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# Form 990-EZ

#### **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)

2009

OMB No 1545-1150

Department of the Treasury

27

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Open to Public

Inspection The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending Check if applicable D Employer identification number Please Address change CHILD ADVOCACY & PARENTING SERVICES 48-1193513 use IRS label or Name change SUSTAINING FUND TRUST Telephone number print or type. See 153 S. 5TH STREET Initial return | Specific | SALINA, KS 67401 785-825-4493 Termination Amended return Group Exemption bons. Number Application pending Section 501(c\(\chi\)3) organizations and 4947(a\(\chi\)1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method: |X| Cash Accrual Other (specify) ► Check ► X if the organization is not required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF). Tax-exempt status (check only one) -|X| 501(c) (3)  $\blacktriangleleft$  (insert no.) 4947(a)(1) or 527 Check X if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received . . 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 15,261 4 128 5a Gross amount from sale of assets other than inventory: 5a 5ь c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) ... See Statement 5c 128. 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including, \$ reported on line 1) . 6a **b** Less: direct expenses other than fundraising expenses . . 6b c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7 a 7a Gross sales of inventory, less returns and allowances. 7b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. 9 15,389 10 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 . .... .. Salaries, other compensation, and employee benefits . 12 13 Professional fees and other payments to independent contractors ... 13 14 14 Occupancy, rent, utilities, and maintenance . 15 15 Printing, publications, postage, and shipping... 16 Other expenses (describe > Total expenses. Add lines 10 through 16 17 0. 17 15,389. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . 19 501,679. .. . . 20 Other changes in net assets or fund balances (attach explanation) .. See Statement 2 20 128,276. 645,344.21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 501,679. 22 645,344. 22 Cash, savings, and investments 23 23 Land and buildings 24 24 Other assets (describe ► Total assets . .. 645,344 25 501,679. 25 0. 26 0. Total liabilities (describe ►

Net assets or fund balances (line 27 of column (B) must agree with line 21) BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

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Form 990-EZ (2009) CHILD ADVOCACY	S PARENTING SERVIC	ES		-119	93513 Page 2							
Part III Statement of Program Ser	vice Accomplishments	s (See the instructi	ons.)	_	Expenses							
What is the organization's primary exempt purpose? See		(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional thers.)									
Describe what was achieved in carrying out the	organization's exempt purpo	ses. In a clear and con	cise manner,	orgai	nizations and section							
describe the services provided, the number of program title.	Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, lescribe the services provided, the number of persons benefited, or other relevant information for each program title.											
00	28											
20												
	(Grants \$ ) If this amount includes foreign grants, check here											
29												
(Grants \$) If the	s amount includes foreign gra	ants, check here	▶ [ ]	29 a								
20		<u> </u>										
		<del></del>										
(Grants \$ ) If the	s amount includes foreign gra	ants, check here		30 a								
31 Other program services (attach schedule												
	is amount includes foreign gr		. ▶□	31 a								
32 Total program service expenses (add line	es 28a through 31a)	arits, check fiere.	·	32								
Part IV List of Officers, Directors	Trustees and Key Fm	inlovees list each of			sated (See the instra)							
ET WITTE   LIST OF OTHERS, DIRECTORS	(b) Title and average hours		(d) Contributions		(e) Expense account							
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compensa	ns and	and other allowances							
LOREN YOUNG	Trustee	0.		0.	0.							
153 S. 5TH STREET	1.00											
SALINA, KS 67401			ļ									
CHARLIE TUTTLE	Trustee	0.		0.	0.							
~	!			Ο.	0.							
153 S. 5TH STREET	1.00	,	j		j							
SALINA, KS 67401		<del></del>	<u> </u>									
MARK SPEER	Trustee	0.		0.	0.							
153 S. 5TH STREET	1.00		}		1							
SALINA, KS 67401		1										
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orr	n 990-EZ (2009) CHILD ADVOCACY & PARENTING SERVICES 48-119351	3	P	age 3
Pa	tV Other Information (Note the statement requirements in the instrs for Part V.) See Sta	teme		
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		1	
	each activity	33		X
34	Were any changes made to the organizing or governing documents? 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 <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		<u>X</u> _
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the			
37	year? If 'Yes,' complete applicable parts of Schedule N	36		<u>X</u>
	b Did the organization file Form 1120-POL for this year?	37 b		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 outstanding at the end of the period covered by this return?	38 a		<u>X</u>
!	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9			
	b 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:			
	section 4911 ►			ı
İ	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I	40 ь		Х
	c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
1	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			, [
	e 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	40 e		Х
41	List the states with which a copy of this return is filed None			
42	a The organization's books are in care of ► TRUSTEES Located at ► 153 S. 5TH STREET SALINA KS  Telephone no ► 785-8.	<u> 25-4</u>	<u>493</u>	
	Code in 135 5. 311 bindin bindin in 15 15 17 17 17 17 17 17 17 17 17 17 17 17 17			
	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
	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 a Foreign Bank and Financial Accounts.			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<u>X</u>
	If 'Yes,' enter the name of the foreign country:			
15	Section 4047(a)(1) panayamat abaritable trusts filing Form 000 F7 in liqu of Form 1041. Check have		▶ [7	N/A
<b>→</b> •	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	•	· 📙	N/A
			<u></u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of 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 'Yes,' Form 990 must be completed instead of Form 990-FZ.	45		x

