Product: Exempt Category:

Plan Number:

Name: Butler County Alliance for Children

**DBA Childrens Advocacy Center of Butler** FEIN: \*\*\*\*\*9524

Bank Info:

Fiscal Year Begin Date: 7/1/2023

IRS Message:

IRS Center: Ogden

e-Postmark: 12/20/2024 10:31 AM

Notification:

Fiscal Year End Date: 6/30/2024 eSigned:

### **Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
12/20/2024	23X:1149:V1	Upload Started			Goralzick,Rachael	
12/20/2024	23X:1149:V1	Released for Transmission - Validation in Progress			Goralzick,Rachael	
12/20/2024	23X:1149:V1	Ready to transmit - Validation Complete				
12/20/2024	23X:1149:V1	Transmitted to FD	2557092024355032ee20			
12/20/2024	23X:1149:V1	Accepted by FD on 12/20/2024				

ID **Status Date** Status State/Other **State Category FBAR FBAR BSA ID** 

# Form 8879-TF

# IRS E-file Signature Authorization for a Tax Exempt Entity

, 2023, and ending	JUN	30	, 20 24

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. BUTLER COUNTY ALLIANCE FOR CHILDREN DBA

CHILDREN'S ADVOCACY CENTER OF BUTLER

For calendar year 2023, or fiscal year beginning JUL 1

46-4129524

**EIN or SSN** 

Name and title of officer or person subject to tax DANIELLE SCHMIDT

EXECUTIVE DIRECTOR Part I Type of Return and Return Information

hoole the hours with the second	
theck the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038 form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6 form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, hichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not cor	ia, 7a, 8a, 9a

or 10a whiche than or	below, and the amount on that ever is applicable, blank (do not e ne line in Part I.	line for the enter -0-). E	return being filed with this form was blank, then leave line <b>1b, 2b</b> But, if you entered -0- on the return, then enter -0- on the applicable	ne 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, line below. Do not complete mor
1a	Form 990 check here	X b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	# F26 F06
2a	Form 990-EZ check here	b	Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here	b	Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here	b	Tax based on investment income (Form 990-PF, Part V, line 5)	
5a	Form 8868 check here	b	Balance due (Form 8868, line 3c)	4b
6a	Form 990-T check here	b	Total tax (Form 990-T, Part III, line 4)	5b
7a	Form 4720 check here	b	Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here	b	FMV of assets at end of tax year (Form 5227, Item D)	CONTRACTOR AND MARK
9a	Form 5330 check here	b	Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here	D	Amount of credit navment requested (Form 2000 CD D	
Part		ignature	Authorization of Officer or Person Subject to Tax	
Under p	penalties of perjury, I declare that	t X I ar	n an officer of the above entity or I am a person subject to tax	ax with respect to (name
			(FIN)	Albert Leaders and the second second second second
interme acknow of any re entry to financia later that paymen persona	diate service provider, transmitte ledgement of receipt or reason f efund. If applicable, I authorize ti the financial institution account I institution to debit the entry to in 2 business days prior to the p t of taxes to receive confidential I identification number (PIN) as r	er, or electron rejection he U.S. Tree indicated in this account in the properties of the properties information in the properties in the	les and statements, and, to the best of my knowledge and belief, to I above is the amount shown on the copy of the electronic return ronic return originator (ERO) to send the return to the IRS and to report of the transmission, (b) the reason for any delay in processing the assury and its designated Financial Agent to initiate an electronic find the tax preparation software for payment of the federal taxes over the transmission. I must contact the U.S. Treasury Financiat element, I also authorize the financial institutions involved in the necessary to answer inquiries and resolve issues related to the refor the electronic return and, if applicable, the consent to electronic return and, if applicable, the consent to electronic return and the consent return and the	hey are true, correct, and I consent to allow my ceceive from the IRS (a) an er return or refund, and (c) the date funds withdrawal (direct debit) wed on this return, and the al Agent at 1-888-353-4537 no the processing of the electronic
PIN: ch	ock one how sub-			

