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Form 990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

Open to Public Inspection

A	For the 2	2014 calen	dar year, or tax	year beginni	ing Jul	1	, 20	14, and	endin	g Jun	30		, 2015		
В	Check if app	licable	C Name of organ	ization Pennsylva	ınıa State Chapte	r of Children's	Advocacy Cent	ters and Mu	ıltidiscı	plinary Teams	D Emplo	yer iden	tification nu	mber	
	Addres	s change	Doing business	_	CMDIT		-				20-	8387	293		
	Name	change	Number and st	reet (or P O. box if	mail is not delive	ered to street ad	dress)		Room/s	suite	E Telephone number				
	Initial r	etum	P.O. BOX	3323							(814) 431-8151				
	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return ERIE PA 16508											131 0131			
								508		G Gross	eceipts	\$ 385	,406.		
	\vdash	ation pending	F Name and add	ress of principal off	ficer					H(a) Is this a				Yes	X No
			Alison Gra	 av 626 Jam	es Street	Erie		PA 16	509	H(b) Are all if 'No,' a	subordinates	ıncluded	1?	Yes	No
<u> </u>	Tay-eye	mpt status	X 501(c)(3)	501(c) (sert no.)	4947(a)(1		527	If 'No,' a	attach a list	see instr	uctions)		_
<u>:</u>	Websit			1001(0) (, (,,,,	1011110.7	1017(0)(1	, 01	JOE 7	H(c) Group	evemption ni	ımbar B	•		
K		organization	X Corporation	Trust	Association	Other ►		L Year o	f formativ				egal domicile	PA	
		Summa		Trust	Association	Tomer	<u>-</u>	E rear o	Tioman	2000	<u></u>	State Of I	egai domicile	PA	
Га			be the organizat	ion's mission o	or most signi	ficant activit	ies.	To n	romo	te, as	eret a	nd s	upport	t bc	
	Į.	-	nent, grow		_									r _r116	
Activities & Governance			dren's ad											– – – en	
na L	=:	10 2.11.1	-a	100201_ 2			<u> </u>				=		2.17.2.2.	<u> </u>	-
Vel	2 Ch	eck this bo	ox ► If the	organization d		its operation	ns or dispo	osed of	more t	– – – – – han 25% o	f its net a	ssets			
ၓ	3 Nu	mber of vo	oting members o									3			23
ళ	4 Nu	mber of in	dependent votin	g members of	the governir	ng body (Par	t VI, line	1b)				4			23
itie			of individuals e									5			2
cţi			of volunteers (e									6			0
Ř			ed business reve									7a			0.
	b Ne	t unrelated	business taxab	le income tron	n Form 990-	1, line 34 -	· · · · ·		• • •	····		7b			0.
			and ments (Da							P	rior Year		Curi	ent Ye	
ē	8 Co	ntributions	and grants (Pa	rt VIII, line In)						•	244,0	180.		384,	894.
Ē	9 Pro	ogram serv	vice revenue (Pa ncome (Part VIII,	column (A) lu	nec 3 (4 and	大にしに	IVEL	<i>)</i>		·					
Revenue			e (Part VIII, colu					SC				54.			512.
	12 To	tal revenu	e - add lines 8	through 11 (m	ust equal Pa	rt Mili Yoolun	າຄົງ(Aົງ (ໃກ້ຄົ				244,1				406.
	13 Gr	ants and s	ımılar amounts p	paid (Part IX. c	olumn (A) li	nes 1-3)	······································				21111	. 5 1 .		303,	400.
	14 Be	nefits naid	to or for member	ers (Part IX. co	olumn (A). İir	e:4)=	· 2. ft7 .0	***	l					· -	
	15 Sa	laries othi	er compensation	emplovee he	nefits (Part	X column	Allines	10)			86,7	793		71	996.
es			fundraising fees						4		00,	73.		<u>, , , , , , , , , , , , , , , , , , , </u>	
ē	1		_	•							*) ^ *		. %	>,	2.
Expenses			sing expenses (I						0.	<u> </u>			~~~		3'
_	1	•	ses (Part IX, coli			•				-	159,3	_			810.
	i		es Add lines 13								246,1				806.
		evenue les	s expenses. Sub	tract line 18 fr	om line 12		· · · · ·	· · · · ·	• • •	·	-2,0)44.			600.
0 0										Beginnir	ng of Curre		End	of Yea	ır
Salar			(Part X, line 16)						• • •	·	145,8				001.
95 55 55 55 55 55 55 55 55 55 55 55 55 5	21 _ To	tal liabilitie	s (Part X, line 2	6)	• • • • • •				• • • •	·	77,4	192.		102,	998.
<u> </u>	22 Ne	t assets o	fund balances.	Subtract line 2	21 from line	20	<u></u>			.]	68,4	103.		228,	003.
∞ Pa	ırt II	Signatu	re Block					e_							
⇔ Unde	er penalties	of perjury, I de	clare that I have exar	mined this return, in	cluding accomp	anying schedule	s and statem	ents, and	to the be	st of my know	ledge and be	lief, it is t	rue, correct,	and	
Z	piete Deciar	auon oi prepa	Ter (other than officer) is based on all lill) C	in preparer has a	arry knowledg		$\overline{}$		4	100			
\supseteq		Sumai	ure of afficer	_ (M.G.	<u> / W</u>	ecurive	<u>سلال _</u>	ucto	<u> </u>		0/16	100	71 b		
Siç	gn	Signat	are or dilicer	~ 7)			س ــ		Da.	ile 1	•			
ដ He	re		son Gray	, Exer	utive	<u>- UIR</u>	actor								
ANNEU He		- //-	or print name and title		O			In:			,		DTIN		
ð		Print/Type	preparer's name	4	Preparer's signa	oture A A A	1 10 202	Dat			Check	ıf	PTIN		
O Pa	id	Julie			-juul	<i>J. J. U</i>	שנושט	105	5/1 <u>6</u> /	/16	self-employ	ed	P0054	7996	
ເນ Pro	eparer	Firm's nam	. =====		·	l									
Us	e Only	Firm's addi	ess 2415	West Gra	ndview 1	Blvd.					Firm's EIN	23	<u>-29071</u>	94	
			Erie					506-4	4511		Phone no	(81	4) 866	<u>-3000</u>	0
Ma	y the IRS	discuss th	is return with the	e preparer sho	wn above?	see instruct	ions)	• • • •		<u> </u>			. X Ye		No
BA	A For Pa	perwork	Reduction Act	Notice, see th	e separate	instructions	s.		TEI	EA0101 05/2	8/14		For	m 990	(2014)

	Pennsylvania State Chapter of Children's A		Teams	20-8387293	Page 2
	ment of Program Service	•			
	if Schedule O contains a response	or note to any line in this Part II	·		
1	e the organization's mission				
	te, assist and suppor	. <i>– – – – – – – – – – – –</i>			. _
	ent, growth and conti	·			.
and child	<u>dren's advocacy cente</u>	ers for the protect:	on of Pennsylva	<u>ınıa's chıldrer</u>	!
 _			· 		
_	zation undertake any significant pro			e prior	
	90-EZ?		• • • • • • • • • • • • • • • • • • • •	Ye	es 🛛 No
	be these new services on Schedule				
~	zation cease conducting, or make	significant changes in how it con	ducts, any program servic	es? Y	es 🔀 No
	be these changes on Schedule O.				
Section 501(c)	rganization's program service acci i(3) and 501(c)(4) organizations ari f any, for each program service rep	e required to report the amount of	e largest program services of grants and allocations to	s, as measured by expe o others, the total expen	nses ses,
4 a (Code:		0,240. including grants of			385,406.
Coordina	tes ongoing mentoring	g, consultation, ne	tworking, forums	<u>and</u>	.
	s that strengthen ex				
community	y responses to child	abuse through a co.	llaborative appr	roach	_
to preve	ntion, investigation:	and intervention.	Provides PCAC a	and Multidiscip	linary
Teams op	portunities for conti	nuous practice imp	rovement, for ac	chieving	
and main	taining a high level	of multidisciplina	ry collaboration	<u>and</u>	
coordina	ted services for abus	sed children throug	h evidence based	d on National	
CAC Accr	editation Practice St	andards. Provides	outreach to und	derserved and m	ural
counties	seeking to improve of	child abuse respons	es		-
					-
					-
4 b (Code:) (Expenses \$	including grants of	\$) (Revenue \$	
4 c (Code) (Expenses \$	including grants of	\$) (Revenue \$	
			 		
					-
4 d Other program	m services (Describe in Schedule	0)	-		
(Expenses		iding grants of \$) (Revenue	\$)
	n service expenses	160,240.			
BAA		TEFA0102 05/28/14			orm 990 (2014

Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . 2 Х 3 Х 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Х Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Х 9 Χ 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Χ 11 a Х 11 b Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported 11 d Х Χ e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.... 11 e 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 (ASC 740)? If Yes, complete Schedule D, Part X 11 f Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII. Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and If the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х 12 b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Х 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?...... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising Χ 14h 15 Х 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Χ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes,' Х 19 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 Х

20 b

Form 990 (2014) Pennsylvania State Chapter of Children's Advocacy Centers and Multidisciplinary Teams

Part IV | Checklist of Required Schedules (continued)

		,	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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 employees? <i>If 'Yes,' complete Schedule J</i>	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŧ	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
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)			!
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
i	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
1	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
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		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	organization? İf 'Yes,' complete Schedule R, Part V, line 2	36	<u> </u>	х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38		Х

BAA

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance			ugo c
Check if Schedule O contains a response or note to any line in this Part V			\cdot \square
		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a 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 2 a 2			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
 4 a 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)? b If 'Yes,' enter the name of the foreign country. ► 	4 a		х
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	E .		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 a 5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
C If Yes, to line 5a or 50, did the organization lile Form 6666-17	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	_	-
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 с		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter.		İ	
a Initiation fees and capital contributions included on Part VIII, line 12	,		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		
11 Section 501(c)(12) organizations. Enter		-	
a Gross income from members or shareholders	- ,		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	-		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		<u> </u>
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	-		
c Enter the amount of reserves on hand	١		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	i .) X

a 'No' response to line 8a, 8b, or 10b below, describe the circu Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.	umstances, processes, or changes in
Section A. Governing Body and Management	
Oction / a Covering Doay and management	Yes N
1 a Enter the number of voting members of the governing body at the end of the tax year if there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	
 b Enter the number of voting members included in line 1a, above, who are independen Did any officer, director, trustee, or key employee have a family relationship or a busi officer, director, trustee, or key employee? 	siness relationship with any other
3 Did the organization delegate control over management duties customarily performed of officers, directors, or trustees, or key employees to a management company or other.	ed by or under the direct supervision ther person?
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	
5 Did the organization become aware during the year of a significant diversion of the or	
6 Did the organization have members or stockholders?	wer to elect or appoint one or more
 members of the governing body?	al by) members,
Did the organization contemporaneously document the meetings held or written action the following	ons undertaken during the year by
a The governing body?b Each committee with authority to act on behalf of the governing body?	I I
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, where the section is the governing body?	<u> </u>
organization's mailing address? If 'Yes,' provide the names and addresses in Schedu	lule O
Section B. Policies (This Section B requests information about policies	
40 5 111	Yes N
10 a Did the organization have local chapters, branches, or affiliates?	oters, affiliates, and branches to ensure their
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body by	
b Describe in Schedule O the process, if any, used by the organization to review this F	Form 990
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	
b Were officers, directors, or trustees, and key employees required to disclose annual to conflicts?	12b X
c Did the organization regularly and consistently monitor and enforce compliance with Schedule O how this was done	
13 Did the organization have a written whistleblower policy?14 Did the organization have a written document retention and destruction policy?	
 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a rev persons, comparability data, and contemporaneous substantiation of the deliberation 	view and approval by independent
a The organization's CEO, Executive Director, or top management official	
b Other officers or key employees of the organization	
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 of taxable entity during the year?	
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	e steps to safeguard the
Section C. Disclosure	
 17 List the states with which a copy of this Form 990 is required to be filed ► 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable) 	e), 990, and 990-T (Section 501(c)(3)s only) available
for public inspection. Indicate how you made these available. Check all that apply. Own website	Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, con the public during the tax year.	•
20 State the name, address, and telephone number of the person who possesses the carried Alison Gray 626 James Street Erie	PA 16509 (814) 431-81
	

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Form 990 (2014) Pennsylvania State Chapter of Children's Adv	ocacy Centers	and M	oltidi	.scip	lınar	y Teams		20-83872	93 Pa ge 7
Part VII Compensation of Officers, Direct Independent Contractors							es, Highest C	ompensated Er	
Check of Schedule O contains a response or	note to an	v lino	un th	ue E	Part 1	\/II			[
Section A. Officers, Directors, Trustees, K									<u>L</u>
1 a Complete this table for all persons required to be liste									
organization's tax year		- /	- 41			ll			
 List all of the organization's current officers, direct compensation Enter -0- in columns (D), (E), and (F) if no 	ors, trustee compensa	s (wr ition (vas p	er ind paid	aivic I.	iuais or	organizations), rega	ardless of amount of	
 List all of the organization's current key employees 	s, if any Se	e ins	truct	ions	s for	definitio	n of 'key employee	•	
 List the organization's five current highest comper who received reportable compensation (Box 5 of Form Worganization and any related organizations 									
• List all of the organization's former officers, key en of reportable compensation from the organization and an					ompe	ensated	employees who re	ceived more than \$1	00,000
 List all of the organization's former directors or troganization, more than \$10,000 of reportable compensation. 									
List persons in the following order individual trustees or employees, and former such persons	directors, ir	nstitui	liona	l tru	stee	es, office	rs, key employees,	highest compensate	ed .
Check this box if neither the organization nor any rela	ated organi	zatio	n cor	npe	nsa	ted any	current officer, dire	ctor, or trustee	
				(C)					
(A) Name and Title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)			ınless fficer	person and a	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1) Alison Gray	40.00								
Executive Director		_	\square			X	65,000.	0.	0.
(2) Abbie Newman	1.00	1	1 1		l	1 1]		1

Х

Х

Х

Х

TEEA0107 02/27/14

1.00

1.00

1.00

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Form 990 (2014)

President

(3) Chris Kirchner

__(4)_Michael_Gaines_____

Vice President

Treasurer

(5) Deb Harrison

Secretary

(6)

_(7)_____

(8)

(10)

(12)

(13)

(14)

BAA

(11)

(15) (16) (17) (18) (20) (21) (22) (23) (24) (25) 1 b Sub-total.		
(17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total.		
(18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total.		
(20) (21) (22) (23) (24) (25) 1 b Sub-total. c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 65,000. 0.		
(21) (22) (23) (24) (25) 1 b Sub-total		
(21) (22) (23) (24) (25) 1 b Sub-total		
(22) (23) (24) (25) 1 b Sub-total		
(23) (24) (25) 1 b Sub-total		<u></u>
(24) (25) 1 b Sub-total	ı	
(25) 1 b Sub-total		
1 b Sub-total		
c Total from continuation sheets to Part VII, Section A		
d Total (add lines 1b and 1c)		0.
from Alexander Company	mpensati	0.
from the organization •		Yes No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for	^ 1 To	
such individual	4	Х
for services rendered to the organization? If 'Yes,' complete Schedule J for such person	. 5	x
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of		
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address Description of services	(C	C)
Name and business address Description of services	Compe	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

	1 990 (2014) Penrsylvania State Chapter of Chi	ldren's Advocacy Center	s and Multidisciplinar	y_Teans	20-8387293	Page 9
Par	t VIII Statement of Revenue Check if Schedule O contains a respon	ase or note to any lin	e in this Part VIII			Г
	,	ise of note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Grits, Grants Program Service Revenue and Other Similar Amounts	1 a Federated campaigns	Business Code	384,894.			
Other Revenue	3 Investment income (including dividends, other similar amounts)	a b ents	512.	512.	0.	0.
	b		312.	712.	0.	0.
	d Ali other revenue	I	I	i e	1	1

e Total. Add lines 11a-11d . .

12 Total revenue. See instructions

512

385,406

512.

0.

Part IX Statement of Functional Expenses

	ot include amounts reported on lines b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		_		
2	Grants and other assistance to domestic individuals See Part IV, line 22			-	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	65,000.	40,099.	24,901.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,450.	1,450.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,546.	3,517.	2,029.	0.
11	Fees for services (non-employees)				
а	Management				
b	Legal		14		
c	: Accounting	6,555.	3,845.	2,710.	0.
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	74,519.	58,104.	16,415.	0.
12	3 1				
13	Office expenses	6,482.	3,235.	3,247.	0.
14	Information technology				
15	Royalties				· · · · · · · · · · · · · · · · · · ·
16	Occupancy	26.706	00.771	10.005	
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials	36,706.	23,771.	12,935.	0.
19	Conferences, conventions, and meetings	8,485.	8,503.	-18.	0.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	564.	0.	564.	0.
23	Insurance	2,645.	1,438.	1,207.	0.
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
á	Licenses, Dues, and Fees	1,475.	1,250.	225.	0.
	Miscellaneous	11,935.	11,427.	508.	0
	Training Supplies	0.	0.	0.	0.
	Postage	483.	483.	0.	0.
•	e All other expenses	3,961.	3,118.	843.	0.
25	Total functional expenses. Add lines 1 through 24e	225,806.	160,240.	65,566.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here Graph of the complete this line only if column (B) joint costs from a combined educational campaign and fundraising solicitation (B) joint costs from the complete this line only if column (B) joint costs from the costs from t				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing . . 1 58,061 1 157,930. 2 2 3 3 4 4 87,834 167,997. 5 Loans and other receivables from current and former officers, directors, 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10 a 10 a 10 b 564 10 c 5,074. 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11. 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) . 16 16 145,895 331,001 17 77,492 17 102,998 Grants payable......... 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 22 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . 25 26 77,492 Total liabilities. Add lines 17 through 25............ 102,998. Organizations that follow SFAS 117 (ASC 958), check here ► 💢 and complete or Fund Balances lines 27 through 29, and lines 33 and 34. Unrestricted net assets...... 68.403 27 95,406. 28 0 28 132,597. 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 ß 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Net 33 33 68,403 228,003. 34 34 145,895 331,001. BAA Form 990 (2014)

TEEA0111 05/28/14

Form	n 990 (2014) Pennsylvania State Chapter of Children's Advocacy Centers and Miltidisciplinar/ Teams 20-838	37293		Pa	ge 12			
Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗀			
1	Total revenue (must equal Part VIII, column (A), line 12)		3	35,4	06.			
2	2 Total expenses (must equal Part IX, column (A), line 25)							
3	3 Revenue less expenses Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	;		<u>68,4</u>				
6	Donated services and use of facilities	;						
7	Investment expenses							
8	Prior period adjustments	3						
9	Other changes in net assets or fund balances (explain in Schedule O))						
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
column (B))								
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
		_		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 Schedule O.							
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?	· · · · [2 a		Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a							
	separate basis, consolidated basis, or both	1		_				
	Separate basis Consolidated basis Both consolidated and separate basis							
I	b Were the organization's financial statements audited by an independent accountant?]	2 b	Х				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.				i			
	X Separate basis Consolidated basis Both consolidated and separate basis				,			
•	c 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?		2 c		х			
	If the organization changed either its oversight process or selection process during the tax year, explain							
	ın Schedule O		-	<u>†</u>				
3	a 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?		2 -		×			
		٠	3 a		<u> </u>			
	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		2 -					
BAA			3 b	000 /	<u> </u> 2014)			
DAY	n		FOIT	99U (ZU 14)			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2014

ame of the organization Employer identification number										
Pennsylvania State Chapter of	ennsylvania State Chapter of Children's Advocacy Centers and Multidisciplinary Teams 20-8387293									
Part I Reason for Public Ch										
The organization is not a private founda	tion because it is: (For li	nes 1 through 11, check	only one	box)						
1 A church, convention of church	hes, or association of cl	nurches described in sec	tion 170)(b)(1)(A	۸)(۱).					
2 A school described in section	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3 A hospital or a cooperative ho	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 A medical research organizat	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's									
	name, city, and state:									
	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6 A federal, state, or local gove	rnment or governmental	unit described in section	n 170(b)	(1)(A)(v).					
7 X An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II)	part of its support from a	governm	ental un	it or from the general pu	blic described				
8 A community trust described	n section 170(b)(1)(A)((vi). (Complete Part II)								
9 An organization that normally from activities related to its expression investment income and unrel June 30, 1975 See section	kempt functions — subje ated business taxable in 509(a)(2). (Complete Pa	ct to certain exceptions, come (less section 511 t rt III)	and (2) r ax) from	no more busines	than 33-1/3% of its supposes acquired by the organic	ort from gross				
10 An organization organized ar				•	, , ,					
or more publicly supported or	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g									
organization(s) the power to	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
management of the supporting	Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C.									
c Type III functionally integra organization(s) (see instruction	ated. A supporting orgar ons) You must comple	nization operated in conn ite Part IV, Sections A,	ection w D, and E	ith, and i	functionally integrated w	ith, its supported				
d Type III non-functionally in functionally integrated. The constructions) You must com	rganization generally mi	ust satisfy a distribution i								
e Check this box if the organiz integrated, or Type III non-fu	nctionally integrated sup	porting organization		з а Туре	I, Type II, Type III functi	onally				
f Enter the number of supported of	•					• • • •				
g Provide the following information	about the supported or	ganization(s)								
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) is organization in your go docum	on listed overning	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
			Yes	No						
(A)										
(B)										
(C)										
(D)			ļ							
(E)										
Total										

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

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					· · · · · · · · · · · · · · · · · · ·	
	dar year (or fiscal year ning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants')	73,409.	131,514.	212,295.	244,080.	384,894.	1,046,192.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						<u> </u>
4	Total. Add lines 1 through 3	73,409.	131,514.	212,295.	244,080.	384,894.	1,046,192.
	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	_		Υ΄ 		. */	1,046,192.
Sec	tion B. Total Support	T		·			
	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	73,409.	131,514.	212,295.	244,080.	384,894.	1,046,192.
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 VI)	28,214.			54.	512.	28,780.
11	Total support. Add lines 7 through 10		, , , , , , , , , , , , , , , , , , , ,				1,074,972.
12	Gross receipts from related activit	ies, etc (see instru	ctions)			12	
13	First five years. If the Form 990 i organization, check this box and s	s for the organization stop here	on's first, second,	third, fourth, or fiftl	n tax year as a sect	tion 501(c)(3)	
Sec	tion C. Computation of Pu						<u></u>
14	Public support percentage for 201						97.32 %
15	Public support percentage from 2	013 Schedule A, P	art II, line 14			15	95.90 %
16 a	33-1/3% support test — 2014. If and stop here. The organization	the organization d qualifies as a publi	id not check the bo cly supported orga	ox on line 13, and finization	the line 14 is 33-1/3	3% or more, check	this box ► X
t	33-1/3% support test — 2013. If and stop here. The organization						
17 a	10%-facts-and-circumstances t or more, and if the organization rr the organization meets the 'facts-	neets the 'facts-and	l-circumstances' te	st, check this box	and stop here. Exp	olain in Part VI hov	v —
	o 10%-facts-and-circumstances to or more, and if the organization morganization meets the 'facts-and	neets the 'facts-and -circumstances' te	d-circumstances' te st The organizatio	est, check this box n qualifies as a pu	and stop here. Exploid supported org	plain in Part VI hov janization	v the
18	Private foundation. If the organi	zation did not ched	k a box on line 13,	, 16a, 16b, 17a, or			
					0-	hadula A /Farm 00	O 000 EZV 0044

20-8387293

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 to qualify under the tests listed below, please complete Part II)

Secti	on A. Public Support						
1 (ar year (or fiscal yr beginning in) > Gifts, grants, contributions and membership fees received. (Do not include	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
2 (any 'unusual grants ')						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	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						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				-, , , , ,	18 3 2 2 2 2	
04	ion B. Total Support						
Sect	ion b. Total Support						
	dar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend		(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a	dar year (or fiscal yr beginning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a	dar year (or fiscal yr beginning in) ► 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	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calenc 9 10 a b	dar year (or fiscal yr beginning in) ► 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a b	dar year (or fiscal yr beginning in) ► 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 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,		(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Calend 9 10 a b c 11	dar year (or fiscal yr beginning in) Amounts from line 6						(f) Total
Calend 9 10 a b c 11 12	dar year (or fiscal yr beginning in) ► 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 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	is for the organizati	on's first, second,	third, fourth, or fift	h tax year as a sec	ction 501(c)(3)	
Calend 9 10 a b c 11 12 13 14 Sec	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizati	on's first, second,	third, fourth, or fift	h tax year as a sec	etion 501(c)(3)	
Calend 9 10 a b c 11 12	dar year (or fiscal yr beginning in) ► 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 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11 and 12)	is for the organization here	ion's first, second,	third, fourth, or fift	h tax year as a sec	ction 501(c)(3)	· · · · • • • • • • • • • • • • • • • •
Calend 9 10 a b c 11 12 13 14 Sec 15	dar year (or fiscal yr beginning in) ► 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 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	us for the organizati stop here ublic Support I 14 (line 8, column (enon's first, second, Percentage f) divided by line 1 art III, line 15.	third, fourth, or fift	h tax year as a sec	ction 501(c)(3)	
Calend 9 10 a b c 11 12 13 14 Sec 15	dar year (or fiscal yr beginning in) Amounts from line 6	us for the organizati stop here ublic Support I 14 (line 8, column (1013 Schedule A, P vestment Inco	Percentage f) divided by line 1 art III, line 15 me Percentage	third, fourth, or fift	h tax year as a sec	etion 501(c)(3)	· · · · • • • • • • • • • • • • • • • •
Calend 9 10 a b c 11 12 13 14 Sec 15	dar year (or fiscal yr beginning in) ► 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 . 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) First five years. If the Form 990 organization, check this box and stion C. Computation of Putline support percentage from 2 tion D. Computation of Investment income percentage for	is for the organizati stop here Iblic Support I 14 (line 8, column (1013 Schedule A, P vestment Inco	Percentage f) divided by line 1 art III, line 15 me Percentage	third, fourth, or fift	h tax year as a sec	ction 501(c)(3)	· · · · • • • • • • • • • • • • • • • •
Calend 9 10 a b c 11 12 13 14 Sec: 15 16 Sec:	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organizati stop here Iblic Support I 14 (line 8, column (1013 Schedule A, P vestment Inco	Percentage f) divided by line 1 art III, line 15 me Percentage	third, fourth, or fift	h tax year as a sec	ction 501(c)(3)	▶ □
Calend 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18	dar year (or fiscal yr beginning in) ► 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 . 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 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) First five years. If the Form 990 organization, check this box and stion C. Computation of Putline support percentage from 2 tion D. Computation of Investment income percentage for	is for the organization of the organization or	Percentage f) divided by line 1 art III, line 15 me Percentage blumn (f) divided b A, Part III, line 17 did not check the I	third, fourth, or fifting the state of the s	h tax year as a sec	tion 501(c)(3)	2 % me 17
Calend 9 10 a b c 11 12 13 14 Sec 15 16 Sec 17 18 19 a	dar year (or fiscal yr beginning in) Amounts from line 6	is for the organization of the organization or	Percentage f) divided by line 1 art III, line 15 me Percentage blumn (f) divided b A, Part III, line 17 did not check the linere. The organized of the letter of the le	third, fourth, or fift 3, column (f)) y line 13, column (f) oox on line 14, and ation qualifies as a x on line 14 or line organization qualifier	h tax year as a sec	tion 501(c)(3)	2 % % % ne 17 ▶ [] 1%, and on ▶ []

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	tion A. All Supporting Organizations		V	N.
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3 :	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	3a		
ļ	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
•	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	3с		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	,	
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI	6	-	,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990).	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	96		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	90		
10	a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	106	,	

	•			
	edule A (Form 990 or 990-EZ) 2014 Pennsylvania State Chapter of Children's Advocacy Centers and Multidisciplinary Teams 20-838729	3	F	age 5
Par	rt IV Supporting Organizations (continued)			Γ
11	Has the organization accepted a gift or contribution from any of the following persons?	 	Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	b A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
	tion B. Type I Supporting Organizations	<u>-</u>		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sec	ction D. All Type III Supporting Organizations			
	•		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Sec	ction E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	:		
	a The organization satisfied the Activities Test Complete line 2 below			
`	b The organization is the parent of each of its supported organizations. Complete line 3 below			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruct	ions)		
	A to be Test Access (c) and (b) below			T
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2014

	dule A (Form 990 or 990-EZ) 2014 Pennsylvania State Chapter of Children's Advocacy Centers and Mu			887293 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N other Type III non-functionally integrated supporting organizations must complete Section 2.	lovemb tions A	per 20, 1970 See instru through E	uctions. All
Sect	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		-
	tion B — Minimum Asset Amount	1-	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1 a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)·	,		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount		<u> </u>	Current Year
1_	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	•	,
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	* * * *	
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	. **	
7	Check here if the current year is the organization's first as a non-functionally-integrate (see instructions)	ed Type	e III supporting organiza	tion
BAA	<u> </u>		Schedule A (F	orm 990 or 990-EZ) 2014

Schedule	A (For	m 990 o	r 990-EZ	') 2014

Page 7

pporting Organiz	ations (continued)					
		Current Year				
es						
of supported organizati	ons,					
Administrative expenses paid to accomplish exempt purposes of supported organizations						
		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·				
						
(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
	-					
· · · · · · · · · · · · · · · · · · ·						
		*				
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , ,					
İ						
	of supported organizations ted organizations or sesponsive (providence of the control of the con	on is responsive (provide details (i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiii) (iiiii				

Part VI Supplemental Information. 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).

Pt II Ln 10 Other Income Part II, Line 10 Description: Conference 2010 2010: 25214. Description: RCA 2010: 3000. Description: Miscellaneous 2013: 54. 2014: 512.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2014

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection
Employer identification number

	Pennsylvanıa State Chapter of Chi			
<u>Par</u>	Organizations Maintaining Dono Complete if the organization answer	r Advised Funds or Ot ered 'Yes' to Form 990,	h er Similar Fund Part IV, line 6.	ds or Accounts.
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor are the organization's property, subject to the org			
6	Did the organization inform all grantees, donors, for charitable purposes and not for the benefit of impermissible private benefit?	the donor or donor advisor, or	for any other purpose	e conferring
Par	Conservation Easements. Complete if the organization answer	ered 'Yes' to Form 990.	Part IV. line 7.	
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recr			a historically important land area
	Protection of natural habitat	22	—	a certified historic structure
	Preservation of open space			a certified historic structure
2	Complete lines 2a through 2d if the organization	hold a qualified concentration	contribution in the f	m of a consequence occasion to
2	last day of the tax year	rield a qualified conservation	contribution in the for	m of a conservation easement on the
				Held at the End of the Tax Yea
ā	Total number of conservation easements			2 a
ŀ	Total acreage restricted by conservation easeme	ents		2 b
(: Number of conservation easements on a certified	historic structure included in	(a)	2 c
C	I Number of conservation easements included in (structure listed in the National Register	c) acquired after 8/17/06, and	not on a historic	2 d
3	Number of conservation easements modified, tratax year ►			the organization during the
4	Number of states where property subject to cons	ervation easement is located	•	
5	Does the organization have a written policy regarded enforcement of the conservation easements			. —
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing cor	servation easements	during the year
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, and enforcing conserv	ation easements durii	ng the year
8	Does each conservation easement reported on I and section 170(h)(4)(B)(II)?	ine 2(d) above satisfy the requ	urements of section 1	70(h)(4)(B)(ı) Yes
9	In Part XIII, describe how the organization report include, if applicable, the text of the footnote to the conservation easements	ts conservation easements in he organization's financial sta	its revenue and expert tements that describe	nse statement, and balance sheet, and s the organization's accounting for
Pai	Organizations Maintaining Colle Complete if the organization answ	ections of Art, Historic ered 'Yes' to Form 990,	al Treasures, or Part IV, line 8.	Other Similar Assets.
1:	a If the organization elected, as permitted under S art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its financia	eld for public exhibition, educ	ation, or research in fu	stement and balance sheet works of urtherance of public service, provide,
	b If the organization elected, as permitted under S historical treasures, or other similar assets held following amounts relating to these items:			
	(i) Revenue included in Form 990, Part VIII, lin			
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, amounts required to be reported under SFAS 11	16 (ASC 958) relating to these	tems	
	a Revenue included in Form 990, Part VIII, line 1			
	b Assets included in Form 990, Part X			▶ \$

					disciplinary Teams	20-8387	
Part III Organizations Maintai	ining Colle	ctions of A	Art, Histo	ricai i	reasures, or	Other Similar Ass	ets (continued)
 Using the organization's acquisition items (check all that apply) 	n, accession, a	nd other reco			_	re a significant use of its	collection
a Public exhibition		d	Loan o	or exchai	nge programs		
b Scholarly research		е	· U Other				
c Preservation for future generat							
4 Provide a description of the organiz Part XIII.							
5 During the year, did the organization to be sold to raise funds rather than							Yes No
Part IV Escrow and Custodia line 9, or reported an ar	Mount on Fo	orm 990, F	art X, line	ne orga e 21.	inization answ	ered 'Yes' to Form !	990, Part IV,
1 a Is the organization an agent, truste on Form 990, Part X?					ons or other asse	ets not included	Yes No
b If 'Yes,' explain the arrangement in	Part XIII and o	complete the	following tal	ble			
						/	Amount
c Beginning balance							·
d Additions during the year							
e Distributions during the year							
f Ending balance							
2 a Did the organization include an am						·	
b If 'Yes,' explain the arrangement in	Part XIII Che	ck here if the	explanation	n has be	en provided in Pa	rt XIII	
Part V Endowment Funds. C	omplete if t	he organiz	ation ans	wered	'Yes' to Form	990, Part IV, line 10	
	(a) Current	/ear	(b) Prior year		(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							-
d Grants or scholarships							-
e Other expenditures for facilities							
and programs							
f Administrative expenses							
g End of year balance						<u> </u>	
2 Provide the estimated percentage	of the current	year end bala	ance (line 1g	g, columi	n (a)) held as		
a Board designated or quasi-endowr	ment 🟲		- -				
b Permanent endowment ►	용						
c Temporarily restricted endowment	· •	······					
The percentages in lines 2a, 2b, a	nd 2c should e	qual 100%					
3 a Are there endowment funds not in	the possessio	n of the orgai	nization that	are held	d and administere	d for the	
organization by							Yes No
(i) unrelated organizations							3a(i)
(ii) related organizations							3a(ii)
b If 'Yes' to 3a(II), are the related org						• • • • • • • • • • • • • • • • • • • •	3b
4 Describe in Part XIII the intended in			ndowment f	unds			<u> </u>
Part VI Land, Buildings, and				200 D		0 - E - 000 B	
Complete if the organiz	zation answ	ered Yes	to Form 9	990, Pa	irt IV, line 11a	. See Form 990, Pa	rt X, line 10.
Description of property		(a) Cost or o (investr			Cost or other isis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land						Same Surface S	
b Buildings							
c Leasehold improvements		<u> </u>		ļ			
d Equipment	<i></i>				5,638.	564.	5,074.
e Other		İ		<u>i</u>	ļ		
Total. Add lines 1a through 1e. (Column	ı (d) must equa	al Form 990,	Part X, colu	mn (B),	l <u>ine 10c)</u>	<u></u>	5,074.
BAA						Schedi	ule D (Form 990) 2014

20-8387293

Part VII Investments – Other Securities.	Ves' to Form 990 [Part IV, line 11b. See Form 990, Part X, line 1	12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market valu	
(1) Financial derivatives	\ '	(c) member of respective of our or your mariner range	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)	_		
(c)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) ▶			
Part VIII Investments - Program Related.	Wasi ta Farma 000	Dort IV line 11e Coe Form 000 Dort V line 1	4.0
(a) Description of investment type	tes to Form 990, (b) Book value	Part IV, line 11c. See Form 990, Part X, line 1 (c) Method of valuation. Cost or end-of-year market	
	(b) Book value	(c) Method of Valuation Cost of end-of-year marke	t value
(1)		· · · · · · · · · · · · · · · · · · ·	
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13).	•		
Part IX Other Assets.			
Complete if the organization answered		Part IV, line 11d. See Form 990, Part X, line	
	escription	(b) Book	value
<u>(1)</u> (2)	_ 		
(3)	· · · · · · · · · · · · · · · · · · ·		
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			·····
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)	, line 15)		
Part X Other Liabilities. Complete if the organization answered 'Yes' to	Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
(a) Description of liability	(b) Book valu		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)		- 	
(7)			
(8)			
(9) (10)		 	
(11)		 	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	▶		
2. Liability for uncertain tax positions In Part XIII, provide the text of the fo		inancial statements that reports the organization's liability for uncertain	ın
tax positions under FIN 48 (ASC 740) Check here if the text of the footnot			

Part XIII Supplemental Information.

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information

BAA

Schedule D (Form 990) 2014

225,806.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2014

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is

at www.irs.gov/form990.

Name of the organization Employer Identification number Pennsylvania State Chapter of Children's Advocacy Centers and Multidisciplinary Teams 20-8387293

Pt VI, Line 11b A complete copy of Form 990 is e-mailed to all board members

Pt VI, Line 12c Through quarterly meeting reports

Determined by Exec. Committee review of National CAC Salary Report. The

Pt VI, Line 15a full Board of Directors reviewed the Report and voted on the final plan.

Pt VI, Line 19 Available upon request