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Page 4

Vest   No For public office? If If Yes, complete Sheetude, C. Part I   44   45   45   47   47   47   47   47	Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	s and section 4947 ction 4947(a)(1) no	nexempt charita	pt charitable trusts on able trusts must answe	ly. All section questions	<u> </u>
47 Did the organization engage in lobbying activities? If Yes, complete Schedule C, Part II  48 Is the organization as described in section 170(0)(1)(4)(9) if Yes, complete Schedule E.  48 Is the organization make any transfers to an exempt non-charitable related organization?  5 If Yes, was the related organization as ection 527 organization?  5 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter None.  (a) Name and address of each received more than \$100,000 of compensation from the organization. If there is none, enter None.  (b) Name and address of each ordinary and every expected to position.  For organization of the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None.  (c) Name and address of each ordinary and organization is the highest of the organization of the properties of the organization of the position.  (d) Name and address of each ordinary and organization is the highest organization of the position of the position of the position of the organization of the position of the organization of the position of the	46 Did t	he organization engage in direct or indirec	t political campaign acti	vities on behalf of o	or in opposition to candidates		
## A submitted of the regulation as school as described in section 170(b)(1)(A)(0)? If Yes, complete Schedule E. ## A submitted or an except non-charable related organization? ## A submitted organization a section 527 organization? ## A submitted organization a section 527 organization? ## A submitted organization a section 527 organization? ## A submitted organization in the organization in the organization in the organization in the organization in the organization. If there is none, enter None.    (a) Name and address of each indigenous paid over \$100,000 or complete this table for the organization is the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter None.    (b) Name and address of each indigenous paid over \$100,000 or compensation from the organization in the organization					,		
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(a) Name and address of each independent contractor paid more than \$100,000  None  d Total number of other independent contractors each receiving over \$100,000.  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge  Sign Here  Paid Preparer's Signature of officer  Type or print name and title.  Paid Preparer's Signature of officer  Type or print name and title.  Paid Preparer's Signature of Officer  Type or print name and title.  Check if self-self-self-schoolson's Number self-self-self-self-self-self-self-self-	f Total	I number of other employees paid over \$1	00,000				
None  d Total number of other independent contractors each receiving over \$100,000.    Under penalties of penjury, i declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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 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 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 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 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 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 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 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 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 and belief, it is true, correct, and complete. Declaration of preparer has any knowledge and belief, it is true, correct, and complete. Declaration of my knowledge and belief, it is true, correct, and complete. Declaration of my knowledge and belief, it is true, correct, and complete. Declaration of my knowledge and belief, it is true, correct, and complete Declaration of my knowledge and belief, i	51 Com	plete this table for the organization's five longersation from the organization. If there is	nighest compensated inc s none, enter 'None.'	dependent contracto	ors who each received more t	han \$100,000 of	
d Total number of other independent contractors each receiving over \$100,000.    Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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 and belief, it is signature of officer    Sign		(a) Name and address of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c) Compensation	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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    Signature of officer	None_						
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is    Signature of officer			<u> </u>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is    Signature of officer							
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is    Signature of officer							
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge 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    Signature of officer							
Sign Here    Total Signature of officer   Signature of prepare (other than officer) is based on all information of which preparer has any knowledge   Signature of officer   Signature of officer   Date	<b>d</b> Tota	I number of other independent contractors	each receiving over \$1	00,000	<b>&gt;</b>		
Sign Here    Signature of officer   Signature of preparer (other than officer) is based on all information of which preparer has any knowledge   Signature of officer   Signature of officer   Date	·		<u></u>				
Here  Signature of officer  Loten J. Young Trustee  Type or print name and title.  Preparer's signature Signature Signature LESLIE CORBETT CPA  Preparer's LESLIE CORBETT CPA  Firm's name (or yours if self-employed), address, and ZIP + 4  Check if Self-employed Firm's name (or yours if self-semployed), address, and ZIP + 4  Date  Check if Self-employed Firm's name (or yours if self-employed), address, and ZIP + 4  Preparer's Identifying Number (See instructions)  Preparer's Identifying Number (See instructions)  Proparer's Identifying Numbe		Under penalties of penury, I declare that I have example true, correct, and complete Declaration of preparer	nined this return, including acco (other than officer) is based on	mpanying schedules and all information of which p	statements, and to the best of my knoweparer has any knowledge	owledge and belief, it is	
Here  Signature of officer  Loten J. Young Trustee  Type or print name and title.  Preparer's signature Signature Signature LESLIE CORBETT CPA  Preparer's LESLIE CORBETT CPA  Firm's name (or yours if self-employed), address, and ZIP + 4  Check if Self-employed Firm's name (or yours if self-semployed), address, and ZIP + 4  Date  Check if Self-employed Firm's name (or yours if self-employed), address, and ZIP + 4  Preparer's Identifying Number (See instructions)  Preparer's Identifying Number (See instructions)  Proparer's Identifying Numbe		4. 011					
Paid Preparer's signature LESLIE CORBETT CPA  Preparer's ldentifying Number (See instructions)  LESLIE CORBETT CPA  Preparer's ldentifying Number (See instructions)  Proparer's ldentifying Number (See instructions)  Preparer's ldentifying Number (See instructions)  Proparer's ldentifying Number		Down 70	my				
Type or print name and title.  Paid Preparer's signature	Here		$f_{\pm}$ .		Date		
Paid Preparer's signature   LESLIE CORBETT CPA   Date   Sulf-employed   Proparer's ldentifying Number   Sulf-employed   Proparer's   Sulf-employed   Proparer's   Sulf-employed   Proparer's   Preparer's   Sulf-employed   Proparer's   Preparer's   Sulf-employed   Proparer's   Sulf-employed   Proparer's   Preparer's   Sulf-employed   Proparer's   Proparer's   Sulf-employed   Proparer's   Proparer's   Proparer's   Proparer's   Proparer's   Sulf-employed   Proparer's   Pro			, Inistee				—
Pre- parer's Use Only    Signature   Signature   Signature   Signature   P00246986		Type or print name and title.	MI sall CON		I Den	narer's Identifiana Numb	
Pre- parer's Use Only  Firm's name (or yours if self- employed), address, and ZIP + 4  Clubine & Rettele, Chartered  P.O. Box 2267  Salina, KS 67402-2267  Phone no > 785 825-5479		Preparer's Plyll VV. ()	GUSCO CA	Date /, L/	seir-		25
Use Only       yours if self-employeed), address, and ZIP + 4       P.O. Box 2267       EIN       ▶ 48-0907172         Salina, KS 67402-2267       Phone no ▶ 785 825-5479	Paid		מסי				er
Only   address, and   Salina, KS 67402-2267   Phone no ► 785 825-5479	Pre-	signature LESLIE CORBETT	CPA		employed P	0246986	er 
	Pre- parer's	Firm's name (or yours if self-	CPA le, Chartered				er 
	Pre- parer's Use	Firm's name (or yours if self-employed), P.O. Box 2267			EIN > 4	8-0907172	er 
BAA Form 990-EZ (2009)	Pre- parer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4	2-2267	etions	EIN > 4	8-0907172 825-5479	_