	100	1720		
PIN	: che	ck o	ne bo	only

X	I authorize	MAHER	DUESSEL.	CPA'S

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

to enter my PIN

01149

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

ERO firm name

Certification and Authentication

25570912345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for

ERO's signature

Date

12/19/2024

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

# \*\* PUBLIC DISCLOSURE COPY \*\* 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A I</u>	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and e	ل ending	<u>UN 30, 2024</u>	
<b>B</b> (	Check if applicable	BUTLER COUNTY ALLIANCE FOR CHILDREN DB	A	D Employer identifi	cation number
	Addres change	CHILDREN'S ADVOCACY CENTER OF BUTLER			
	Name change	Doing business as		46-41295	24
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 101 MAHOOD RD	Room/suite	E Telephone numbe 724-431-	
	termin ated			G Gross receipts \$	607,914.
	Ameno	<b>1</b>		H(a) Is this a group re	
F	Applic tion			for subordinates	
	pendir	9 101 MAHOOD RD, BUTLER, PA 16001		H(b) Are all subordinates in	—
T -	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	1 ' '	list. See instructions
	Websit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	<b>L</b> Year		M State of legal domicile; PA
	art I	Summary	1 = 1000	or remained in	otato or logar dominoro,
_	1	Briefly describe the organization's mission or most significant activities: <b>EMPOV</b>	VERING	OUR COMMUN	ITY TO
Se	'	ENSURE THE SAFETY, HEALTH, AND WELL-BEING			
nan	2	Check this box if the organization discontinued its operations or dispose			
Ver	3			3	8
s & Governance	4	Number of independent voting members of the governing body (Part VI, line 1b)			8
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			6
iţi	6	Total number of volunteers (estimate if necessary)			22
Activities &	7 2	Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ	l h	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	<u> </u>	The difference such as the transfer from the first of the second such as the second such		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		481,663.	468,946.
Jue	9	Program service revenue (Part VIII, line 2g)		10,000.	10,000.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		78.	53.
Re	11	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		33,807.	47,597.
_	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		525,548.	526,596.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		368,131.	416,900.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Je n	h	Total fundraising expenses (Part IX, column (D), line 25)	0.		,
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		166,734.	166,390.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		534,865.	583,290.
	1	Revenue less expenses. Subtract line 18 from line 12		-9,317.	-56,694.
		revenue 1633 expenses. Subtract line 10 from line 12	Be	ginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		507,627.	376,931.
ASSE	21	Total liabilities (Part X, line 26)		284,625.	210,623.
Net.	-	Net assets or fund balances. Subtract line 21 from line 20		223,002.	166,308.
_	art II	Signature Block		22370021	200/0001
Und	er nena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of whi			, miemieuge una zenen, nie
	,	g and completel books and to proper or (early mail of 100) to be a control of the	ion proparor	l l	
Sig	n	Signature of officer		Date	
Her		DANIELLE SCHMIDT, EXECUTIVE DIRECTOR			
1101	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature	[	Date Check	PTIN
Paid	d	DUSTIN STARR		if self-employ	
	parer	Firm's name MAHER DUESSEL, CPA'S	1		5-1622758
	Only	Firm's address 503 MARTINDALE STREET, SUITE 600		THIII S LIN 2	
200	,	PITTSBURGH, PA 15212		Phone no 41	2-471-5500
May	v the IC	RS discuss this return with the preparer shown above? See instructions		I Hone no. 4 4	X Yes No
ivid	, ui (C II	to alcours and rotain with the proparer enewer above; occ methodicide			

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE BUTLER COUNTY ALLIANCE FOR CHILDREN IS EMPOWERING
	OUR COMMUNITY TO ENSURE THE SAFETY, HEALTH, AND WELL-BEING OF CHILDREN
	AND FAMILIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$537,894. including grants of \$) (Revenue \$)
	BUTLER COUNTY ALLIANCE FOR CHILDREN PROVIDES A CHILD-FRIENDLY LOCATION
	FOR MEMBERS OF THE MULTIDISCIPLINARY TEAM TO COME TOGETHER TO MEET WITH
	FAMILIES AND MAKE CASE DECISIONS. STAFF OF BUTLER COUNTY ALLIANCE FOR
	CHILDREN RECEIVE REFERRALS FROM CHILDREN AND YOUTH SERVICES, LOCAL LAW
	ENFORCEMENT DEPARTMENTS AND THE COUNTY DISTRICT ATTORNEY'S OFFICE.
	ONCE THE REFERRAL IS RECEIVED, STAFF COORDINATE THE REQUESTED SERVICES
	WITH INVESTIGATORS AND FAMILY MEMBERS.
	DUMI DE COLDUM ALL TANCE DOD CULL DEUX DECULDES L'ESALLY COLDUD DODENGES
	BUTLER COUNTY ALLIANCE FOR CHILDREN PROVIDES LEGALLY SOUND FORENSIC
	INTERVIEWING SERVICES, FORENSIC MEDICAL EXAMINATIONS, SERVICE REFERRAL,
	SPECIAL MULTIDISCIPLINARY TEAM MEETINGS, MONTHLY CASE REVIEW TEAM MEETINGS AND LOCAL TRAINING OPPORTUNITIES.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
<b>14</b>	Other program conject (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 537,894.
	Form 990 (2023)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		X
9	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 services?			l
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			l
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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 in		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	-
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	v	
_	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	١		- v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<del>  ^``</del>
ı		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		<del>  ^*</del>
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	<del>ان</del> ا		<del>  ^``</del>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b> </b> ''		<del> </del>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	13		
13		19		X
20a	complete Schedule G, Part III	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		├ <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		x
	Government on the may obtain the state of th			

CHILDREN'S ADVOCACY CENTER OF BUTLER Part IV Checklist of Required Schedules (continued)

			Yes	No			
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		X			
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? If "Yes," complete			,,			
	Schedule J	23		X			
24a	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	l		37			
	Schedule K. If "No," go to line 25a	24a		X			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del>                                     </del>			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c		<del>                                     </del>			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		├			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x			
<b>L</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a					
D	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	OEL		x			
06	Schedule L, Part I	25b					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		X			
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		-22			
20	instructions for applicable filing thresholds, conditions, and exceptions):						
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
а		28a		X			
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X			
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200					
C	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25					
00	contributions? If "Yes," complete Schedule M	30		X			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		<del></del>			
UZ.	Schedule N. Part II	32		X			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- C-		<del></del>			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		<del></del>			
٠.	Part V, line 1	34		X			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X			
	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?						
	If "Yes," complete Schedule R, Part V, line 2	36		X			
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		Х			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?						
	Note: All Form 990 filers are required to complete Schedule O	38	Х				
Pai							
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>					
			Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c					

