5	 	
	(a) Description	n of property		(b) Cost	(business use	only)	(c) E	lected co		-{	
6		· · · · · ·								-{	
										-	
7	Listed property Enter the amount			_	L	7				<u> </u>	•••••••
8	Total elected cost of section 179 p			nes 6 and	17 _.				8	 	
9	Tentative deduction. Enter the sm								9	 	
10	Carryover of disallowed deduction	•							10	┼	
11	Business income limitation Enter				-	(see	instruction	is)	11	 	
12	Section 179 expense deduction A	•			ne 11 ▶ 「				12	-	
13	Carryover of disallowed deduction : Do not use Part II or Part III below					13				<u> </u>	
					(D	4 :1	ا ماما) (Coo in	
	art II Special Depreciati						ude iiste	ea pro	perty.) (See in	structions.)
14	Special depreciation allowance for		otner than listed pr	орепу) р	laced in serv	ice					
	during the tax year (see instruction	•							14		
15	Property subject to section 168(f)(•							15		
16	Other depreciation (including ACR		uda listad prav		(Caa instru				16	1	
Pa	art III MACRS Depreciat	iou (no not inci		ion A	See insiri	JCHO	15.)				
4.7	MACES deductions for exacts als								T47	1	141
17	MACRS deductions for assets pla		·			٠.		. □	7 <u>17</u>		141
18_	If you are electing to group any assets p	Assets Placed in Se							System		
		(b) Month and	(c) Basis for dep			Gene	iai Depie	Ciation	Systen	1	
	(a) Classification of property	year placed in service	(business/investru	nent use	(d) Recovery репоd	(e) C	onvention	(f) 1	Method	(g) Depr	eciation deduction
19a	3-year property	4									
b	5-year property	_									
С	7-year property	_									
d	10-year property										
e	15-year property										
f	20-year property	1									
g	25-year property				25 yrs				3/L	<u> </u>	
h	•				27 5 yrs		MM		S/L		
	property				27.5 yrs		MM	5	S/L	1	
i	Nonresidential real				39 yrs		MM	5	S/L		
	property	<u> </u>					MM		S/L		
	Section C—As	ssets Placed in Sen	vice During 2008	Tax Yea	Using the A	lterna	tive Depr	reciatio	n Syste	em	
20a	Class life								S/L		
b	12-year				12 yrs.				S/L	<u> </u>	
	40-year	<u> </u>			40 yrs		MM		S/L		
Pi	art IV Summary (See ins	structions.)									
21	Listed property. Enter amount from	m line 28							21		
22	Total. Add amounts from line 12,	lines 14 through 17,	lines 19 and 20 in	column	(g), and line	21.					
	Enter here and on the appropriate								22		141
23	For assets shown above and place			•							
	enter the portion of the basis attril					23					
	D. manusada Dadosakia - A.a Ataki										4500