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

**Public Charity Status and Public Support** 

2009

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	AINING FUND TRU	ARENTING SERVIC	БЭ					93513				
		(All organizations	must	compl	ete this	s part.						
The organization is not a priva	ate foundation because	e it is: (For lines 1 through	gh 11, cl	neck on	y one bo	ox.)						
1 A church, convention	on of churches or associ	ciation of churches desc	ribed in	section	170(Ь)(1	)(A)(i).						
2 A school described	A school described in section 170(bX1)(AXii). (Attach Schedule E.)  A hospital or cooperative hospital service organization described in section 170(bX1)(AXiii).											
3 A hospital or cooper	rative hospital service	organization described ii	n section	n 170(b)	(1)(A)(iii	).						
4 A medical research	organization operated	in conjunction with a ho	spital de	escribed	ın secti	on 170(	<b>Ь</b> Χ1ΧΑΧ	iii). Ente	r the hospit	tal's		
name, city, and stat	te:									<del>.</del>		
☐ 170(b)(1)(A)(iv). (Co	omplete Part II.)	f a college or university					mental t	init desc	ribed in <b>sec</b>	tion		
7 An organization that	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 described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8 A community trust of	A community trust described in section 170(bX1XAXvi). (Complete Part II.)											
from activities relate investment income June 30, 1975. See	ed to its exempt function and unrelated business section 509(a)(2).	•	exception 5	ns, and 11 tax) i	(2) no r from bus	nore tha inesses	an 33-1/3 s acquire	3 % of its	s support fro	om ar	oss	
	janized and operated e	xclusively to test for put	olic safet	y. See	section !	509(a)(4	<b>)</b> ).					
more publicly suppo describes the type	orted organizations de of supporting organiza	xclusively for the benefi scribed in section 509(a) ition and complete lines	)(1) or s 11e thro	ection 5 ough 11	09(a)(2). 1.	See s	, or carry ection 50	out the 19(a)(3).	Check the	box th	nat	
a X Type I	b ∐Type II		l – Fund	-	_			a 📋	Type III—			
e X By checking this bo than foundation ma 509(a)(2).	nagers and other than	anization is not controlle one or more publicly su	pported	organiz	ations di	y one o escribed	r more d d in sect	ion 509(a	a)(1) or sec	tion		
f If the organization r		rmination from the IRS t		Type I,	Type II o	r Type	III suppo	orting or	ganızatıon, 			
g Since August 17, 20	006, has the organizati	on accepted any gift or	contribu	ition froi	m any of	the fol	lowing p	ersons?	-			
										Yes	No	
(i) a person who below, the go	directly or indirectly co verning body of the su	ontrols, either alone or to oported organization?	ogether	with per	sons de	scribed	ın (II) ar 	nd (III)	11 g (i)		Х	
(ii) a family mem	ber of a person descri	bed in (i) above? .					•		11 g (ii)		X	
(iii) a 35% control	lled entity of a person of	described in (i) or (ii) ab	ove? .						11 g (iii)		X	
h Provide the following	ng information about th	e supported organization	ns.									
(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	s the ion in col i in your rning ment?	our the organization in				(vii) Amoun	t of Sup	port	
			Yes	No	Yes	No	Yes	No				
CHILD ADVOCACY & F	PARENTING SERV	ICES										
	48-0921732	7	X								0.	
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Total  BAA For Privacy Act and Paperwi	ark Doduction Act Matica	as the Instructions for Form	900 or 900				Schodul	0 A /500	m 990 or 99	00.E7	0.	

