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Department of the Treasury Internal Revenue Service

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

2009 Open to Public Inspection

OMB No 1545-0047

_	For the 2009	caleadar	ear, or tax year beginning $07/01/09$, and ending $06/30/10$)		
	Check if applicab	e Please	C Name of organization CHILD ADVOCACY SERVICES	D	Employe	r identification number
$\overline{}$	Address changé	use IRS	OF THE BIG HORNS			
=	Name change	label or print or	Doing Business As		86-0	687212
\exists	Initial return	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite E	•	
=		See Specific	P O BOX 6022		<u> 307-</u>	<u>675-5575 </u>
ᆜ.	Termination	Instruc-	City or town, state or country, and ZIP + 4	<u> </u>	Gross receipts	\$ 210,962
_),	Amended return	tions.	SHERIDAN WY 82801			
],	Application pend	aig j	e and address of principal officer	+	i(a) is this a gr	· 🗆 🙃
		1	DINE GALE	l H	affiliates? I(b) Are all affil	liates 🛏 🖼
			5 KINGFISHER AVENUE WY 82801	1	included?	Yes No ach a list (see instructions)
	Tax-exempt s				ii No, au	acii a list (see liisuuciiolis)
	Website: ▶	N/A	301(c) (3) 4 (msert no) 4547(a)(1) or 327		l(c) Group exe	emption number
	Type of organiza	15.0	rporation Trust Association Other ► L Y	ear of formation 19		State of legal domicile WY
	art I	Summa			<u> </u>	
<u> </u>			the organization's mission or most significant activities			
Δ		-	POINTED ADVOCATES FOR KIDS			
20						
'n						
Ver	2 Chec	k this boy	If the organization discontinued its operations or disposed of more than 25	% of its net asse	te	
& Governance	1		g members of the governing body (Part VI, line 1a)	70 OF ILO 1101 0000		8
οδ V			pendent voting members of the governing body (Part VI, line 1b)	•		8
Activities			employees (Part V, line 2a)			21
댨	!		volunteers (estimate if necessary)			54
ď			elated business revenue from Part VIII, column (C), line 12		7a	<u>~</u>
)	l	-	usiness taxable income from Form 990-T, line 34		7b	0
	D Net u	illelated b	distress (axable frictine north offin 950-1, fine 54	Prior Year	- '-	Current Year
	8 Cont	ributions a	228	, 339	182,284	
12		ram servic	10	,421	6,412	
Revenue	1	tment inco		85	25	
<u>.</u> چ			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	,992	16,398
5	1		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	240	,837	205,119
)			lar amounts paid (Part IX, column (A), lines 1-3)	-		
	1		or for members (Part IX, column (A), line 4).			
s	1		compensation, employee benefits (Part IX, columR 图 即图 好面)	169	,720	152,438
enses	16a Profe			·		
per	b Tota		S S S S S S S S S S S S S S S S S S S			
Exp			g expenses (Part IX, column (D), line 25) DEC 1 0 2010 (C) (Part IX, column (A), lines 11a–11d, 11f+24f) Add lines 13–17 (must equal Part IX, column (A), line-25)	56	, 955	45,681
	1		Add lines 13–17 (must equal Part IX, column-(A),-line-25)	226	,675	198,119
		•	xpenses Subtract line 18 from line 12 OGDEN, UT		,162	7,000
5				Beginning of Curre		End of Year
sets	20 Tota	l assets (P	art X, line 16)		,900	73,341
Net Assets or	21 Tota	l liabilities	(Part X, line 26)		,967	2,549
ž.	22 Net		and balances Subtract line 21 from line 20	63	,933	70,792
_ <u>F</u>	Part II		ure Block			
		Under pen	alties of perjury, I declare that I have examined this return, including accompanying schedules of preparer (other than officer) is based on all info	and statements, ar	id to the best	of my knowledge
		and belief	and complete Decaration of greparer (other diam officer) is based on all limit	omination of milatipa		
Si	gn	4	1860 Thatself		<u> </u>	-410
He	ere	Signa	ture of officer	J	Date	•
	Ì		Sobbie Walsoth, Executive Drn	CTUY		
_		Туре	or print name and title	- 		Prenarer's identifiant number
_	. :	Preparer's		Check if self-	(T)	Preparer's identifying number (see instructions)
	aid	signature	Vindua X PUC 11/2	3/10 employe	ed 🕨 🛚 X	P00721570
	reparer's	Firm's nor	ne (or yours CIMDY L PILCH, CPA, LLC		EIN ▶	<u>83-0328701</u>
U	se Only	if self-emp	oloyed). • 41 E Burkitt St		Phone	
			nd ZIP+4 Sheridan, WY 82801-6301		no 🕨	<u>307-674-7491</u>
			return with the preparer shown above? (see instructions)			X Yes No
Fo	r Privacy A		perwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
DA	VA -					10.4