O23) CHILDREN'S ADVOCACY CENTER OF BUTLER

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

					Yes	NO
<b>2</b> 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	2a	6			
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	7.7
	- · · · · · · · · · · · · · · · · · · ·			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					x
	financial account in a foreign country (such as a bank account, securities account, or other financial a	.ccount	)?	4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts	(FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		o (i DAir).	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and cont	vices pro	ovided to the payor?	7a		X
				7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	1 1		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		37
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e 7f		X
f	3 , 3 , 1 , 1					X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g 7h		
<ul> <li>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</li> <li>Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the</li> </ul>						
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?						
9 Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			ISa		
h	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	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O .		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other				
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
_				3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asso			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			_ <u> </u>		
<i>1</i> u	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			- ra		
b				7b		х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year			75		
a				8a 8b	X	
b				OD	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a respiration to mailing address? (CIV)			_		х
organization's mailing address? If "Yes." provide the names and addresses on Schedule O						21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	<u>renue Code.)</u>			Vaa	Na
10-	Did the experientian have lead charters branches as effiliates?			100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's exempt purposes?	•		10b		
44.		hoforo filing the		11a	Х	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filling the	IOIII!	па	72	
b 40-	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			40-	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		40-	Х	
40	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval	•				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v
	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a				37
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's				
<u> </u>	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section	501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	· ·	on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	oflict of interest p	olicy, and	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo					
	DANEILLE SCHMIDT, EXECUTIVE DIRECTOR - 724-431-3689					
	101 MAHOOD RD., BUTLER, PA 16001					

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)			((	<b>C)</b>			(D)	(E)	(F)
Name and title	Average		not c		more	than o		Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	trustee or director				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste		au	pensa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ıal tru	onal t		ploye	e com		1099-NEC)		and related
	below line)	Individual t	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DANIELLE SCHMIDT	40.00									
EXECUTIVE DIRECTOR				Х				67,277.	0.	15,137.
(2) CAITLINN COLONNA	1.00									
DIRECTOR		Х						0.	0.	0.
(3) BETH CULLEY	1.00									
DIRECTOR		Х						0.	0.	0.
(4) PATRICIA MCLEAN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) ELLEN ROMETT	1.00									
DIRECTOR		Х						0.	0.	0.
(6) LINDA STRACHAN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) ALLISON QUICK	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(8) COLLEEN GIANNESKI	1.00									
DIRECTOR		Х						0.	0.	0.
(9) NANCY MCKEE	1.00									
SECRETARY THROUGH JUNE 2024		Х						0.	0.	0.
(10) JEFF REYNOLDS	1.00									
TREASURER THROUGH MARCH 2024		Х						0.	0.	0.
(11) BRIAN BLACKWELL	1.00								_	_
DIRECTOR THROUGH FEBRUARY 2024		Х						0.	0.	0.
(12) JONDAVID LONGO	1.00								_	_
DIRECTOR THROUGH JULY 2023		Х						0.	0.	0.
(13) LISA SNYDER	1.00								_	
PRESIDENT THROUGH JULY 2023		Х						0.	0.	0.
(14) KELLIE R. SEILER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) LAURA PITCHFORD	1.00									_
DIRECTOR (BEG. MARCH 2024)	1 1 1 1 1	Х				_		0.	0.	0.
(16) CINDY CIPOLETTI	1.00									_
DIRECTOR (THROUGH MARCH 2024)		Х				_		0.	0.	0.
										000

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)						
(A)	(B)			(0	C)			(D)	(E)			(F)			
Name and title	Average	/ d a		Pos				Reportable	Reportable		Es	stimate	ed		
	hours per	box	not cl	ss per	rson i	is both	n an	compensation	compensatio	n	ar	nount (	of		
	week	offic	cer an	id a di	irecto	or/trus	tee)	from	from related	ı		other			
	(list any	ector						the	organization			pensa			
	hours for	or dir	a.			ated		organization	(W-2/1099-MIS	- 1		om the			
	related organizations	ıstee	truste		يو	bens		(W-2/1099-MISC/	1099-NEC)			anizati			
	below	ual tr	tional		ploye	t con	_	1099-NEC)				d relate anizatio			
	(list any hours for related organizations below line)  (line)  (list any hours for related organization below line)										orge	ai iiZati	5115		
		_	=			1 0									
		<u> </u>													
		┢			_	┢									
						$\vdash$									
		1													
		<u> </u>													
									-						
		<u> </u>						67 077			- 1	- 1·	2 17		
1b Subtotal								67,277.		0.		5,13			
c Total from continuation sheets to Part VII								0.		0.	1	r 1,	0.		
d Total (add lines 1b and 1c)								67,277.		0.		5,13	3/.		
2 Total number of individuals (including but no compensation from the organization	ot ilmited to th	ose	liste	a ac	oove	e) wn	o re	eceived more than \$100,	υυυ of reportable	,			0		
compensation from the organization												Yes	No		
3 Did the organization list any former officer,	director, truste	ee. k	ev e	lame	love	e. or	hia	hest compensated emp	lovee on						
line 1a? If "Yes," complete Schedule J for si											3		Х		
4 For any individual listed on line 1a, is the su															
and related organizations greater than \$150											4		Х		
5 Did any person listed on line 1a receive or a															
rendered to the organization? If "Yes." com	plete Schedule	∋ <i>J f</i> e	or su	ıch ı	oers	on .					5		X		
Section B. Independent Contractors															
1 Complete this table for your five highest con	-	-							•	ensat	tion fro	om			
the organization. Report compensation for t (A)	ne calendar ye	ear e	enair	ig w	ith c	or wi	tnin	the organization's tax y	ear.		((	·)			
Name and business	address	NC	ONE	C				Description of s	ervices	С	ompe	nsatior	า		
2 Total number of independent contractors (in	ncluding but no	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than						
\$100,000 of compensation from the organiz	zation				(	)									

Form 990 (2023) CHILDRE
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		Officers in Generalic & contains a response s	Triote to arry in the	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
						business revenue	from tax under
							sections 512 - 514
ts st	1 a	Federated campaigns 1a					
irar	b	Membership dues					
Ĕ,S	С	Fundraising events 1c					
ifts ar A	d	Related organizations 1d					
nig,	е	Government grants (contributions) 1e	439,807.				
Sig	f	All other contributions, gifts, grants, and	,				
e ti	•	similar amounts not included above 1f	29,139.				
흕	_	· · · · · · · · · · · · · · · · · · ·	23,1331				
Contributions, Gifts, Grants and Other Similar Amounts	9			468,946.			
O a	n	Total. Add lines 1a-1f	Business Code	400,940.			
		MEDICAL EVANO		10 000	10 000		
Se	2 a	MEDICAL EXAMS	624100	10,000.	10,000.		
e K	b						
Score	С						
an	d						
Program Service Revenue	е						
P	f	All other program service revenue					
		Total. Add lines 2a-2f		10,000.			
	3	Investment income (including dividends, intere	st. and	•			
	_	other similar amounts)		53.			53.
	4	Income from investment of tax-exempt bond p	rocoods				
		·	1				
	5	Royalties(i) Real	(ii) Personal				
	_		(II) Fersonal				
		Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
ē		and sales expenses <b>7b</b>					
en	c	Gain or (loss) 7c					
Revenue		Net gain or (loss)					
her F		Gross income from fundraising events (not					
Oth	0 a	· · · · · · · · · · · · · · · · · · ·					
٥							
		contributions reported on line 1c). See	100 015				
			128,915.				
		Less: direct expenses 8b	81,318.	45 505			45 505
				47,597.			47,597.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	b	Less: direct expenses9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
$\overline{}$		The moonie of hossy norm sales of inventory	Business Code				
sn	11 ~						
e ge	11 a						
Miscellaneous Revenue	b						
Se	C						
Ξ̈́	d	All other revenue					
	е	Total. Add lines 11a-11d		F06 F06	10.000	^	47 650.
	40	Total revenue See instructions		5/6 596	0.000	0.1	1 / 1 / 65()

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 91,357. 91,357. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 220,082. 220,082. Other salaries and wages 7 Pension plan accruals and contributions (include 10,579. 10,579. section 401(k) and 403(b) employer contributions) 75,327. 75,327. Other employee benefits 9 19,555. 19,555. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 45,516. 21,932. 23,584. column (A), amount, list line 11g expenses on Sch O.) 320. 320. Advertising and promotion 12 28,854. 11,051. 17,803. Office expenses 13 Information technology 14 15 Royalties 66,721. 66,721. 16 Occupancy 6,471. 6,471. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 7,684. 7,684. Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 10,824. 7,135. 3,689. MISCELLANEOUS d All other expenses 583,290. 537,894. 45,396. 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			216,651.	1	127,300.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			46,822.	4	58,443.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
		controlled entity or family member of any of t	these per	sons		5	
	6	Loans and other receivables from other disqu	ualified pe				
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			23,785.	9	17,718.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	100,416.			
	b	Less: accumulated depreciation	10b	59,492.	48,608.	10c	40,924.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, Iir				12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			171,761.	15	132,546.
	16	Total assets. Add lines 1 through 15 (must e			507,627.	16	376,931.
	17	Accounts payable and accrued expenses			60,497.	17	29,217.
	18	Grants payable				18	
	19	Deferred revenue			52,367.	19	48,860.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part I\	of Schedule D		21	
S	22	Loans and other payables to any current or fe	ormer off	cer, director,			
Liabilities		trustee, key employee, creator or founder, su	ıbstantial	contributor, or 35%			
iabi		controlled entity or family member of any of t	these per	sons		22	
_	23	Secured mortgages and notes payable to un	related th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24	1). Complete Part X	454 564		400 -46
		of Schedule D			171,761.		132,546.
	26	Total liabilities. Add lines 17 through 25			284,625.	26	210,623.
"		Organizations that follow FASB ASC 958, or	check he	re X			
če		and complete lines 27, 28, 32, and 33.		1	016 550		144 052
alan	27	Net assets without donor restrictions			216,752.	27	144,053.
B	28	Net assets with donor restrictions			6,250.	28	22,255.
ŭ,		Organizations that do not follow FASB ASC	C 958, ch	eck here			
F.		and complete lines 29 through 33.		1			
ts c	29	Capital stock or trust principal, or current fun				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			222 002	31	166 200
§	32	Total net assets or fund balances		·····	223,002.	32	166,308.
	33	Total liabilities and net assets/fund balances			507,627.	33	376,931.

Form 990 (2023) CHILDREN '
Part XI | Reconciliation of Net Assets CHILDREN'S ADVOCACY CENTER OF BUTLER

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Га	Recollimation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,2	
3	Revenue less expenses. Subtract line 2 from line 1	3		6,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> 22</u> :	3,0	<u>02.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u> 16</u>	6,3	08.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	<del></del>			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

BUTLER COUNTY ALLIANCE FOR CHILDREN DBA

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

CHILDREN'S ADVOCACY CENTER OF BUTLER 46-4129524 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990) 2023

CHILDREN'S ADVOCACY CENTER OF BUTLER

46-4129524 Page 2 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.)

Sed	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	376,072.	459,330.	546,993.	481,663.	468,946.	2333004.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	376,072.	459,330.	546,993.	481,663.	468,946.	2333004.	
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)							
	Public support. Subtract line 5 from line 4.						2333004.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	376,072.	459,330.	546,993.	481,663.	468,946.	2333004.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,			0.4			0.4=	
	and income from similar sources	10.	25.	81.	78.	53.	247.	
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.)						222251	
	<b>Total support.</b> Add lines 7 through 10		`				2333251.	
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12		
13	First 5 years. If the Form 990 is for the	•	st, second, third, t	ourth, or fifth tax y	ear as a section 50	J1(c)(3)		
Sec	organization, check this box and storetion C. Computation of Publi							
	Public support percentage for 2023 (I			column (f)\		14	99.99 %	
	Public support percentage from 2022	, , , , , , , , , , , , , , , , , , , ,	•	( , ,		15	99.99 %	
	33 1/3% support test - 2023. If the o					•		
b	stop here. The organization qualifies as a publicly supported organization  LX  b 33 1/3% support test - 2022. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization							
17a	10% -facts-and-circumstances test							
_	and if the organization meets the fact	•					ŕ	
	meets the facts-and-circumstances te			-				
b	10% -facts-and-circumstances test	-		*	-			
	more, and if the organization meets the	-						
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

CHILDREN'S ADVOCACY CENTER OF BUTLER

46-4129524 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.) Section A. Public Support (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 ...... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021(d) 2022 (e) 2023 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 % 18 Investment income percentage from 2022 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** 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.
- 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **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.)

	Yes	No
1		
•		
2		
3a		
3b		
30		
3с		
4a		
4:		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
10h		
10b		

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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b blook, whe governing body of a supported arganization?  b A family member of a person described on line 11a alone?  c A 39% controlled entity of a person described on line 11a alone?  c A 39% controlled entity of a person described on line 11a alone?  A 39% controlled entity of a person described on line 11a alone?  Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations by the power to requirely appoint or elect at least a majority of the organization's officers, effectively operated, supervised, or controlled the organization's activities. If the organization had more than to an supported organization operated to power to appoint and/or manure officers, directive, or more supported arrang the supported organization operated or powers to appoint and/or manure officers, directive, or trustes were allocated arrang the supported organization operated in the benefit of any supported organization? If "yes," explain in Part V In organization operated, supervised, or controlled the supported organization? If "yes," explain in Part V In organization operated, supervised, or controlled the supported organizations?  1 Were a majority of the organization side organization.  Section C. Type II Supporting Organization was vested in the same persons that controlled or management of the supporting organization was vested in the same persons that controlled or managed publications of the organization or supported organizations in the extent or previously provided?  1 Were an angiently of the organization was vested in the same persons that controlled or managed publications are officers, directors, or trustees of each of the organization was vested organizations, to the extent not previously provided?  2 Were any of the organi	Pai	rt IV Supporting Organizations (continued)			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b a				Yes	No
11a	11	Has the organization accepted a gift or contribution from any of the following persons?			
11a	а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
b A family member of a person described on line 11a above? c A 38% controlled entity of a person described on line 11a or 11b above? fr Yes" to line 11a, 11b, or 11c, provide fietal in Part VI.  Section B. Type I Supporting Organizations  1 Did the governing body, embers of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least an religion, or trustees at all times during the tax yea? if Yea, 'described in Part VI now the supported organizations officers, directors, or trustees at all times during the tax yea? if Yea, 'described in Part VI now the supported organization of organization of power for the bornetif or any supported organization to the train and one supported organization operate for the bornetif or any supported organization other than the supported organization operate for the bornetif or any supported organization other than the supported organization operated for the bornetif organization of a supporting organization? If Yes, 'explain in Part VI now providing such benefit carned out the purposes of the supporting organization of the train the supported organization of the train the supported organization of the train the supported organization of the train or supported organization of the train or supported organization of the directors or trustees of each of the organization is supported organizations? If Yes, 'escentible in Part VI how control or management of the supporting organization of surport organizations and in the supporting organization of the supporting organization of the supporting organization's supported organization and life topics of the organization stay year, (i) a verifical organization supported organization and life topics of the organization stay year, (ii) a verifical organization should be organization organization's governing documents in effect on the date of notification, to the extent not prevouely provided organization's and year organization's suppo			11a		
Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the gower to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees and lines during the tax year? If *No.* describe in PAT VI, how the supported organizations officers, directors, or trustees and time during the tax year? If *No.* describe in PAT VI, how the supported organizations of endorsed organizations of endorsed organizations, describe how the powers to appoint and/or remove offices, directors, or trustees and enalocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization 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 supposition organizations.  3 Exection C. Type II Supporting Organizations are supported organization(s)* If *No.* describe in Part VI how control or managed the supporting organization was vested in the same persons that controlled or managed the supporting Organizations.  4 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 valve steed in the same persons that controlled or managed the organization's understance or trustees of each of the organization's valve steed in the same persons that controlled or managed the supported organization's supported organization's that year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a c	b		11b		
Section B. Type I Supporting Organizations  1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees and lime during the tax year? If 'No, descende in PAT VI how the supported organizations of endough effectively operated, supervised, or controlled the organizations activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees and elaborated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization 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.  Section C. Type II Supporting Organizations are supported organization(s)? If "No," describe in Part VI how control or managed the supporting organization was vested in the same persons that controlled or managed the supporting Organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization or supporting Organizations.  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization or solvening documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization solfices, directors, or trustees ether (appointed or elected by the supported organization manification and close and continuous working relationship with the supported organization is a close and continuous working relationship with the supported organization shave a significant voice in the organization is investment policies and in	С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
1. Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or frustees at all times during the tax year? If 'No.' describe in Part VI how the supported organizations' effectively operated, supervised, or controlled the organization activities. If the organization and what conditions or restrictions, if any, applied to such powers during the tax year or expecting organization and what conditions or restrictions, if any, applied to such powers during the tax year allocated among the supported organization operate for the benefit of any supported organization other than the supported organization of what conditions or restrictions, if any, applied to such powers during the tax year.  2. Did the organization operate for the benefit of any supported organization(s) that operated, supervised, or controlled the supporting organizations of the supporting organization of the supporting organization of the supporting organization of the supporting organization of the supporting organizations or trustees of each of the organization's supported organizations.  Section C. Type II Supporting Organizations  1. Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's acyvering documents in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization maintained a close and continuous working relationship with the supported organization have a significant value in the organization's income or assets at all times during the tax year? If 'Yes, 'describe in Part VI the role the organizationship and the organization is supported organization's supported organization is the organization is constitued activities. In Part VI the organization have a significant		detail in Part VI.	11c		
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations of government of the organization of a power of the organization of government of	Sec	tion B. Type I Supporting Organizations			
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees are allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization and what conditions or restrictions, if any, applied to such powers during the tax year.  2 Did the organization and the power to expect the supported organization of the than the supported organization of the property of the organization of the property of the organization of the supporting organizations.  3 Exection C. Type II Supporting Organizations  1 Were a majority of the organization 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 organizations are supported organizations.  5 Exection D. All Type III Supporting Organizations  1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of notification, to the extent not proviously provided?  2 Were any of the organization and the same persons that controlled during the prior tax year, (i) a copy of the Form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's governing documents in effect on the date of notification, to the extent not proviously provided?  2 Were any of the organization and interesting the type and amount of supported organizations in Part VI how the organization's income or assets at all times during the tax year? If "yes," decl				Yes	No
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 after more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operated for the benefit of any supported organization of the supported organization operated supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organizations of the supporting organization.  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 organizations.  1 Were a majority 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 was vested in the same persons that controlled or managed the supported organizations.  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, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 990 that was most recently field as of the date of notification, and (ii) copies of the organization's powering documents in effect on the date of notification, to the extent not previously provided?  2 Were any of the organization's officers, directors, or trustees of the edit or officeration, the supported organization of the relationship of softiers, directors, or trustees of there (ii) appoint or elected by the supported organization of the relationship of softiers, directors, or trustees or the relationship of the organization is investment policies and in directing the use of t	1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
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the organization maintained a close and continuous working relationship with the supported organization(s).  3 By reason of the relationship described on line 2, above, 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.  Section 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 (see instructions).  2 Activities Test. Answer lines 2a and 2b below.  a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the 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 described on line 2a, above, constitute activities that, but for the organization determined that these activities but for the organization's position that its supported organization's involvement, one or more of the organization's position that its 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 Interest the supported organization have the power to regularly appoint or elect a majority of the officers, directors, or	2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	•	· ·	20		
musices or each of the supported organizations ( It "Vee" or "No" provide details in <b>Part VI</b> .	а		2-		
'	h	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	Ja		
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 <b>Part VI</b> the role played by the organization in this regard.	b		3h		

Schedule A (Form 990) 2023 CHILDREN'S ADVOCACY CENTER OF BUTLER 46-4129524 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on N	lov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functional	Ilv integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023 CHILDREN'S ADVOCACY CENTER OF BUTLER 46-4129524 Page 7

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nızatıons <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.	,		6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ıs	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
_	Evoess from 2023				

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

CHILDREN'S ADVOCACY CENTER OF BUTLER

46-4129524 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part III, line 17a or 17b; Part III, line 12;

	line 1; Section	Part n D,	: IV, Se	ction 5, 6, a	D, lin	es 2 a	ınd 3;	Part I	V, Sec	tion E,	lines	1c, 2a	, 2b, 3a	a, and 3	3b; Pai	Section B t V, line rt for any	۱; Part ۱	/, Sect	ion B, I	ine 1e; F	on C, Part V,	
SCHEDU	LE A	١,	PAR'	r I	I,	LIN	1E	10,	EXI	PLAN	IAT]	ION	FOR	OTI	IER	INCO	ME:					
OTHER	INCC	ME																				

332028 12-21-23 Schedule A (Form 990) 2023

# \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule B

(Form 990)

# **Schedule of Contributors**

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

BUTLER COUNTY ALLIANCE FOR CHILDREN DBA CHILDREN'S ADVOCACY CENTER OF BUTLER

**Employer identification number** 

46-4129524

Organizati	Organization type (check one):							
Filers of:		Section:						
Form 990 (	or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 990-F	PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
Note: Only	a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General R	ule							
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Ru	ules							
Se	ections 509(a)(1) a ontributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
Co	ontributor, during terary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.						
ye is p	ear, contributions checked, enter h urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., etc., contributions totaling \$5,000 or more during the year \$						
answer "No	o" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).						

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization
BUTLER COUNTY ALLIANCE FOR CHILDREN DBA
CHILDREN'S ADVOCACY CENTER OF BUTLER

Employer identification number

46-4129524

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

BUTLER COUNTY ALLITANCE FOR CHILDREN DBA

BUTLER COUNTY ALLIANCE FOR CHILDREN DBA CHILDREN'S ADVOCACY CENTER OF BUTLER

46-4129524

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Page 4 Schedule B (Form 990) (2023) Name of organization Employer identification number BUTLER COUNTY ALLIANCE FOR CHILDREN DBA CHILDREN'S ADVOCACY CENTER OF BUTLER 46-4129524

art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t			(c)(7), (8), or (10) that total more than \$1,000 for the ye
	completing Part III, enter the total of exclusively religious, ch	naritable, etc., contributions of \$1,000	or less for the	year. (Enter this info. once.) \$
No	Use duplicate copies of Part III if additional sp	pace is needed.		
No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
rt I	.,			
		(e) Transfer of	gift	
-	Transferee's name, address, and	<u>d ZIP + 4</u>	Re	lationship of transferor to transferee
No. om	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
art I	(2): 2: poes et g.:.			(2) 2000 (pilot) of 100 gire in 100
		(e) Transfer of	gift	
	Transferee's name, address, and	d ZIP + 4	Re	lationship of transferor to transferee
No. om	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
rt I	(b) i dipose oi giit			(a) Becompact of new gire to field
		(e) Transfer of	gift	
	Transferee's name, address, and	d ZIP + 4	Re	lationship of transferor to transferee
No. om	(h) Down and of wift	(a) Han of aith		(al) Decembring of how wife in hold
rt I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of	gift	
		, ,		
	Transferee's name, address, and	d ZIP + 4	Re	lationship of transferor to transferee
	,,,			•

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BUTLER COUNTY ALLIANCE FOR CHILDREN DBA CHILDREN'S ADVOCACY CENTER OF BUTLER

**Employer identification number** 46-4129524

Pai	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin		·				
		(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 advisors in v	writing that the assets held in donor advis	ed funds				
	are the organization's property, subject to the organization's	•					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	·						
Pai							
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea		a historically important land area				
	Protection of natural habitat		a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b							
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c				
d	Number of conservation easements included on line 2c acqui	red after July 25, 2006, and not					
	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax				
	year						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it	holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2d above						
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	•					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the				
Do	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Traccurs or Ot	hay Cimilay Assats				
Pai			ner Similar Assets.				
	Complete if the organization answered "Yes" on Form		nal balanca abaat walla				
та	If the organization elected, as permitted under FASB ASC 95						
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its finar						
D	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtr	nerance of public service,				
	provide the following amounts relating to these items.		<b>¢</b>				
	(i) Revenue included on Form 990, Part VIII, line 1						
•	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP.		ı gairi, provide				
_	the following amounts required to be reported under FASB A		<b>¢</b>				
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X						
D	ASSETS INCIDUED IN FUITH SSU, Fall A		Φ				

BUTLER COUNTY ALLIANCE FOR CHILDREN DBA CHILDREN'S ADVOCACY CENTER OF BUTLER 46-4129524 Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b Describe in Part XIII the intended uses of the organization's endowment funds

### Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
<b>b</b> Buildings		35,598.	7,308.	28,290.	
c Leasehold improvements		64,818.	52,184.	12,634.	
d Equipment					
e Other					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))					

Schedule D (Form 990) 2023

CHILDREN'S ADVOCACY CENTER OF BUTLER Schedule D (Form 990) 2023

46-	41	29	524	Page 3

Complete if the organization answered "Yes" o		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
(2) Closely held equity interests		
3) Other		
(A)		+
(B) (C)		
(C) (D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11c. See Form 990. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		,
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets		
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11d See Form 990 Part X line 15
	Description	(b) Book value
	SE ASSET	132,546
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		122 546
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities	(B))	132,546
Complete if the organization answered "Yes" of	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		
(2) OPERATING LEASE LIABILITY		132,546
(3)		,
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
		132,546

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

CHILDREN'S ADVOCACY CENTER OF BUTLER

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 607,914. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments 2a 2b Donated services and use of facilities Recoveries of prior year grants 2c 81, 318. Other (Describe in Part XIII.) 81,318. Add lines 2a through 2d 2e 526,596. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 664,608. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c c Other losses 318. d Other (Describe in Part XIII.) 81 2d 81,318. Add lines 2a through 2d 2e 583,290. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information 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. PART XI, LINE 2D - OTHER ADJUSTMENTS: FUNDRAISING EXPENSE IS REPORTED NET OF FUNDRAISING REVENUE 81,318. PART XII, LINE 2D - OTHER ADJUSTMENTS: 81,318. FUNDRAISING EXPENSE IS REPORTED NET OF FUNDRAISING REVENUE

46-4129524 Page 4

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

BUTLER COUNTY ALLIANCE FOR CHILDREN DBA **Employer identification number** Name of the organization 46-4129524 CHILDREN'S ADVOCACY CENTER OF BUTLER Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) 2023

CHILDREN'S ADVOCACY CENTER OF BUTLER

46-4129524 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through GOLF OUTING STRIKE OUT col. (c)) (event type) (event type) (total number) 92,480. 21,918. 14,517. 128,915. 1 Gross receipts 2 Less: Contributions 92,480. 21,918. 14,517. **3** Gross income (line 1 minus line 2) 128,915. 4 Cash prizes 5 Noncash prizes Direct Expenses 2,500. 2,500. 6 Rent/facility costs **7** Food and beverages 8 Entertainment 57,942. 8,323. 12,553. 78,818 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 597 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990) 2023 CHILDREN'S ADVOCACY CENTER OF BUTLER 46-4	<u> 129</u>	524	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
		13a	1	%
	The organization's facility	13b		
	An outside facility	เง่อ	<u> </u>	90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address	_	.,	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	∟ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	ı Is the organization required under state law to make charitable distributions from the gaming proceeds to			
			Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III lir	nes 9 (	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,		55, 105,
	100, 100, 10, and 170, as applicable. Also provide any additional information. See instructions.			

332083 09-13-23 Schedule G (Form 990) 2023

# BUTLER COUNTY ALLIANCE FOR CHILDREN DBA Schedule G (Form 990) CHILDREN'S Part IV Supplemental Information (continued) CHILDREN'S ADVOCACY CENTER OF BUTLER 46-4129524 Page 4

# **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

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. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

BUTLER COUNTY ALLIANCE FOR CHILDREN DBA CHILDREN'S ADVOCACY CENTER OF BUTLER

**Employer identification number** 46-4129524

# Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or BUTLER COUNTY ALLIANCE FOR CHILDREN DBA **Print** 46-4129524 CHILDREN'S ADVOCACY CENTER OF BUTLER File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 101 MAHOOD RD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUTLER, PA 16001 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return **Application Is For** Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of DANEILLE SCHMIDT, EXECUTIVE DIRECTOR 101 MAHOOD RD. - BUTLER, PA 16001 Telephone No. 724-431-3689 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box ..... and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until MAY 15 , 20 **25** , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 JUL 1 , 20  $\,23\,$  , and ending JUN 30 . X tax year beginning \_\_\_\_\_ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Product: Exempt Extension

Name: Butler County Alliance for Children **DBA Childrens Advocacy Center of Butler** 

FEIN: \*\*\*\*\*9524

IRS Message:

Fiscal Year Begin Date: 7/1/2023

Bank Info:

Category:

IRS Center: Ogden

e-Postmark: 11/4/2024 10:46 AM

Plan Number: Notification:

Fiscal Year End Date: 6/30/2024 eSigned:

**Return Information** 

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
11/04/2024	23X:1149:V1	Upload Started			Goralzick,Rachael	
11/04/2024	23X:1149:V1	Released for Transmission - Validation in Progress			Goralzick,Rachael	
11/04/2024	23X:1149:V1	Ready to transmit - Validation Complete				
11/04/2024	23X:1149:V1	Transmitted to FD	25570920243090341e32			
11/04/2024	23X:1149:V1	Accepted by FD on 11/4/2024				

Status Date State/Other **FBAR** ID Status **State Category** FBAR BSA ID