Page 2

	(Complete only if you checke	d the box on line	5, 7, or 8 of Part	1.)				
Sect	ion A. Public Support				<del></del>	<del></del>		
begir	idar year (or fiscal year ining in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')	· · · · · · · · · · · · · · · · · · ·						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge							
4	Total. Add lines 1-through 3 .							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					# - - - - - - - - - - - - - - - - - - -		
6	Public support. Subtract line 5 from line 4					-		
Sec	tion B. Total Support	r		1	<del></del>	· · · · · · · · · · · · · · · · · · ·	Γ	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	l 
7	Amounts from line 4				ļ	<u> </u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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	through 10							
12	Gross receipts from related activ	vities, etc. (see in	structions)		• •		12	
	First five years. If the Form 990 organization, check this box and	l stop here			or fifth tax year as	a section 501(	c)(3) 	► 🗌
Sec	tion C. Computation of Pu	ublic Support	Percentage					
14	Public support percentage for 20	009 (line 6, colum	n (f) divided by lir	ne 11, column (f)	• • • • • • • • • • • • • • • • • • • •		14	<u>%</u> %
15	Public support percentage from						15	70
	a 33-1/3 support test — 2009. If the and stop here. The organization	qualities as a pu	bliciy supported o	rganization			•	► 🗌
	b 33-1/3 support test — 2008. If the and stop here. The organization	e organization dic qualifies as a pu	I not check a box blicly supported o	on line 13, or 16a rganization.	a, and line 15 is 33	3-1/3% or more,	, check this box	<b>-</b>
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-	and-circumstance	s test, check this	s box and stop ne	re. Explain in Pa	artivitiow	<b>-</b>
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	-meets the 'facts 'nd-circumstances	and-circumstance test. The organ	is' test, check this ization qualifies a	s box and <b>stop ne</b> is a publicly suppo	re. Explain in Pa orted organization	on	<u>-                                    </u>
_18	Private foundation. If the organ	ization did not ch	eck a box on line,	13, 16a, 16b, 17a	a, or 17b, check the	nis box and see	instructions	<u> </u>
BA					:	Schedule A (Fo	rm 990 or 990-E2	Z) 2009

Part III 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 Calendar year (or fiscal yr beginning in)► (d) 2008 (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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 through 5. 7a Amounts included on lines 1, 2, 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 amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 . . . 10 a Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b ... Net income from unrelated business activities not included inline 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 ins 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 2009 (line 8, column (f) divided by line 13, column (f) 15 % Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 ...... 18 % 19a 33-1/3 support tests - 2009. 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 b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 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

Schedule A	(Form 990 Supplen	or 990-EZ nental in	) 2009 Iformati	CHILD ion. Con	ADVOCA	.CY & iis part	PARENTI to provid	NG SE	RVICES explanation additiona	ns requ	8-11935 red by P	13 art II, line	Page <b>4</b> 10;
	Part II, I	ine 17a	or 17b;	and Par	t III, line	: 12. Pr	ovide an	y other	additiona	al inform	ation. Se	e instruct	ions.
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Schedule A (Form 990 or 990-EZ) 2009

BAA

2009

### **Federal Statements**

Page 1

#### **CHILD ADVOCACY & PARENTING SERVICES** SUSTAINING FUND TRUST

48-1193513

5/04/10

**Client CAPSSFT** 

03:14PM

Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninventory Sales

Total Net Gain (Loss) From Noninventory Sales \$ 128.

Statement 2 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Or Fund Balances

128,276. 128,276.

Statement 3 Form 990-EZ. Part III Organization's Primary Exempt Purpose

PROVIDE FINANCIAL SUPPORT TO CHILD ADVOCACY AND PARENTING SERVICES, INC., A 501(c)(3) ORGANIZATION AS NEEDED.

Statement 4 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No No