1	Briefly describe the organization's mission OURT APPOINTED ADVOCA	THE FOR KINS		
C	OURT AFFOINTED ADVOCA			
2	the prior Form 990 or 990-EZ?	ant program services during the year which were not	l listed on	Yes X No
3	services?	make significant changes in how it conducts, any pro	ogram	Yes X No
4	Section 501(c)(3) and 501(c)(4) organization	lule O. ts for each of the organization's three largest prograr ons and section 4947(a)(1) trusts are required to repo nd revenue, if any, for each program service reported	ort the amount of grants and	
Т		180,827 including grants of \$ DES COURT APPOINTED VOLUN' INVOLVED IN THE LOCAL CO)
4b	(Code .) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code (Expenses \$	including grants of \$) (Revenue \$)
			·	
4d	Other program services (Describe in Scho (Expenses \$		Revenue \$	1
4e	Total program service expenses ▶	180,827	TOTOTION W	
				Form 990 (2009)

			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	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	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 similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	•		
	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	1		
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	1	X
12Δ	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	T -		<u> </u>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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 United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		1	İ
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	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 a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X.	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			,,
	If "Yes," complete Schedule G, Part III	19	\vdash	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	- 004	X X

Form 990 (2009) CHILD ADVOCACY SERVICES Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		!	
	in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			,,
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			٠,
0 4 -	employees? If "Yes," complete Schedule J	23		X
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			,,
L	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		├─
С	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		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
LJu	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	200		
_	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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			1
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			1
	Part IV	28c	ļ	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	l	İ	,,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	 	ļ	
	Part I	31	├	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	22		_v
22	Schedule N, Part II	32	 	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ł	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33	<u> </u>	 ^
34	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		\vdash	 ^
55	Schedule R, Part V, line 2	35	ŀ	Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related		\vdash	
•	organization? If "Yes," complete Schedule R, Part V, line 2	36	1	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	1	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
		For	m 99((2009

Pa	rt 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				
	U.S. Information Returns Enter -0- if not applicable	1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable			
	gaming (gambling) winnings to prize winners?		1c	Χ	
2a	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 21			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	l by			
	this return?	•	3a		<u>X</u>
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 a	•			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial			17
_	account)?		4a		X
b	If "Yes," enter the name of the foreign country	N1			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign E	sank			
r -	and Financial Accounts		-		v
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	han?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega		30		Λ.
С	Prohibited Tax Shelter Transaction?	iranig	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	a	50		
Ou.	organization solicit any contributions that were not tax deductible?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
_	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods			
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	ļ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s	1	ļ	
	required to file Form 8282?	, ,	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	4		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e	<u> </u>	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f	_	<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	•	<u>7g</u>	-	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
_	required?	•	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				1
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		8	1	İ
0	organization, have excess business holdings at any time during the year?		-		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?		9a	Ì	1
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		\vdash
10	Section 501(c)(7) organizations. Enter	•	100		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	7		1
11	Section 501(c)(12) organizations. Enter.		7		1
	Gross income from members or shareholders	11a			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		7		1
-	amounts due or received from them)	11b			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			For	m 990	(2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent		-	ĺ
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?	2		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?	3	_	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	ļ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	ļ	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	↓
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b	ļ	-
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	ļ	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ļ	ļ	<u> </u>
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	ŀ		
	rise to conflicts?	12b	ļ	—
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ļ	1	
	describe in Schedule O how this is done	12c	<u> </u>	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	ļ	X
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?			Ì
а		15a	ļ	X
b		15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		1	l
	with a taxable entity during the year?	<u> 16a</u>	↓—	X
þ				
	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	<u> </u>	
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 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			
19	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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► BOBBIE WALSETH P.O. BOX 6022	207 (3 F	
2	HERIDAN WY 82801	307-67	15-3	コラ / 5

DAA

Form 990 (2009)

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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 hours per	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable	(F) Estimated
	nours 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
CHIP KING	F 00									
MEMBER	5.00	1	<u> </u>	├	-	-		0	0	(
BEN KIRVEN	5.00							0		,
MEMBER NANCI LOSEKE	3.00			-			-	U	0	(
MEMBER	5.00							0	0	(
GLEN WRIGHT	0.00			<u> </u>	\vdash					··
MEMBER	5.00							ol	o	(
NADINE GALE		1								
BOARD PRES	5.00			Х	L			0	0	
JENNIE GORDON					1		Ì			
BOARD VP	5.00			X	ļ	↓_	<u> </u>	0	0	
JOYCE SCHMIDT	E 00			X					o	
BOARD TREAS THERESA FAULKNER	5.00	+		^	H	\vdash	\vdash	0		
BOARD SECR	5.00			x]			0	ol	
					<u> </u>					

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and Title	(B) Average hours per			chec		hat a		(D) Reportable compensation	portable Reportable		(F) Estimated amount of		
•	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		on n đ	
						ted							
												·-·	
									· · · · · · · · · · · · · · · · · · ·				
													
	1		<u> </u>				_						
Total Total number of individuals (in	actuding but not t	ımıte	d to	thos	e lis	ted a	hov	e) who received more than	\$100,000 in	<u> </u>			
reportable compensation from				11100	C 113								
3 Did the organization list any fo								oyee, or highest compensat	ted	Γ		es No	
employee on line 1a? If "Yes, 4 For any individual listed on lin the organization and related of	e 1a, is the sum	of re	port	able	com	pens	atio				3	X	
individual Did any person listed on line services rendered to the organ									or .		5	X	
Section B. Independent Contract													
Complete this table for your fi compensation from the organ	ization	ensa	ated	ınde	peno	ient o	cont		(B) than \$100,000 of		(1	C) ensation	
Name and	(A) d business address						\vdash	Descrip	otion of services		Compi	eńsation	
							-	·		1			
							+						
	···						_						
2 Total number of independent more than \$100,000 in compo						ed to	tho	se listed above) who receiv	ved		0 Form 9	90 (2009)	

Pa	rt VI	II Statement of Reve	enue					
. ,	,	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a	<u>-</u>		Tevenue		012, 010, 01014
na nu		Membership dues	1b		1		,	
P.E		Fundraising events	1c		1			
a iii		Related organizations	1d					
S,E		Government grants (contributions)	1e	182,284				
Program Service Revenue Contributions, gifts, grants and other similar amounts		All other contributions, gifts, grants, and similar amounts not included above	1f		,			
det		Noncash contributions included in lines 1a	L		. 1			
Se	_	Total. Add lines 1a–1f	r.ii 🛡	▶ 1	182,284			
ě				Busn. Code	,			
le l	2a	Program Service Rev	zenue	<u> </u>	6,412	6,412		
Re	b	,						
ice	С							
Ser	d							
E	е							
ogra	f	All other program service reve						
<u>-</u>	g	Total. Add lines 2a-2f		•	6,412			
	3	Investment income (including	dividends, inte	rest, and				
		other similar amounts)		▶	25			25
	4	Income from investment of tax	x-exempt bond	proceeds ▶			_	
	5	Royalties		>				
		(ı) Real	(11)	Personal	ĺ		•	
	6a	Gross Rents			1			
	b	Less rental exps			ļ		•	
	С	Rental inc or (loss)			•			
	d 7a	Gross amount from (A) Securities		•				
	sales of assets (i) Securities (ii)		(II) Other	ł				
		other than inventory						
	b	Less cost or other	ļ					
		basis & sales exps					•	
	l	Gain or (loss)						
	1	Net gain or (loss) .		<u> </u>				
ne	ва	Gross income from fundraising ever	enis					
Other Reven		(not including \$ of contributions reported on line 10	۵)	j				
Re		See Part IV, line 18	a	22,241				
her	١,	Less direct expenses	b	5,843				
ᅙ		Net income or (loss) from fun			16,398	İ		16,398
		Gross income from gaming activiti						·
	"	See Part IV, line 19	a	ŀ				
	Ь	Less direct expenses	ь					
	1	Net income or (loss) from gar	ming activities	▶				
		Gross sales of inventory, less						
		returns and allowances	a					1
	Ь	Less cost of goods sold	ь					1
		Net income or (loss) from sal	les of inventory	. •	_			
		Miscellaneous Revenu		Busn. Code	•			
	11a					<u></u>		
	b							
	C							
	d	All other revenue	•					
	е			•				<u> </u>
	12	Total Revenue. See instructi	ions	•	205,119	6,412		16,423

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).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	1			,
_	organizations in the U.S See Part IV, line 21		-		
2	Grants and other assistance to individuals in		1	1	
_	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified			Ì	
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	137,182	123,464	13,718	
7	Other salaries and wages	137,102	123,404	13,710	
8	Pension plan contributions (include section 401(k)				
•	and section 403(b) employer contributions)				
9	Other employee benefits	15,256	13,730	1,526	
10	Payroll taxes	10,200	13,130	1,320	
11	Fees for services (non-employees)				
	Management				
	Legal Accounting	753		753	
	Lobbying	7 3 3		7 3 3	
e	5 () 1 () () () () () ()				
f	Investment management fees		<u> </u>		
g	Other				
12	Advertising and promotion	874	874		
13	Office expenses	3,666	2,371	1,295	
14	Information technology				
15	Royalties				
16	Occupancy	23,312	23,312		
17	Travel .	3,262	3,262		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest .				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	75	75		
23	Insurance				
•	Other average Heaves are seen				
24	Other expenses Itemize expenses not			1	
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below			•	
_	TELEPHONE	3,821	3,821		
a b	LIABILITY INSURANCE	2,800			
c	REPAIRS & MAINTENANCE	2,756			
d	TRAINING	1,651	1,651	-	
e	SUPPLIES	1,514	1,514		
f	All other expenses	1,197	1,197		
25	Total functional expenses. Add lines 1 through 24		180,827	17,292	
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation	1	L		5 990 (2000

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	40	1	26,478
	2	Savings and temporary cash investments	30,425	2	4,422
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	21,824	4	26,105
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		1	
		Schedule L		5_	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		1	,
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a 7,080			
	b	Less accumulated depreciation 10b 7,066	89	10c	14
	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		14	
	15	Other assets. See Part IV, line 11	15,522	15	16,322
	16	Total assets. Add lines 1 through 15 (must equal line 34)	67,900		73,341
	17	Accounts payable and accrued expenses	3,967	17	2,549
	18	Grants payable	•	18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		1	
Ē		employees, highest compensated employees, and disqualified			
Ë.		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	3,967	26	2,549
Se		Organizations that follow SFAS 117, check here ▶ ☐ and			
ĕ		complete lines 27 through 29, and lines 33 and 34.			
<u>ā</u>	27	Unrestricted net assets		27	
Balances	28	Temporanly restricted net assets		28	
nd	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here ▶ X			
or Fund		and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds	63,933	32	70,792
Net /	33	Total net assets or fund balances	63,933	33	70,792
ž	34	Total liabilities and net assets/fund balances	67,900	34	73,341

Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1
	Schedule O			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			İ
	issued on a consolidated basis, separate basis, or both			ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<u> </u>	<u> </u>
		Forn	n 990	(2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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	n for Publi	ic Charity	Status (All organizations	s must c	omplet	e this	oart.) S	See in	struct	ions.		
The	orga	nization is not	a private found	dation because	e it is (For lines 1 through 11,	check only	one box)						
1		A church, cor	vention of chu	rches, or asso	ociation of churches described	ın section	170(b)(1)(A)(i).						
2					A)(ii). (Attach Schedule E)									
3	П	A hospital or	a cooperative h	hospital service	ce organization described in se	ction 170(b)(1)(A)(i	ii).						
4	\Box				I in conjunction with a hospital				(1)(A)(ii	i). Ente	r the ho	spital's name		
	_	city, and state			,								•	
5		•		r the benefit o	f a college or university owned	or operate	ed by a or	overnme	ntal unit	descri	ned in			
			o)(1)(A)(iv). (C			p	, - 5							
6	\Box			•	overnmental unit described in s	ection 17	η(h)(1)(Δ ¹	1/1/1						
7	X				substantial part of its support fr				rom the	nenera	Loublic			
•	س				emplete Part II.)	om a gove	mincina	unit or t	roin the	genera	i public			
8	\Box				70(b)(1)(A)(vi). (Complete Part	H 1								
9	An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross													
Ŭ	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)													
10					exclusively to test for public saf			-						
11	H		-	•	exclusively for the benefit of, to	•			to carn	out the				
• •	Ш	-	-	•	ed organizations described in s	•		•	•					
										•	Section			
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h													
е	a Type I b Type II c Type III—Functionally integrated d Type III—Other													
-	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified													
	persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)													
f				•	rmination from the IRS that it is	a Type I	Type II d	or Type i	II eunna	utina				
'			check this box		mination from the five that it is	sa Type I,	Type II, C	or Type	iii suppc	rung				
_		_			ion accepted any gift or contrib	ution from	any of th							
9		following per		the organizat	ion accepted any gift of contine	oution nom	ally of th	16						
		. •		or indirectly co	entrols, either alone or together	with norce	ne docer	ibod in /					Yes	No
			-	=	f the supported organization?	with perse	nis desci	ibeu iii (,			117(1)	163	140
		· · · · · · · · · · · · · · · · · · ·			ped in (i) above?							11g(i)		
					described in (i) or (ii) above?	•		•				11g(ii)		
h			-	•	he supported organization(s)		•					11g(iii)		<u> </u>
<u>h</u>	Nam	e of supported	(ii) E		(iii) Type of organization	(iv) is the o	monization	(v) Did v	ou potrfu	(vi) I	s the		ount of	
(1)		anization	(11)	_114	(described on lines 1–9	1 ' '	sted in your	(v) Did y the organ	ization in	organizat		(vii) Am supp		
					above or IRC section	governing	•	col (i)			zed in the	ν.		
					(see instructions))	Yes	No	Yes	ort? No	Yes	No No			
				-		103		103	110	103				
		 -				† -								
						1								
				-		 		ļ		 				
										-			-	
Tota	ıi													

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 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) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 115,137 201,462 206,702 228,339 182,284 933,924 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 115,137 201,462 206,702 228,339 182,284 933,924 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 4 933,924 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 7 Amounts from line 4 115,137 201,462 228,339 206,702 182,284 933,924 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 1,931 951 1,050 85 25 4,042 sources Net income from unrelated business activities, whether or not the business is regularly carried on 15.398 15,398 Other income. Do not include gain or 10 loss from the sale of capital assets 4,286 (Explain in Part IV.) 2,337 1,100 1,992 9,715 11 Total support. Add lines 7 through 10 963,079 12 12 Gross receipts from related activities, etc. (see instructions) 40,629 13 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 96.97**%** 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 98.21% 33 1/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box 16a and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test-2008. 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—2009. 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-2008. 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

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

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

Schedule A (Form 990 or 990-EZ) 2009

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Page 3

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.)

Sec	tion A. Public Support	ckeu lile DOX	UII IIIIE 9 OI P	aili.)	· · · · · · · · · · · · · · · · · · ·		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	(4) 2000	(5) 2000	(0, 2001	(4) 2000	(6) 2003	(1) TOTAL
	membership fees received (Do not include any "unusual grants")						=
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5			ļ <u>.</u>			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					ļ	
	amount on line 13 for the year		ļ			1	
С	Add lines 7a and 7b				<u> </u>	ļ	
8	Public support (Subtract line 7c from line 6)						,
	tion B. Total Support		γ	,	··1	1	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		ļ			1	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						_
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			1		1	
14	First five years. If the Form 990 is for the organization, check this box and stop her	re		ourth, or fifth tax ye	ear as a section 50	01(c)(3)	•
Sec	ction C. Computation of Public Si	upport Percei	ntage				
15	Public support percentage for 2009 (line 8	3, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2008 Sch				·	16_	<u>%</u>
Sec	ction D. Computation of Investme						
17	Investment income percentage for 2009 (3, column (f))		. 17	%
18	Investment income percentage from 2008					18	%
19a	• • • • • • • • • • • • • • • • • • • •						
	17 is not more than 33 1/3 %, check this						. •
b	33 1/3 % support tests—2008. If the orga						
	line 18 is not more than 33 1/3 %, check						P
20	Private foundation. If the organization di	d not check a box	on line 14, 19a, o	r 19b, check this b	ox and see instruc	tions	. ▶

rt IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 10 - Other Income Detail

\$

9,715

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number CHILD ADVOCACY SERVICES OF THE BIG HORNS 86-0687212 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 2 Aggregate contributions to (during year) 3 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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 through 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 Tax Year 2a Total number of conservation easements b 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, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 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. 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 a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche		CACY SERVIC			87212		Page 2
Pa	rt III Organizations Maintaining (Collections of Art,	Historical Treas	sures, or Other	Similar Assets	(continu	ied)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, che	eck any of the follows	ng that are a signific	ant use of its	_	
а	Public exhibition	d 🗍 Loan	or exchange program	ns			
b	Scholarly research	e Other		-			
С	Preservation for future generations						
4	Provide a description of the organization's colle	ections and explain how	they further the orga	ınızatıon's exempt pı	urpose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	eceive donations of art,	historical treasures,	or other similar		□ v	
Da	art IV Escrow and Custodial Arran				"Vos" to Form (Yes	
1 4	IV, line 9, or reported an amount			allon answered	165 to Folill's	190, Pan	l.
4-							
ıa	Is the organization an agent, trustee, custodian	or other intermediary to	or contributions or oti	ner assets not			П.,
	included on Form 990, Part X?					∐ Yes	No No
D	if "Yes," explain the arrangement in Part XIV as	nd complete the following	ig table				
						Amount	
	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance				1f	•	<u>.</u>
2a	Did the organization include an amount on For	m 990, Part X, line 21?				Yes	No
	If "Yes," explain the arrangement in Part XIV			•			
	ert V Endowment Funds. Comple	te if organization a	answered "Yes"	to Form 990. Pa	art IV line 10		· · ·
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Four	ears back
12	Beginning of year balance	(-,,	(2)	(0) 1110 / 1010 0001	(-,	1 (0,100)	
	Contributions					 	
						 	
С	Net investment earnings, gains,						
_	and losses				ļ	 	
	Grants or scholarships					ļ	
е	Other expenditures for facilities			}			
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year e	end balance held as					
а	Board designated or quasi-endowment ▶	%					
	Permanent endowment ▶ %						
	Term endowment ▶ %						
	Are there endowment funds not in the possess	ion of the organization t	that are held and adn	ninistered for the			
-	organization by	ion of the organization	mat are new and aun	initistered for the		ſ,	Yes No
	<u> </u>						Tes NO
	(i) unrelated organizations	•				3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" to 3a(II), are the related organizations I	•				3b	
4							
Pa	ert VI Investments—Land, Buildir	ngs, and Equipme	nt. See Form 99	<u>0, Part X, line 1</u>	0.		
	Description of investment	(a) Cost or other basis	(b) Cost or ot	1 ' '	cumulated	(d) Book v	/alue
		(investment)	basis (other	r) dep	reciation		
1a	Land						
b	Buildings						
	Leasehold improvements						
	Equipment						
	Other		7	,080	7,066		14
	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part X. c			•		14

Schedule D (Form 990) 2009 CHILD AI	<u>DVOCACY SERVICE</u>	S	86-0687212	Page 3
Part VII Investments—Other Sec	urities. See Form 990,	Part X, line 12.		
(a) Description of security or c	ategory	(b) Book value	(c) Method of va	aluation
 (including name of security) 	ity)		Cost or end-of-year	market value
Financial derivatives		·····		
Closely-held equity interests	•		-	
Other	<u> </u>		 	
one	- 			
			<u> </u>	
			1	
				-
			1	
		<u>-</u>		
Total. (Column (b) must equal Form 990, Part X	. col (B) line 12)			
Part VIII Investments—Program		Part Y line 13		
			(2) A4 (1) - 1 - 2	.1
(a) Description of investmen	it type	(b) Book value	(c) Method of va	
			Cost or end-of-year	market value
				·

·			-	
·	-			
		·-····		
				
Total. (Column (b) must equal Form 990, Part X				
Part IX Other Assets. See Form		17 TH TO BE		
	(a) Description			(b) Book value
REST WY C	OMM FD ENDOWMEN	JT		15,222
SECURITY	DEPOSIT			1,100
		-		
				
		· · · · · · · · · · · · · · · · · · ·		
				
				
				
Total. (Column (b) must equal Form 990, Part X			<u> </u>	16,322
Part X Other Liabilities. See Fo	orm 990, Part X, line 25			
1 (a) Description of liability	ty	(b) Amount		
Federal income taxes		-		
-			1	
			1	
			-	
			-	
			_	
		·	4	
			_	
-				
	····			\
				`
Total. (Column (b) must equal Form 990, Part X	(, col (B) line 25)		<u> </u>	•

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 CHILD ADVOCACY SERVICES	86-06872	12	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to			
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 through 8	•	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9)	10	
	rt XII Reconciliation of Revenue per Audited Financial Stateme			
1	Total revenue, gains, and other support per audited financial statements	<u> </u>	1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	•		 -
а	Net unrealized gains on investments	2a	1 '	
	Donated services and use of facilities	2b	=	
	Recoveries of prior year grants	2c	7 1	
	Other (Describe in Part XIV.)	2d	┥ ┆	
	Add lines 2a through 2d	20	2e	
3	Subtract line 2e from line 1	•	3	
4		[]	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4.	1 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
	Other (Describe in Part XIV) Add lines 4a and 4b	4b	┥╻┃	
		-	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) It XIII Reconciliation of Expenses per Audited Financial Statem	ente With Evnences non		
		ents with Expenses per	Return	
1	Total expenses and losses per audited financial statements		-	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
a	Donated services and use of facilities	2a	-	
	Prior year adjustments	2b	⊣ 1	
C	Other losses	2c	-	
q		2d	$\dashv : \vdash$	
_	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	ſ	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
Þ	Other (Describe in Part XIV.)	4b	┥. ┪	
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	· · · · · · · · · · · · · · · · · · ·	5	
	nt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I			
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, li	nes 2d and 4b Also complete		
his p	part to provide any additional information			
			- -	
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Schedule	D (Fo	orm 99	0) 200	09	CH	ILD	AI	OVC	<u>)CA</u>	CY	SE	RV1	CE	S						86.	-06	872	212					Pa	ge 5
Schedule Part)	(IV	Sup	plen	nent	tal Ir	nforn	natio	on (con	tinue	d)																		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

Open To Public

CHILD ADVOCACY SERVICES Name of the organization Employer identification number OF THE BIG HORNS 86-0687212 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(i) Name of individual (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Р	art		vents. Complete if the or 5,000 on Form 990-EZ, lir	rgani: ne 6a	zation answered "` a_List events with o	Yes" to	Forr eceir	n 990, Pa ots greate	rt IV, li r than :	ne 18, \$5 000	or rep	orte	d
			(a) Event #1		(b) Event #2		4	(c) Other even		(d)	Total ev		
			FAMILY CARNIVAI (event type)	- -	(event type)		Noi	1e (total number))	(add	icol(a) col(c	_	h
Revenue	1 2	Gross receipts Less Charitable	22,24	1							2	2,2	241
	3	contributions Gross revenue (line 1 minus line 2)	22,24	1							2	2,2	241
	4	Cash prizes						-					
	5	Noncash prizes			100								
sesues	6	Rent/facility costs		-									
Direct Expenses	7	Food and beverages						·					
۵	8	Entertainment		_									
	9	Other direct expenses	5,84										343
	10		y Add lines 4 through 9 in colun ombine line 3, column (d), and i						P	K	1	5,8	3 4 3 ₁ 3 9 8
P	art	III Gaming. Com	plete if the organization a	answ		990, F	art	IV, line 19	, or re	oorted			
	Γ	than \$15,000 (on Form 990-EZ, line 6a.		(b) Pull tabs/instant					(d) To	tal gamı	no (Ad	ld
Revenue			(a) Bingo	_	bingo/progressive bingo		(c) Other gamir	ng) through		
	1	Gross revenue		-	Tt								
ses	2	Cash prizes	·····					· · · · · · · · · · · · · · · · · · ·	_				
t Expenses	3	Noncash prizes						···-					
Direct	4	Rent/facility costs		-						<u> </u>			
	5	Other direct expenses	Yes %		Yes	%	Y	es .	%				
	6	Volunteer labor .	No		No		1	lo					
	7		y. Add lines 2 through 5 in colun							<u> </u>)
	8	Net gaming income sum	mary. Combine line 1, column o	d, and	line 7						1	Yes	No No
9 a	Is	the organization licensed	ne organization operates gaming to operate gaming activities in e			•					9a	les	
b	11	"No," Explain	-										
10a b		ere any of the organization "Yes," Explain	n's gaming licenses revoked, su	spend	led or terminated during	the tax y	ear?			•	10a	`	
				•						• • •		`	
11 12	ls	the organization a grantor	te gaming activities with nonme , beneficiary or trustee of a trust		•	or other	entity				11		 -
DA/		rmed to administer charita	pie gaming?		 			Sche	dule G (Form 99	12 0 or 99	0-EZ)	2009

Sche	dule G (Form 990 or 990-EZ) 2009 CHILD ADVOCACY SERVICES	86-068721	2	Р	age 3
				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %			
b	An outside facility	13b %		1	
14	Provide the name and address of the person who prepares the organization's gaming/special events books			-	
	and records				
	Name ►			-	
	Address ► .				
15a	Does the organization have a contract with a third party from whom the organization receives gaming				
	revenue?		15a		
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party				
	Name ►				
	Address ►				
16	Gaming manager information				
	Name ▶ .				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	ın the organizatıon's own exempt activities during the tax year ▶ \$		l		

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public

Inspection

Name of the organization CHILD ADVOCACY SERVICES
OF THE BIG HORNS

Employer identification number 86-0687212

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

► See separate instructions. CHILD ADVOCACY SERVICES

► Attach to your tax return.

Name	•	ADVOCACY SE BIG HORNS	ERVICES					Identif		umber 7212
Due in	ess or activity to which this form relates	DIG HONNS						1 00-	000	1212
	ndirect Depreciati	ion								
	et I Election To Expen		orty Under Se	otion	470					· · · · · · · · · · · · · · · · · · ·
) · (Note: If you have a						anlota D	ort I		
1	Maximum amount. See the instruc				belore you	COII	ipiele F	ail I.	1	250,000
2	Total cost of section 179 property	-		esses					2	230,000
3	Threshold cost of section 179 property			inetructi	one)				3	800,000
4	Reduction in limitation Subtract lir	-			ulis)				4	000,000
5	Dollar limitation for tax year Subtract lin		•		a constatulu c	oo inct	ructions		5	
6	(a) Description		riess, enter-o- ir me		(business use			lected cost		
<u> </u>	(c) coonput			(3) 333	. (000011000	U.I.,,	(6)			
								<u> </u>		
7	Listed property Enter the amount	from line 20			T	7				
8	• • •		e in column (c) lin	6 an	- l					······
9	Total elected cost of section 179 p	•	* * * * * * * * * * * * * * * * * * * *	ies o an	u /				8	
	Tentative deduction Enter the smi								9	
10	Carryover of disallowed deduction	~		45		- /	44	>	10	
11	Business income limitation Enter				-	(see	instruction	is)	11	
12	Section 179 expense deduction A	•			ine 11 ⊾ í				12	
13 Note	Carryover of disallowed deduction : Do not use Part II or Part III below				>	13				
			· · · · · · · · · · · · · · · · · · ·		(D	4 !	l al a - 1: - 4			(O = = = 4 =)
	rt II Special Depreciati						iuae iiste	ea prop	eπy.)	(See Instr.)
14	Special depreciation allowance for		ther than listed pro	operty) p	laced in serv	/ice				
	during the tax year (see instruction	•							14	
15	Property subject to section 168(f)(•							15	
<u> 16</u>	Other depreciation (including ACR		1 1 1 1			•			16	
P2	art III MACRS Depreciat	ion (Do not incil			(See Instri	uctio	ns.)			
			Secti							7.
17	MACRS deductions for assets place		-					. \Box	17	75
<u> 18</u>	If you are electing to group any assets p								L	
	Section B—A	Assets Placed in Se	1			Gene	rai Depre	ciation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only-see instruc	ent use	(d) Recovery period	(e) C	onvention	(f) Met	nod	(g) Depreciation deduction
19a	3-year property									
b	5-year property	j				L				
С	7-year property									
d	10-year property]								
е	15-year property									
f	20-year property									
<u>g</u>	25-year property				25 yrs			S/L		
h	Residential rental				27.5 yrs.		MM	S/L		
	property		,		27 5 yrs.		MM	S/L		
	Nonresidential real				39 yrs		MM	S/L		
	property						MM	S/L		
	Section C—As	sets Placed in Serv	rice During 2009 1	Tax Yea	Using the A	Altern	ative Depr	eciation S	Systen	n
 20a	Class life			-				S/L		
	12-year				12 yrs			S/L		
	40-year				40 yrs		MM	S/L		
_	art IV Summary (See ins	structions.)	•			•——	·			·
21	Listed property Enter amount from					-	-		21	
22	Total. Add amounts from line 12,	•	lines 19 and 20 in	column	(g), and line	21 Et	nter here			
	and on the appropriate lines of you	-							22	75
23	For assets shown above and place									
-	portion of the basis attributable to		,			23				