	990	Return of Organization Exempt From I			OMB No. 1545-00				
Depertment		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (benefit trust or private foundation)	ode (except bla	ck lung	2011				
Internal Reve	of the Treasury enue Service	The organization may have to use a copy of this return to satisfy sta	ite reporting requ	irements	Open to Pul				
A For th	he 2011 calenda	r year, or tax year beginning 07/01/11 , and ending 06/30,			Паресно				
		of organization		D Emp	oloyer identification number				
Address		SUPPORT CENTER FOR CHILD ADVOCATES							
	Doing	Business As		23	8-2048664				
Name ch	nange Numt	er and street (or P.O. box if mail is not delivered to street address)	Room/suite		phone number				
Initial retu	uro l	00 CHERRY STREET			7-546-9200				
Terminate		r town, state or country, and ZIP + 4		20	17-546-9200				
Amended		ILADELPHIA PA 19103			1 000				
	F Name	and address of principal officer:		G Gross re	eceipts\$ 1,999,				
Applicatio	on pending	ANK CERVONE, EXECUTIVE DIRECTOR	H(a) Is this a gr	oup return fo	or affiliates? Yes 🗴				
	SA								
	SA		H(b) Are all aff						
				," attach a li	ist, (see instructions)				
		501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	-						
J Website:	parameter and a second	DVOKID.ORG	H(c) Group exe		nber 🕨				
	the second se		Year of formation: 1	977	M State of legal domicile:				
Part I									
1 5	Briefly describe t	ne organization's mission or most significant activities:							
	SEE SCHEI			*******	*********************				
2 S			****	*******	*****************				
			**************		**********				
S S									
8 2 0	Check this box 🕨	if the organization discontinued its operations or disposed of more than 2	5% of its net ass	ets.					
∞5 3 N	Number of voting	members of the governing body (Part VI, line 1a)		3	30				
4 N	Number of indepe	endent voting members of the governing body (Part VI, line 1b)		4	30				
Activities & Governance	Total number of in	ndividuals employed in calendar year 2011 (Part V, line 2a)	114-20101-0-00000	5	33				
5 6 T	Fotal number of v	olunteers (estimate if necessary)			500				
7aT	Fotal unrelated bu	isiness revenue from Part VIII, column (C), line 12	88.65.87.87.87.87.97.97.97.87.87.87.87.87.87.87.87.87.87.87.87.87	7a					
bN	Net unrelated bus	iness taxable income from Form 990-T, line 34		7b					
			Prior Year		Current Year				
a 8 C	Contributions and	grants (Part VIII, line 1h)	2,322	,578	1,843,1				
9 P 10 In	Program service r	evenue (Part VIII, line 2g)		0	/_				
a 10 In	nvestment incom	e (Part VIII, column (A), lines 3, 4, and 7d)	5	,844	2,8				
² 11 0)ther revenue (Pa	d / U = a h max (A) h a = E C = 0 = 0 = 40 = 144 = 1		/011	2,0				
		d lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,328	~	1,845,9				
13 G	Frants and similar	amounts paid (Part IX, column (A), lines 1–3)	2,520						
14 0.	enefite naid to e	for marchane (Det IV ashing (A) I've ()		0					
1 4 - 0	alesiae ether ee	for members (Part IX, column (A), line 4)	1 (20	V	1 0 4 0 4				
	alaries, other col	npensation, employee benefits (Part IX, column (A), lines 5–10)	1,630	,904	1,747,9				
s 15 Sa Se 16a Pr dd b To	roressional fundr	aising fees (Part IX, column (A), line 11e) xpenses (Part IX, column (D), line 25) ► 361,396		0					
el bTo	otal fundraising e	xpenses (Part IX, column (D), line 25) ► 361, 396			446,4				
<u></u>	ther expenses (F	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 37							
		an ix, countri (A), times i ra-i ru, i m-24e)		DO AL	0 104 4				
18 To	otal expenses. A	dd lines 13–17 (must equal Part IX, column (A), line 25)	2,006		2,194,4				
18 To 19 Re	otal expenses. A	dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12	321	,698	-348,52				
18 To 19 Re	otal expenses. A evenue less expe	dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12	321 Beginning of Curre	, 698 nt Year					
18 To 19 Re	otal expenses. A evenue less expe otal assets (Part	dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16)	321	, 698 nt Year	-348,52 End of Year				
18 To 19 Re	otal expenses. A evenue less expe	dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16)	321 Beginning of Curre 3, 520	, 698 nt Year	-348,52 End of Year 3,172,80				
17 Of 18 To 19 Re 500 19 Re 500 19 Re 500 19 To 10 To 10 To 10 To 10 To 10 To	otal expenses. A evenue less expe otal assets (Part otal liabilities (Pa	dd lines 13–17 (must equal Part IX, column (A), line 25) enses. Subtract line 18 from line 12 X, line 16)	321 Beginning of Curre 3, 520	, 698 nt Year , 385 , 241	-348,52 End of Year				

0:	Signature of officer	10	31)	12
Sign Here	Fork P. Covore Executive Divector	Date		
	Print/Type preparer's name Preparer's signature Date	Check	K if PT	-IN
Paid	DAVID G. FAW CPA 10/0	01/12 self-employ		00729505
Preparer	Firm's name DAVID G. FAW, CEA	Firm's EIN	23-	2701559
Use Only	998 OLD EAGLE SCHOOL ROAD, SUITE 1221 Firm's address WAYNE, PA 19087	Phone no.	510-	687-8160
	S discuss this return with the preparer shown above? (see instructions)			Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

H

	Check if Schedule O contains a	a response to any question in t	his Part III	*****
0	Briefly describe the organization's mission:			
2	EE SCHEDULE O			
			1231-1411-1421-1410-1411-141-141-141-141-141-141-141-	
				* * * * * * * * * * * * * * * * * * * *
	***************************************	********	*****	
	Did the organization undertake any significant pro	ogram services during the year which	were not listed on the	
	prior Form 990 or 990-EZ?			Yes X
	If "Yes," describe these new services on Schedu	le O.		
	Did the organization cease conducting, or make	significant changes in how it conducts	, any program	
	services?			Yes X
	If "Yes," describe these changes on Schedule O.			
	Describe the organization's program service acco	omplishments for each of its three larg	jest program services, as measured l	ру
	expenses. Section 501(c)(3) and 501(c)(4) organ grants and allocations to others, the total expense			
-	(Code:) (Expenses \$ 1,380	0,425 including grants of \$) (Revenue \$	
3	(Code:) (Expenses \$ 1,380 EE ATTACHED CLIENT SERVI	CE REPORT AND NARR	ATIVE	**********************

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	(Code:) (Expenses \$	including grants of \$) (Revenue \$	********
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-	(Code:) (Expenses \$	including grants of \$) (Revenue \$	
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Form 990 (2011) SUPPORT CENTER FOR CHILD ADVOCATES 23-2048664 Part IV Checklist of Required Schedules

			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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect 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 similar amounts as defined in Revenue Procedure 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 provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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 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 Part X, line 16? If "Yes," complete Schedule D, Part IX	<u>11d</u>		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
4.0	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		77	
L	Schedule D, Parts XI, XII, and XIII	12a	•	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	401		v
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13		X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		-
D	fundraising, business, investment, and program service activities outside the United States, or aggregate	1 1		
	foreign investments valued at \$100,000 at marc2 if "Ves." complete Schedule E. Darte Land IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
10	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20b		

For	m 990 (2011) SUPPORT CENTER FOR CHILD ADVOCATES 23-2048664		P	Page 4
F	Part IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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			
Ŀ	through 24d and complete Schedule K. If "No," go to line 25	24a		x
b	Anter a second sec	24b		
С	3			
	to defease any tax-exempt bonds?	24c		
250	······································	24d		_
204	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250	1 1	x
b		25a		
, D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes " complete Schedule Part	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	200		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			_
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
22	Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		X
32				v
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
55		22		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33	-	<u> </u>
54		34		X
35a	IV, and V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	- 35a		
2	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule C contains a response to any question in this Part V Image: Check if Schedule C contains a response to any question in this Part V 1a Enter the number or potote in Box 3 of Form 1096. Enter -0- if not applicable 1a 1d 1 Ves No 2 Enter the number of pomysex process product of Taw V-AS. Transmital of two-gaments to vendors and reportable gaming gambling whinings to pize whines? 2a 33 2 Enter the number of opmysex process product of Taw V-AS. Transmital of beside any poweralts returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to effect any poweralt an exturns? 2b X 3 At any time during the calendary equired in the same account, or other during the ven? 3a X 4 At any time during the calendary equired in the same account, equired to effect any power and the comparison that the remarking in power and the comparison that the ven? 3a X 5a Was the oparization that any requirisot that the ven or the during the target? 3a X 5a Was the oparization that any requirisot that the ven or the during the target? 3a X 5a Was the oparization that any	For	n 990 (2011) SUPPORT CENTER FOR CHILD ADVOCATES 23-204	8664			F	Page 5
1 a Enter the number reported in Box 3 of Form 1096. Enter-O- if not applicable 1 a 1 4 1 a 0 b Enter the number of promy W-2G included in line 1a. Enter-O- if not applicable 1 a 0 1 a 0 2 Better the number of promy W-2G included in line 1a. Enter-O- if not applicable 1 a 0 1 a 0 2 Enter the number of promy W-2G included in line 1a. Enter-O- if not applicable 1 a 1 4 1 a 0 3 Enter the number of promy W-2G included in line 1a. Enter-O- if not applicable 2 a 3 3 3 a 0 4 Enter the number of promy W-2G included business grows income of 15 (00 or nose during the year) 2 a 3 3 a 0 3 Did the organization nave with a 2. a growthe required to e-field scale instructions? 2 a 3 3 a 0 3 Did the organization have more adding the year (2	P	art V Statements Regarding Other IRS Filings and Tax Compliance					
1a Enter the number approximation to the solution of the solutis of the solution of the solution of the solution of the solutio		Check if Schedule O contains a response to any question in this Part V					
b Enter the number of Forms W-2G included in line 1a. Enter-0- Find applicable. Image: Comparison comply when backing without only applicable payments to vendors and responsible cambre of emorphyse stopets of Form W-3. Transmittal of Mage and Tax. Image: Comparison comply when backing without only applicable payments to vendors and responsible for a calendar year androg with or within the year Covend by this follow. Image: Comparison comply when comply applicable comply in the tax follows? Image: Comparison comply applicable comply in the year Covend by this follow. Image: Complex C			i			Yes	No
C Did the organization comply with backup withfolding rules for reportable payments to vendors and meta-table gaming (gambling) with backup withfolding rules for reportable gamines to vendors and framework of employees reported on Form W-3, Transmittal of Wage and Tax (gambling) with the calmadar year doing with or within the year covered by this rubon (gambling) with the calmadar year doing with or within the year covered by this rubon (gambling) with the calmadar year doing with restance income of 3 tool or more during the year? Nobe, If the sum of line calmadar year doing with restance income of 3 tool or more during the year? If 'Yes,' has it thed a form 900-T for this year? If 'No,' provide an explanation on Schedule O At any time and oung the calendary year doing outsy to a coplanation on Schedule O At any time and oung the calendary year of the organization have an innerest in, or a signification of their grouping year, id the organization have an innerest in, or a signification of their grouping year (d the organization have an innerest in, or a signification of their grouping outsy (such as a bank account, securities account, or other fundical Accounts. Weas the organization a party to a prohibid tax sheller transaction? Weas the organization have annual gross neepite that are normally greater than \$100,000, and did the organization have annual gross neepite that are normally creater than \$100,000, and did the organization nave annual gross neepite hat are normally creater than \$100,000, and did the organization nave analyses at \$375 made party loss of the organization have an intra-diverse provided? H 'Yes,' 'dd the organization nee's of a payment in excess of \$75 made party as a contribution or gifts were not tax deductible? H 'Yes,' 'dd the organization nee's and pay organization scale are payment in excess of \$75 made party loss or horder of the support or indicely, to pay promismis on a parsonal beneff contract? H 'Yes,' 'dd the organization nee's as gaymen	1a						
monotable gaming gambing winnings to pice winners? 10. X 28 Enter the number of emologies reported on Form W-3. Transmittal of Wage and Tax. 20. X 31 Bate note in sported on line 2a, did the organization file all required foderal employment tax returns? 20. X 32 Dat the organization have undeted business gross income of \$1,000 errors during the year? 20. X 34 Dat the organization have undeted business gross income of \$1,000 errors during the year? 20. X 34 A ray time during the calendar year, did the organization have an interest in, or a signature or other authority 20. X 35 Dat the organization a park to be provided the organization have an interest in, or a signature or other authority 20. X 36 Dat the organization park to a park to be provided tax shear a tax equation in Scheduel 0. MA 37 Data with the sum of the foreign outrity (such as a bark account, securities account, or other filterial account in the organization in the molecule 0. Authority 38 Was the organization park to organization that twas or its a park to a prohibed tax shear tax doubled tax shear transmole 0. Authority 39 Data with the argener 0. 50. X 30 Data with the argener 0. 50. X 30 Data with tax states and the organization in Scheduel tax shear that was or its aparty to a prohibed tax shear tax double? 50. X 30 Data with tax states and ta state add the organization in the state ad	b		1b	0	_		
2a Enset the number of employees reported on Form W-3, Transmittel of Wage and Tax. 2a 3.3 b If at least one is reported on line 2a, dit the organization file at regulard fedral employment fax refurs? 2b X 3a Did the organization have unrolated business gross income of \$1.000 or more during the year? 2b X 3a Did the organization have unrolated business gross income of \$1.000 or more during the year? 2b X 3a At any time during the calendary served far during during the year? X X X 3a At any time of the foreign country: A X X X X 3a See instructions for filing regularism that was or is a party to a prohibited tax sheller transaction? See X X 3b Did any itscame that argoin acountry: A Y=*** No See See X 3b Did any itscame that argoin acountry: A See See See See X 3b Did any itscame that gross ecolarity is that are normally greater than \$100.000, and did the organization have and mall gross ecolarity or a prohibited tax sheller transaction? See See X 11 Y*	С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
Statements, field of the calendar year ending with or within the year coverably bin return La 33 b If all leads on is noproted on line 3, add the organization fine all required feedral empowers tax returns? 20 X 3a Did the organization have a uncladed builness gross income of \$1,000 or more during the year? 20 X 4a At any time during the calendar year, oil the organization have an incless (in, or a signature or other authority over, a financial account in ending neutronic as a bank account, is exactlies accounts. 20 X b If "Yeas," enter the name of the toreign county (such as a bank account, securities account, a normal program count (such as a bank account, securities account, are other to authority over, a financial account in ending neutronic mile from 886-17 26 X b U any taxable party notify the organization in the Yeas (and any time during the axy year? 26 X 26 b U any taxable party notify the organization in the Yeas (and the organization neutro actid account in the Yeas (and the organization neutro actid account in the Yeas (and the organization in the Xeas (and Yeas (a		reportable gaming (gambling) winnings to prize winners?			1c		
b If at least one is reported on line 2a, did the organization file all required feederal employment tixe returns? b X 3a Did the organization have unsisted business gross income of \$1,000 or more during the year? b X 3b Tyse," has it filed a Form 50-7 to this year? If "No, "provide an explanation in Schedule O N/A 3b At any time during the calendary year, did the organization have unsisted, with a splanation or other financial account," or other financial account, or other financial account, a foreign country (such as a bank account, securities account, or other financial accounts. a 3c Note, if the organization for filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts. a 3c Did sty tasket be explorabilition for filing requirements for Form TD F 50-22.1, Report of Foreign Bank and Financial Accounts. a 3c Was the organization in a provide an explexation that were? 6a 3c Did sty tasket be explorability that are commany greater than \$100,000, and did the organization include with every solidation an explexa statement that such contributions or gifts were in tax deductible? a 3c Did the organization include with every solidation an explexa statement that such contributions or gifts were in a tax deductible? a 3c Tys, "did the organization include with every solidation an explexa statement that such contributions or gifts were in a tax dedu	2a						
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(2) qualified nonprofit health insurance issuers. 13 Section 501(c)(2) qualified nonprofit health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualif	e			·			
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c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	5		136				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X	c			L			
					14a	<u></u>	X
				N/A	14b		

-	- 0
Done	i n

Forr	n 990 (2011) SUPPORT CENTER FOR CHILD ADVOCATES 23-2048664			P	age 6
P	art 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 cha	nges in Se	ched	ule	-12-4-1-4
	O. See instructions. Check if Schedule O contains a response to any question in this Part	VI	-	\$1000	X
Sec	ction 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	30			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	annana -	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	(a) (a)	5		X
6	Did the organization have members or stockholders?		6		<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?	as and the	7a		<u>x</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	stockholders, or persons other than the governing body?	exected and	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the	following:		77	
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				х
0.00	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev			Yes	No
40-	Did the exercitive have lead chapters branches or affiliates?	ſ	10a	165	X
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	• • • • • • • • • • • •	TUa		
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	NA	10b		
11-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	2	11a		x
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	*******	110		
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 to confil	icts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	05365	100		22
Ŭ	describe in Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?	0001000000	13	x	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	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 in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?		16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	de			
	organization's exempt status with respect to such arrangements?	N/A	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed PA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s c	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy	ı			
	and financial statements available to the public during the tax year.				
20	State the name, physical address, and telephone number of the person who possesses the books and records of the				
	organization: XIA CHEN AS ADDRESSED				

organization: 🕨 XIA CHEN

267-546-9200

PA 19103

PHILA

23-2048664 Form 990 (2011) SUPPORT CENTER FOR CHILD ADVOCATES Page 7 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question 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. 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 instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. • List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee. (B) (C) (D) (A) (E) (F)

(A) Name and Title	(B) Average hours per week (describe	bo off	ix, unl ficer a	Pos check ess pe	erson i	than one is both a pr/trustee	n	(D) Reportable compensation from the	(ב) Reportable compensation from related organizations	(r) Estimated amount of other compensation
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SEE LIST OF 100%			R I	OA	RD					
LIST	2.00	X	-		_		-	0	0	0
(2) FRANK CERVONE EXECUTIVE DIRECTOR	40.00			x				113,736	0	11,300
(3)										
(4)										
(5)										
(6)										
(7)										
(8)							1			
(9)							1			
(10)							1			
(11)					-					
(12)			_				1			
(13)					_		┥			
(14)							-		×	

Form 990 (2011) SUPPORT CENTER FOR CHILD ADVOCATES 23-2048664

Form 990 (2011) SUPPORT Part VII Section A. Officer								CATES 23-204 and Highest Compensated		Page 8
(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(da box	not a	(Pos check ess pe	C) iition more rson lirecto	than c is both pr/trust employee	one i an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(15)	4	stee	ustee			ensated				
(16)			_				_			
(17)				_					-	
(18)			_							
(19)			_							
(20)	· · · · · · · · · · · · · · · · · · ·									
(21)			_	_		_	_			
(22)			_	_	_	-				
(23)		_	_	_						
(24)		-	_	_						
(25)		_	-	_	_					
1b Sub-total c Total from continuation she								113,736		11,300
d Total (add lines 1b and 1c) 2 Total number of individuals (ir								113,736 who received more than		11,300
 reportable compensation from 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organ individual 5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contract 	ormer officer, dire complete Sched e 1a, is the sum o nizations greater f a receive or accr ganization? If "Ye	ector, ule J of rep han S	or tr for s ortal \$150	such ble c),000 ensa	indi comp)? If tion	vidua pensa "Yes from	al atior ," co any	n and other compensation f omplete Schedule J for suc vunrelated organization or	from the ch individual	Yes No 3 X 4 X 5 X
1 Complete this table for your fiv compensation from the organi	ve highest compe zation. Report co							ar year ending with or withi	n the organization's tax yea	
Name and	(A) business address					_		Descripti	(B) on of services	(C) Compensation
						-				
×		11.9				-				
2 Total number of independent of received more than \$100,000	,	-						e listed above) who	0	

Form 990 (2011) SUPPORT CENTER FOR CHILD ADVOCATES 23-2048664

<u>P</u>	art \	VIII State	ment of Reve	nue					
						(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
		an an A					exempt function	business revenue	excluded from tax under sections
				·			revenue	Tevenuo	512, 513, or 514
Program Service Revenue Contributions, Gifts, Grants	1a	Federated ca		1a		_			
5		Membership		1b					
ţ,		Fundraising e		1c	532,76	5			
5		Related organ		1d					
us,	e	Government grants	(contributions)	1e	474,034	1			
itio	5 1	F All other contributio							
iet.			s not included above	1f	836,305	5			
out	g		ons included in lines 1a-						
Ŭ a	i h	Total. Add lin	es 1a-1f	*********	<u></u>	1,843,105	5		
nue					Busn. Code				
eve	2a	s			e				
e R	b			••••	()				ļ
ž	C			4 - Section 2010					
Se	d	121210101010101010	*************		· · · · · · · · · · · · · · · · · · ·				
ran	e					· · · · · · · · · · · · · · · · · · ·			
<u>S</u>	f		ram service rever						
<u> </u>	9		es 2a–2f					1	1
	3		come (including o	lividends, inte	erest,				
			ilar amounts)			2,827			2,827
	4 Income from investment of tax-exempt bond proceeds5 Royalties								
	5	Royalties	2.2 hr.)						
			(i) Real	()	i) Personal	-			
	6a	Gross rents				-			
	b	Less: rental exps.				-			
	c	Rental inc. or (loss)							
	d 72	Net rental inco Gross amount from	ome or (loss)						
	110	sales of assets	(i) Securities		(ii) Other	-			
		other than inventory							
	b	Less: cost or other							
		basis & sales exps.				-			
	c	Gain or (loss)							
	d		ss)	a second to a second second second					
e	8a		om fundraising even						
enue			532,7	66					
Ş			eported on line 1c).						
Other Reve		See Part IV, line	18	a	153,371				
Ę			penses	b	153,371				
0	C	Net income or	(loss) from fundr	aising events	🕨				
	9a		om gaming activities						
			19						
			penses						
	C	Net income or	(loss) from gamir	ng activities .					
	10a	Gross sales of	inventory, less						
		returns and allo	owances	a					
	b	Less: cost of g	oods sold	b					
ļ	C	Net income or	(loss) from sales	of inventory .	apanana 🕨				
		Misc	ellaneous Revenue		Busn. Code				
	11a	·	8						
	b	1.9.9.925.097.92		TOTO PERSONNAL PROPERTY.					
	C								
	d		ue						
		Total. Add line	44 444						
	12	Total revenue.	. See instructions			1,845,932	0	0	2,827

2,827

Form 990 (2011) SUPPORT CENTER FOR CHILD ADVOCATES 23-2048664

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	ired to complete columns (B), (C), and (D). Check if Schedule O contains a respons	e to any question in this Par	: IX		
D	o not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
71	o, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1					
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		×		
5	Compensation of current officers, directors,	112 726	45 494	28,434	30 000
	trustees, and key employees	113,736	45,494	20,434	39,808
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 206 672	870,480	264 020	161 052
7	Other salaries and wages	1,296,672	070,400	264,939	161,253
8	Pension plan accruals and contributions (include	54 016	25 665	11,423	7 000
~	section 401(k) and 403(b) employer contributions)	54,916 162,358	35,665	33,771	7,828
9	Other employee benefits	120,310	78,134	25,025	17,151
10	Payroll taxes	120,310	10,134	25,025	17,151
11	Fees for services (non-employees):				
a					
b	• • • • • • • • • • • • • • • • • • • •	10,500		10,500	
C L	Accounting	10,500		10,500	
	Lobbying				
e					
f	Investment management fees				
9 12					
12 13	Advertising and promotion	200,619	92,375	29,586	78,658
14	Office expenses Information technology	200,013	52,575	257500	10,000
15					
16	Royalties	71,128	46,193	14,795	10,140
17	Occupancy	25,779	16,742	5,362	3,675
18	Travel Payments of travel or entertainment expenses	20,110	10/112	0,002	0/0/0
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,435	13,921	4,459	3,055
20		24,748	16,072	5,148	3,528
20	Interest Payments to affiliates		20/0/2	0/110	0,020
22	Depreciation, depletion, and amortization	72,538	47,106	15,088	10,344
23		17,571	11,411	3,655	2,505
24	Insurance Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	2,142	1,391	446	305
b	(*************************************				
c	***************************************				
ď					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,194,452	1,380,425	452,631	361,396
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶			۰.	
	following SOP 98-2 (ASC 958-720)				

For	m 99	0 (2011) SUPPORT CENTER FOR CHILD ADVOCATES	23-2048664	_	Page 11
P	art)	X Balance Sheet	1 (1)		(0)
			(A) Beginning of year		(B) End of year
-	1		19,465	1	80,122
		Cash—non-interest bearing			1,139,914
	2	Savings and temporary cash investments			247,424
	3	Pledges and grants receivable, net	* · · · · · · · · · · · · · · · · · · ·	3	241,424
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
\$		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	52,168	9	51,303
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D10a2,343,16Less: accumulated depreciation10b703,84			
	b	Less: accumulated depreciation 10b 703,84			1,639,323
	11	Investments—publicly traded securities	6,130	11	6,699
	12	Investmentsother securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	10,039		8,020
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,520,385		3,172,805
	17	Accounts payable and accrued expenses	23,473	17	41,671
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Payables to current and former officers, directors, trustees, key			
litie		employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	548,768	23	531,510
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	572,241	26	573,181
		Organizations that follow SFAS 117, check here $\blacktriangleright X$ and complete			
ces		lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,856,013	27	1,858,280
Ba	28	Temporarily restricted net assets	1,092,131	28	741,344
P	29	Permanently restricted net assets		29	
or Fund Balances		Permanently restricted net assets Organizations that do not follow SFAS 117, check here and			
٥ s		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net	32	Retained earnings, endowment, accumulated income, or other funds		32	0 500 604
-	33	Total net assets or fund balances	2,948,144	33	2,599,624
	34	Total liabilities and net assets/fund balances	3,520,385	34	3,172,805

	n XI Reconciliation of Net Assets				
687-925	Check if Schedule O contains a response to any question in this Part XI				\square
		- r			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			932
2	Total expenses (must equal Part IX, column (A), line 25)	2			452
3	Revenue less expenses. Subtract line 2 from line 1	3			520
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,9	148,	144
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	2,5	,99,	624
Pa	nt XII Financial Statements and Reporting				-
_	Check if Schedule O contains a response to any question in this Part XII	**********			μL
			F	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
	Were the organization's financial statements compiled or reviewed by an independent accountant?			_	X
	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
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	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	NIA	3b	a d	

SCHEDULE A (Form 990 or 990-EZ)	Pul	olic Charity Statu	s and	Pub	lic S	uppo	ort		OMB No. 1545-0047
(Comple	te if the organization is a sec 4947(a)(1) nonexei				or a se	ection		ZU11 Open to Public
Department of the Treasury Internal Revenue Service	► 4	Attach to Form 990 or Form 99	0-EZ. 🕨	See sep	arate ins	structio	ns.		Inspection
Name of the organization								-	cation number
		TER FOR CHILD A						-2048	
		y Status (All organization				art.) S	ee ins	truction	S
		use it is: (For lines 1 through 11							
		ssociation of churches described (A)(ii). (Attach Schedule E.)	i in sectio	on 170(D)((1)(A)(I).				
		vice organization described in s	ection 17	0(b)(1)(A)	(111)				
	earch organization operat	ed in conjunction with a hospita	l describe	d in secti	on 170(l		iii). En	ter the hos	spital's name,
11 m m m m m m m m m m m m m m m m m m		t of a college or university owne	d or opera	ted by a g	governm	ental un	it desci	ribed in	
and the second sec)(1)(A)(iv). (Complete Pa			-					
		governmental unit described in				from the		al public	
	ection 170(b)(1)(A)(vi). (a substantial part of its support i Complete Part II.)	rom a gov	emnenta	a unit or	nom un	e gener		
		170(b)(1)(A)(vi). (Complete Pa	rt II.)						
account of		(1) more than 33 1/3% of its su		contribut	ions, me	mbersh	ip fees,	and gros	s
receipts from	activities related to its exe	mpt functions—subject to certa	in exceptio	ons, and (2) no m	ore than	33 1/3	% of its	
support from	ross investment income	and unrelated business taxable	income (le	ess sectio	n 511 ta	x) from I	busines	ses	
		30, 1975. See section 509(a)(2							
Jummer .	-	I exclusively to test for public sa	-				v out th	0	
	-	l exclusively for the benefit of, to rted organizations described in	-						
		the type of supporting organiza							
а 🗍 Туре	b Type II	c Type III–Function			d		e III–O	ther	
e By checking the	is box, I certify that the or	ganization is not controlled dire	ctly or ind	irectly by	one or m	nore dise	qualified	d persons	
		er than one or more publicly su	pported o	rganizatio	ns desci	ribed in	section	509(a)(1)	
or section 509		entry in attice from the IDC that it i	Ture I	Tune II		III ours	orting		
f If the organiza organization, o		ermination from the IRS that it i	saiypei	, туре п,	ortype	iii supp	orung		(
		ation accepted any gift or contri	bution from	n anv of t	he		1.05533	* . <u>9</u>	
following pers	-	·····							
(i) A person	who directly or indirectly o	controls, either alone or together	with pers	ons desci	ribed in ((ii) and			Yes No
		e supported organization?				• 20x2030333	anta de taca da s		
	ember of a person descr		<u>.</u> care				ererer.		
		described in (i) or (ii) above?		****		141510	. <u>173</u> 19	•••••	11g(iii)
(i) Name of supported	(ii) EIN	the supported organization(s). (iii) Type of organization	(iv) Is the	organization	(v) Did y	/ou notify	(vi)	Is the	(vii) Amount of
organization	(//	(described on lines 1-9	in col. (i) i	isted in your	the organ	nization in of your	organiza	tion in col. ized in the	support
		above or IRC section (see instructions))	governing	document?		port?		S.7	
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									

Page 2

Schedule A (Form 990 or 990-EZ) 2011 SUPPORT CENTER FOR CHILD ADVOCATES 23-2048664 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,146,358	1,719,538	1,367,099	2,322,578	1,843,105	9,398,678
2	Tax revenues levied for the organization'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			<u>A</u>			
4	Total. