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### Form **990-EZ**

Department of the Treasury Internal Revenue Service

# **Short Form**

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file
Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545 1150

2010

Open to Public Inspection

Α	For th	ne 2010 ca	lendar year, or tax year beginning Jul 1 , 2010, and ending	<b>,</b> Jun 30	)	, 2011
В	Check if	f applicable	C Name of organization		D Employer	identification number
	Address	s change	Pennsylvania State Chapter of Children's Advocacy Centers and Multidisciply	nary Teams	20-83	387293
	Name c	٠ ا	Number and street (or P O box, if mail is not delivered to street address) Room/sui	te	E Telephone	number
X	Initial re		(814)	431-8151		
-	Termina	ated ed return	626 James Street  City or town, state or country, and ZIP + 4	*,*.*	F Group E	vometice
		tion pending	Erie PA 16509	9-1620	Number	
G		unting Meti		H Check	< ▶ ∏ıf th	e organization is not
1	Webs	-	/A	requii	<u> </u>	Schedule B (Form
J			(ck only one) — X 501(c)(3) 501(c) ( ) ◄ (insert no ) 4947(a)(1) or 52	/		· · · · · · · · · · · · · · · · · · ·
K	\$50,0	00 A Forn	the organization is not a section 509(a)(3) supporting organizatior <b>and</b> its gross in 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) in ooses to file a return, be sure to file a complete return	receipts ar nay be requ	e normally <b>n</b> ıred (see ıns	ot more than structions) But if the
	assets	s (Part II,	c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form	n 990-EZ	<u>► ş</u>	101,623.
Pa			ue, Expenses, and Changes in Net Assets or Fund Balances (S		structions	for Part I.)
		Check if	the organization used Schedule O to respond to any question in this Part I			X
	1	Contributi	ions, gifts, grants, and similar amounts received			72,809.
	2	Program :	service revenue including government fees and contracts		2	
	3	Membersh	hip dues and assessments		3	600.
	4	Investmer	nt income		4	
	5 a	Gross am	nount from sale of assets other than inventory 5a			
	b	Less cos	it or other basis and sales expenses 5b			
	С	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line 5a)		5 c	
	6	Gaming a	and fundraising events			
R E	a	Gross inc	come from gaming (attach Schedule G if greater than \$15,000) 6a			
V E	b	Gross inc	come from fundraising events (not including\$ of contri	butions	į	
U E		from fund of such g	draising events reported on line 1) (attach Schedule G if the sum iross income and contributions exceeds \$15,000)			
	С	Less dire	ect expenses from gaming and fundraising events 6c			
	d		ne or (loss) from gaming and fundraising events (add lines 6a and ubtract line 6c)		6 d	
	7a	Gross sal	les of inventory, less returns and allowances 7a			
	b	Less cos	st of goods sold			
	С	Gross pro	ofit or (loss) from sales of inventory (Subtract line 7b from line and CEIVF	D	7 c	
	8	Other rev	venue (describe in Schedule O)	Part 1, Upge-8 Other	r Revenue 8	28,214.
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	NO.	▶ 9	101,623.
	10	Grants ar	nd similar amounts paid (list in Schedule O)	RS-C	10	
	11	Benefits	paid to or for members	-1 <u>=</u> 1	11	
E X	12	Salaries,	other compensation, and employee benefits UGDEN, U	T	12	29,245.
E X P E N	13	Profession	onal fees and other payments to independent contractors		13	995.
	14	Occupan	cy, rent, utilities, and maintenance		14	679.
2012	15	Printing,	publications, postage, and shipping		15	16.
~	16		penses (describe in Schedule O) See Farm 990 EZ F	art I, Line 16 Othe	· —	22,275.
0_	17		penses. Add lines 10 through 16		▶ 17	53,210.
	18	Excess o	or (deficit) for the year (Subtract line 17 from line 9)		18	48,413.
SCANNED MAR	19 5	Net asse figure rep	ets or fund balances at beginning of year (from line 27, column (A)) (must agree ported on prior year's return)	e with end-	19	0.
Ö,	ਹ 20		anges in net assets or fund balances (explain in Schedule O)		20	<u> </u>
<b>Z</b> _	<sup>3</sup> 21		ets or fund balances at end of year. Combine lines 18 through 20		▶ 21	48,413.
<b>Z</b> B	AA Fo	r Paperwo	ork Reduction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2010)
5						
$\widecheck{\boldsymbol{x}}$						
			TEFA0812 02/18/11			

Par	Balance Sheets. (see the ins Check if the organization used Sche		estion in this Part II			X
	Chock is the organization adda defic	qui		(A) Beginning of year	ar	(B) End of year
22	Cash, savings, and investments	•	Ţ	0.		49,242.
23	Land and buildings .		[	0.	23	0.
24	Other assets (describe in Schedule O)	See L-24 Stmt	) [	0.		40,002.
25	Total assets		_		25	89,244.
	Total liabilities (describe in Schedule O)		)	0	_	40,831.
_	Net assets or fund balances (line 27 of c				27	48,413.
Pai	Statement of Program Sen				/Daa	Expenses uired for section
What	Check if the organization used Sc is the organization's primary exempt purpose? cha	aritable education	al		501(d	c)(3) and 501(c)(4) Classifications and section
Desc	cribe what was achieved in carrying out the cribe the services provided, the number of	e organization's exempt purp	oses In a clear and	concise manner,		(a)(1) trusts, optional
prog	ram title	persons benefited, and other	Televant informatio	il lor each	for o	ihers)
28	Provide technical assistance					
	networking and leadership i					
	multidisciplinary team invest			of child abuse.		
	(Grants \$ 0.) If the	s amount includes foreign gr	ants, check here		28 a	36,066.
29						
	(Grants \$ ) If the	s amount includes foreign gr	ants check here	<del>-</del>	29 a	
30	(Grants 2 ) If the	is amount meduces foreign gr	ants, check here		234	
50						
	(Grants \$ ) If the	is amount includes foreign gr	ants, check here		30 a	
31	Other program services (describe in Sch	edule O)				
		is amount includes foreign gr	ants, check here	▶ 🗍	31 a	
	Total program service expenses (add lin			<b>&gt;</b>	32	36,066.
Pai	Tilly List of Officers, Directors,				(see t	he instructions for Part IV
	Check if the organization used So					(2) 5
	(a) Name and address	(b) Title and average hours per week devoted	(c) Compensation not paid, enter -0			(e) Expense account and other allowances
		to position	, ,	deferred compensa	tion	
see	e_attached					
					•	
				0.	0.	<del></del>
	ison_Gray 6 James St	Executive Director				
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	1110303	10.00	20,,,	<del></del>	•	
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BA	Λ	TEEA0812 (	02/18/11			Form <b>990-EZ</b> (2010)
DA		ICEAUSIZ (	UE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1 01111 <b>334-L4</b> (2010)

Form 990-EZ (2010) Pennsylvania State Chapter of Children's Advocacy Centers and Multidisciplinary Teams 20-8387293

Page 2

Check of the organization used Schedule O to respond to any question in this Part V  33. Or this negarization engage in any activity not previously reported to the IRS? If Yes, provide a detailed description of sach activity in Schedule O  34. We way signed charges made to the organization of generic descriptions of sach activity in Schedule O (see instructions)  35. If the granization had account from business activities, used as those process on inter 2, 5s, and 7s (amung others), budnet reported or form 950-T, suplain in Schedule O (with the organization of report the incore in Firm 950-T or 100 (O(5) organization subject to section 6033(o) notice, reporting, and prany lax requirements of 50 (O(4), 501 (O(5), or 501 (O(5) organization subject to section 6033(o) notice, reporting, and prany lax requirements of 50 (O(4), 501 (O(5), or 501 (O(5) organization subject to section 6033(o) notice, reporting, and prany lax requirements of 50 (O(4), 501 (O(5), or 501 (O(5), organization subject to section 6033(o) notice, reporting, and prany lax requirements of 50 (O(4), 501 (O(5), organization subject to section 6033(o) notice, reporting, and prany lax requirements of 50 (O(6), organization subject to section 6033(o) notice, reporting, and prany lax requirements of 50 (O(6), organization subject to section 6033(o) notice, reporting, and prany lax requirements of 50 (O(6), organization in 120-POL for this year? If 17% complete spot organization in 120-POL for this year?  37. Enter amount of political expenditures, direct or indirect, as described in the instructions. If 37a (In any Interest Int		990-EZ (2010) Pennsylvania State Chapter of Children's Advocacy Centers and Multidisciplinary Teams 20-838729	3	P	age <b>3</b>
33 Did the organization engage in any activity not previously reported to the IRS? If Yes, provide a detailed description of section should be activity of the three parts of the control	Par	Other Information (Note the statement requirements in the instructions for Part V.)			
33 Did not organization engage in any activity not previously reported on the risk? If the provided decurents of the set				Yes	No
35 If the argunization had some from business activities, such as these reported on lines 2, 5a, and 7a (arrung others), butnot reported on from \$9.1, explain in Studies 6 with the registration of the incore on from \$9.1.  a Did the organization have surviolated business, gross income of \$1,000 or more or was a a section 501(c)(3), 501(c)(5), or 501(c)(6) or granization underset to section 603(e) on time, reporting, and proxy tax requirements?  b If Yes, 'has it field a tax return or Form 990-T for this year' (see instructions)?  6 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year' If Yes,' complete splicable parts of Schedule N.  5 Did the organization there or make any boars to any officer, director, trustee, or key employeer were any such interest modern from or make any boars to a section of the tax year covered by this return?  5 Did the organization borrow from, or make any boars to any officer, director, trustee, or key employeer were any such interest modern the form 1120-POL for this year'  7 Did the organization therefore the total amount of the more modern any other thouses and capital contributions included on line 9  5 Did the organization section of the organization during the year under section 4911	33	each activity in Schedule O	33		Х
a Did the organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  50 (c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?  51 If Yes, 1 has 1 filed a tax return orform 990-17 for this year (e en instructions)?  52 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 17'es; complete applicable parts of Schedule N  53 Ta Enter amount of political expenditures, direct or indirect, as described in the instructions. * 37 a	34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
501(c)(5) origanization subject to section 6033(e) notice, reporting, and proxy tax requirements?  51 (1'eys') has filled a tax return orom 990-F0 for this year (rece instructions)?  52 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If (1'eys') complete specially parts of Schedule N  53 Did the organization bire form 1120-Pot for this year?  53 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such boars made in a prior year and still outstanding at the end of the tax year covered by this return?  53 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such boars made in a prior year and still outstanding at the end of the tax year covered by this return?  53 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such boars made in a prior year and still outstanding at the end of the tax year reversed by this return?  54 Did the organization of the organization attribution to the organization during the year under section 4911 P.  55 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 P.  55 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization and the sum of the properties of the organization of the properties of the trust of the organization and properties.  56 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization and the year variety set to return the states with which a copy of this return is filed.  57 Telephone no P. (814) 431–8:  58 Telephone no P. (814) 431–8:  58 Telephone no P. (814) 431–8:  59 Did the organization and filing requirements for form 10 February	35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), butnot reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T	32.1		
36 Did the organization undergo a liquidation, desolution, termination, or significant disposition of net assets during the year? (1º%) complete applicable parts of Schedule N (1º%) complete spenditures, direct or indirect, as described in the instructions   37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a On the organization from 172b POL for this year?  38a Did the organization from from, or make any leans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  38b If Yes; complete Schedule L, Part II and enter the total amount involved an expension of the organization of the political amount involved and expension of the organization of the organization during the year under section 4910 for the political amount of the properties of the political amount of the organization during the year under section 4911    50 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization of the propriete for any or left of the propriete form 300 of the organization of tax in the propriete form 300 of the organization of tax in the propriete form 300 of the organization of tax in propriete form 300 of the organization of tax in propriete form 300 of the organization of tax in propriete form 300 of the organization of tax in propriete form 300 of the organization of tax in propriete form 300 of the organization of tax in propriete form 300 of the organization of tax in propriete form 300 of the organization of tax in propriete form 300 of tax organization of tax in propriete form 300 of tax organization of tax organization of tax organization of tax organization of the organization of tax organization of the organization of the organization of the organization organization organization organization organization organization organization organiz		501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<del></del>		X
year? If "Yes,' complete applicable parts of Schedule N 378 Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file Form 1120-POL for this year?  379 Enter amount of political expenditures, direct or indirect, as described in the instructions  b If Yes,' complete Schedule L, Part II and enter the total amount involved  380 Did the organization brown from, or make any loans to, any officer, director, frustee, or key employees were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  b If Yes,' complete Schedule L, Part II and enter the total amount molved  380 Section 501(c)(7) organizations Enter amount of tax imposed on the organization during the year under section 4911 P. section 4912 P. section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction 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  d 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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization aparty to a prohibited tax shelter transaction? If Yes, complete Form 8865-1  142 a The organizations  42a The organizations  book are in care of * Allison Gray			35 b		
b Did the organization file Form 1120-POL for this year?  33a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still distlanding at the end of the tax year covered by this return?  b if "Yes," complete Schedule t., Part II and enter the total amount involved  33a Section 501(c)(7) organizations Enter and in the end of the tax year covered by this return?  33b Jan		year? If 'Yes,' complete applicable parts of Schedule N		ace cha.	X
b if Yes, complete Schedule L, Part II and enter the total amount involved ware and still outstanding at the end of the lax year covered by this return?  38 b if Yes, complete Schedule L, Part II and enter the total amount involved  39 Section 501 (c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 * section 4912 * section 4912 * section 4915 * section 4911 * section 4912 * section 4912 * section 4915 * section 4911 * section 4912 * section 4912 * section 4912 * section 4912 * section 4915 * section 4912 * section 4912 * section 4915 * section 4912 * section 4912 * section 4915 * section 4912 *			37 b		X
amount involved  39 Section 501 (c)(7) organizations Enter:  a Intitation fees and capital contributions included on line 9  b Gross receipts, included on line 9, for public use of club facilities  40 Section 501 (c)(3) agrizations. Enter amount of tax imposed on the organization during the year under section 4911 \(^{\text{P}}\) is section 4912 \(^{\text{P}}\), section 4955 \(^{\text{P}}\).  b Section 501 (c)(3) and 501 (c)(4) organizations. Brite amount of tax imposed on the organization during the year of did it organization and increase benefit transaction in during the year of did it organization and increase benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990 (c)(2) and 501 (c)(4) organizations. Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958  d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8856-T.  40 Enter the 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)?  10 Fees the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial account)?  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If Yes, Form 990 must be completed instead of Form 990-EZ.  b Did the organization receive any payments for indoor tanning services during the year?  d Hyes, to line 44c, has the organization filed a Form 720 to report these payments filed an explanation in 44d dil Yes' to lin	38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?			X
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 fax imposed on the organization during the year under section 4911 + section 4912 + section 4915 + section 4915 + section 4916 (c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction under the year or did it engage in an excess benefit transaction or any of its prior Forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I c Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of fax improved on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of fax improved on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of fax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If 'Yes,' complete Form 8886-T  42 a The organization's books are in care of Alizon Gray Located at 626 James Street Erie PA IP + 16509  5 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 accountry or a financial accountry or a financial accountry or a foreign country (such as a bank account, securities account, or other financial accountry or a financial accountry or a foreign country organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of orm 1041 - Check here and enter the amount of tax-exempt interest receiv	ł	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved . 38b			
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 \( \to \) section 4911 \( \to \) section 4912 \( \to \) section 4955 \( \to \) section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year of did 1 engage in any excess benefit transaction in a prior year that has not been reported on any of this prior Forms 990 or 990-E27 if Yes; complete Schedule L, Part I  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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization at any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886. T  41. List the states with which a copy of this return is filed \( \to \)  42 a The organization?  books are in care of \( \to Alison Gray \)  Located at \( \to 626 \) James Street \( Erie \)  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)?  If 'Yes,' enter the name of the foreign country \( \to \)  See the instructions for exceptions and filing requirements for Form TD F 90-22 I, 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 ?  If 'Yes,' enter the name of the foreign country \( \to \)  See the instructions for exceptions and filing requirements for Form TD F 90-22 In lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the year	39	Section 501(c)(7) organizations Enter			
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 * section 4912 * section 4912 * section 4915 * section 4916 * 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, 4935, and 4938 * determined by the organization of 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 4010 * sections 4912, 4935, and 4938 * section 4940 *	ā	Initiation fees and capital contributions included on line 9			4
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if 'Yes,' complete Schedule L, Part I call to 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.  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.  42a The organization's books are in care of Alison Gray Telephone no (814) 431-8. Located at 626 James Street Erie PA ZiP+4 16509.  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)?  If 'Yes,' enter the name of the foreign country.  See the instructions for exceptions and filling 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 ?  If 'Yes,' enter the name of the foreign country.  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ or Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ to the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, ha			1		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule L, Part I  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  d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  e All organization At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-T  42a The organization's blooks are in care of Alison Gray  List the states with which a copy of this return is filed blooks are in care of Alison Gray  both 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)?  If Yes, enter the name of the foreign country with the organization maintain an office outside of the U.S.?  If Yes, enter the name of the foreign country with the organization maintain an office outside of the U.S.?  43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43. Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44. Did the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  b) b) the organization operate one or more hospital facilities during the year? If Yes, Form 990 must be completed instead of Form 990-EZ  b) the organization operate one o	40 a				**
transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If Yes, complete Schedule I, Part I can be a section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization amanagers or disqualified persons during the year under sections 4912, 4955, and 4958.  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.  42 a The organization's books are in care of Palison Gray  Located at 626 James Street  Erie  PA 2IP +4 + 16509  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)?  If Yes,' enter the name of the foreign country Party time during the calendar year, did the organization maintain an office outside of the U S?  If Yes,' enter the name of the foreign country Party time during the calendar year, did the organization maintain an office outside of the U S?  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization maintain any donor advised funds during the year? If Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  dif Yes to line 44c, has the organization filed a Form 720 to report these payments? Wo,' provide an explanation in 44d					
managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501 (c)(3) and 501 (c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 4 any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If 'Yes,' complete Form 8886-T  42 a The organization's books are in care of > Alison Gray	ı	transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported	40 b		X
e Ali organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8865-T  42 a The organization's books are in care of Palison Gray Telephone no Palison No. Telephone no Palison Gray Telephone no Palison No. Telephone no Palison No. Telephone no Palison Palison No. Telephone no Palison	(	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			
shelter transaction? If 'Yes,' complete Form 886-T  40e  41 List the states with which a copy of this return is filed ►  42 a The organization's books are in care of ► Alison Gray  Located at ► 626 James Street  Erie  PA ZIP + 4 ► 16509  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)?  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 ?  If 'Yes,' enter the name of the foreign country.  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 'No,' provide an explanation in Schedule O	(	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			1 m
books are in care of Alison Gray  Located at 626 James Street  Erie  PA ZIP + 4 16509  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)?  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 ?  If 'Yes,' enter the name of the foreign country   42c  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  43 Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? 'No,' provide an explanation in Schedule O  44d					X
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?  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?  If 'Yes,' enter the name of the foreign country.  42b  42c  42c  42c  42c  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fleu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? Wo,' provide an explanation in Schedule O	42	books are in care of ► Alison Gray Telephone no ► (814)	_ <u>431</u>	<u>-81</u> !	51 
c At any time during the calendar year, did the organization maintain an office outside of the U S ?  If 'Yes,' enter the name of the foreign country.▶  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments 7f 'No,' provide an explanation in Schedule O	,	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b	Yes	No X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 − Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O  44d		At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		X
instead of Form 990-EZ  c Did the organization receive any payments for indoor tanning services during the year?  d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments 7f 'No,' provide an explanation in Schedule O  44b  44c	44	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year  Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 a	Yes	No X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		b Did the organization operate one or more hospital facilities during the year? It 'Yes,' Form 990 must be completed instead of Form 990-EZ	44 b	ļ	х
Schedule O 44d		c Did the organization receive any payments for indoor tanning services during the year?	44 c	ļ	Х
		Schedule O			<u> </u>
BAA TEEA0812 02/18/11 Form 990-EZ	BA	TEEA0812 02/18/11 F	orm <b>99</b>	0-EZ	(2010)

Form <b>990-E</b> 2	<b>Z</b> (2010) Pennsylvania State Chapter of	Children's Advocacy Co	enters and Mult:	disciplinary T	eams 20-838	7293	F	Page 4
•							Yes	No
	related organization a controlled entity	_	_			45	<b>↓</b>	X
a Did the	e organization receive any payment fron tion 512(b)(13)? If 'Yes,' Form 990 and :	n or engage in any trans Schedule R may need to	action with a co	ontrolled entity v instead of Form	vithin the mear 990-EZ (see ii	ning 45 a	1	X
46 Did the	e organization engage, directly or indire	ctly in political campain				46		X
Part VI	lates for public office? If 'Yes,' complete  Section 501(c)(3) organizations	and section 4947(	a)(1) nonexe	mot charitab	le trusts on		ction	
1 art 11-2)	501(c)(3) organizations and sec	tion 4947(a)(1) non	exempt char	itable trusts i	nust answe	r questio	ns	
	47-49b and 52, and complete th	e tables for lines 5	o and 51.					
	Check if the organization used Schedul	e O to respond to any o	uestion in this F	Part VI		<del></del>	٦	
							Yes	No
	e organization engage in lobbying activit	·				47	+-	X
	organization a school as described in se e organization make any transfers to an					49 2		X
	, was the related organization a section		related organize	111011		491	-1	
	-		mplovees (other	than officers, o	lirectors, truste		•	
emplo	ete this table for the organization's five yees) who each received more than \$10							
(a) l	Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensat	bene	utions to employee fit plans and d compensation	acco	expense ount and allowance	!S
none								
<del></del>								
					·····			
	number of other employees paid over \$							
51 Comp	lete this table for the organization's five ensation from the organization. If there i	highest compensated in	ndependent con	tractors who ea	ch received mo	ore than \$1	00,000	of
Comp	(a) Name and address of each independent cont			<b>(b)</b> Type o	f service	(c) Cor	npensatio	on
none								
	<b></b>							
					····			
~ <del></del>								
						<u> </u>		
	number of other independent contractor							
52 Did tr	ne organization complete Schedule A? Nable trusts must attach a completed Sch	nedule A	s) organizations	and 4947(a)(1)	nonexempt	► X Y	es	No
Under penaltie	es of perjury, I declare that I have examined this return and complete Declaration of preparer (other than office	n, including accompanying sche	dules and statements of which preparer has	, and to the best of n	ny knowledge and b	elief, it is		
true, correct,	- (Xulon 150)			198	1014,201	2		
Sign	Signature of officer			Date		0		
Here	MALISON GVAY	DIRECTO	Y					
	Type or print name and title  Print/Type preparer's name	Preparer's signat@re	Dat	e	Check If	PTIN		
Paid	Edward D. Coleman, CPA	4		/09/12	self-employed			
Paid Preparer	Firm's name COLEMAN & COMPA	ANY PØ	102	, , , , , , , ,				
Use Only	Firm's address > 2415 W GRANDVII				Firm's EIN			
	ERIE		PA 16	506	Phone no (8		-300	0
	S discuss this return with the preparer s	shown above? See instr	uctions				es 🗍	No (0010)
BAA						Form 9	190-EZ	(2010)

## 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.

Department of the Treasury Internal Revenue Service

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

	2010
ection	Open to Rublica
5.	dispections at
Employer ide	ntification number

OMB No 1545-0047

Name (	of the organization							Employer	identıficatı	on number
Penn	sylvania State Chapte	r of Children's A	dvocacy Centers and	Multic	liscip.	linary	Teams	<del>20-83</del>	87293	
Par	t l 🖫 Reason for Publi	c Charity Status	(All organizations	must c	omple	te this	part.)	See in	<u>ıstructı</u>	ons.
The o	organization is not a privat	e foundation because	e it is (For lines 1 throu	ıgh 11, d	check or	nly one l	box)			
1	A church, convention	of churches or assoc	ation of churches desc	ribed ins	ection 1	70(b)(1)	(A)(i).			
2	A school described in	section 170(b)(1)(A)(	ii). (Attach Schedule E	)						
3	<b>=</b>		e organization describe		on 170(	b)(1)(A)(	iii).			
4	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	· ·	in conjunction with a hi					χ1χΑχ	iii). Ente	r the hospital's
	name, city, and state:	•	,	·			•		•	·
5		ated for the benefit of	a college or university	owned	or opera	ated by	a goveri	nmental	unit des	cribed section
6	A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v).									
7	in section 170(b)(1)(A	in section 170(bx1)(Axvi). (Complete Part II )								
8			<b>)(b)(1)(A)(vi).</b> (Complete							
9	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)									
10	An organization organ	nized and operated e	xclusively to test for pu	blic safe	ty Se <b>s</b>	ection 5	09(a)(4)	).		
11	more publicly support	ted organizations des	xclusively for the benef cribed in section 509(a) ion and complete lines	(1) or s	ection 5	09(a)(2)	ctions o . Se <b>se</b> i	f, or car ction 50	ry out th <b>9(a)(3).</b>	Check the box that
	a Type I	<b>b</b> Type II	c 💹 Type III		,	~			d ∐	Type III – Other
е	By checking this box, other than foundation section 509(a)(2).	I certify that the orga managers and other	anization is not controll than one or more publ	ed direc icly supp	tly or incorted o	directly organiza	by one l tions de	or more scribed	dısqualı ın sectio	fied persons on 509(a)(1) or
f	If the organization red check this box	ceived a written deter	rmination from the IRS	that is a	Type I,	Type II	or Type	e III sup <sub>l</sub>	porting d	organization,
g	Since August 17, 200	6, has the organization	on accepted any gift of	r contrib	ution fro	m any	of the fo	llowing	persons	?
										Yes No
	(i) A person who d below, the gove	lirectly or indirectly co erning body of the sur	ontrols, either alone or opported organization?	together	with pe	ersons d	escribed	d in (ii) a	and (III)	11 g (i)
	(ii) A family member	er of a person describ	oed in (i) above?							11 g (ii)
	(iii) A 35% controlle	ed entity of a person o	described in (i) or (ii) a	bove?						11 g (iii)
h	Provide the following	information about the	e supported organization	n(s)						
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organiz column (i your go	s the ation in ) listed in iverning ment?	(v) Did y the organ columi your su		(vi) l: organiz colun organize U S	ation in nn (i) ed in the	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
/#>										
(A)										
(B)										
<b>(C)</b>					l 					
<u>(C)</u>										
<u>(D)</u>										
(E)										
Tota	al		70.4		K.					
	For Panerwork Reduction	n Act Notice coe the	Instructions for Form	990 01	990-F7		1	Schedul	o A (For	m 990 or 990-F7) 2010

#### Part II | 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support						
begir	ndar year (or fiscal year nning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include 'unusual grants ')					73,409.	73,409.
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 by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					73,409.	73,409.
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						73,409.
Sec	tion B. Total Support			,		,	
Cale begi	ndar year (or fiscal year nning ɪn) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	Amounts from line 4					73,409.	73,409.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)					28,214.	28,214.
11	Total support. Add lines 7 through 10			推翻			101,623.
12	Gross receipts from related acti	vities, etc (see ins	structions)			12	<del></del>
	First five years. If the Form 990 organization, check this box and	dstop here		end, third, fourth, o	or fifth tax year as	a section 501(c)(3	<b>▶</b> X
	tion C. Computation of Pu						
	Public support percentage for 2			ine 11, column (f))	)	14	<u> </u>
	Public support percentage from					15	%_
16	3 33-1/3% support test – 2010. If and stop here. The organization	the organization of qualifies as a pu	did not check the blicly supported o	box on line 13, ar organization	nd the line 14 is 3	3-1/3% or more, ch	neck this box
b 33-1/3% support test – 2009. 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							
17:	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fac	n meets the 'facts-	and-circumstance	es' test, check this	s box an <b>stop here</b>	. Explain in Part IV	/ how
	b 10%-facts-and-circumstances or more, and if the organization organization meets the 'facts-a	n meets the 'facts- nd-circumstances'	and-circumstanc test The organ	es' test, check this ization qualifies as	s box an <b>stop here</b> s a publicly suppo	e. Explain in Part IV irted organization	how the ►
	Private foundation. If the organ	nization did not ch	eck a box on line	13, 16a, 16b, 17a			
BAA	<b>\</b>				S	cnedule A (Form 9	90 or 990-EZ) 2010

# Schedule A (Form 990 or 990-EZ) 2010 Pennsylvania State Chapter of Children's Advocacy Centers and Mul 20-8387293 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 or if the organization failed to qualify under Part II If the organization fails

	on A. Public Support	· · · · · · · · · · · · · · · · · · ·		·		T-22-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
1 (	ar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
2 ( 5 f	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's lax-exempt purpose						
t	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						
f	The value of services or facilities furnished by a governmental unit to the organization without charge						
7 a /	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons	-					
( (	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C .	Add lines 7a and 7b .						
	Public support (Subtract line 7c from line 6)		2.5				
	ion B. Total Support	· · · 1			4,0,000		
	ar year (or fiscal yr beginning in)►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b  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				<del> </del>		
	capital assets (Explain in Part IV)						
13	čapital assets (Explain in Part IV) <b>Total support.</b> (Add Ins 9, 10c, 11, and 12)	for the same			fifth to	501/2°	D)
13 14	capital assets (Explain in Part IV) Total support. (Add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	s a section 501(c)(3	3) ▶ □
13 14 Sect	capital assets (Explain in Part IV)  Total support.(Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ion C. Computation of Pu	stop here blic Support P	ercentage				<u> </u>
13 14 Sect 15	capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box ancion C. Computation of Pu  Public support percentage for 20	Istop here blic Support P 010 (line 8, colum	Percentage n (f) divided by li			15	8
13 14 Sect 15 16	capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box ancion C. Computation of Pu  Public support percentage for 20  Public support percentage from	blic Support P 010 (line 8, colum 2009 Schedule A,	Percentage n (f) divided by li Part III, line 15	ne 13, column (f)			<u> </u>
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13 14 Sect 15 16 Sect 17 18	capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ion C. Computation of Pu  Public support percentage from ion D. Computation of Inv  Investment income percentage in investment in income percentage in investment in income percentage in investment in income percentage in income percentage in investment in income percentage in income perce	blic Support P 010 (line 8, colum 2009 Schedule A, restment Incor for 2010 (line 10c, from 2009 Schedul f the organization	Percentage In (f) divided by li Part III, line 15 INTERIOR PERCENTAGE COlumn (f) divide E A, Part III, line did not check the	e d by line 13, column 17 e box on line 14, a	mn (f))	15 16 17 18 re than 33-1/3%, ar	8 8 8
13 14 Sect 15 16 Sect 17 18 19a	capital assets (Explain in Part IV)  Total support. (Add Ins 9, 10c, 11, and 12)  First five years. If the Form 990 organization, check this box and ion C. Computation of Pu  Public support percentage for 20  Public support percentage from ion D. Computation of Inv  Investment income percentage investment income percentage	blic Support P 010 (line 8, colum 2009 Schedule A, restment Incor for 2010 (line 10c, from 2009 Schedul f the organization k this box and stop f the organization	Percentage In (f) divided by li Part III, line 15 INTERIOR PERCENTAGE COLUMN (f) divide E A, Part III, line did not check the Interior pan did not check a technical part of the column	e d by line 13, column (f) be box on line 14, a lization qualifies a look on line 14 or	mn (f)) and line 15 is more is a publicly supp	15 16 17 18 re than 33-1/3%, arorted organization 16 is more than 33	% % % % % % % % % % % % % % % % % % %

Schedule A (Form 990 or 990-EZ) 2010 Pennsylvania State Chapter of Children's Advocacy Centers and Mul 20-8387293 Page 4
Schedule A (Form 990 or 990-EZ) 2010  Pennsylvania State Chapter of Children's Advocacy Centers and Mul 20-8387293  Page 4  Part 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. Also complete this part for any additional information. (See instructions).
Other Income Part II, Line 10
Description: Conference 2010
2010: 25214.
Description: RCA
2010: 3000.
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## SCHEDULE O (Form,990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

name of the organization	Employer Identification number
Pennsylvania State Chapter of Children's Advocacy Centers and Multidisciplinary Teams	20-8387293
	<del></del>

Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Accounts Payable		38,996.
Accrued Payroll and Related		1,835.
Total	***************************************	40,831.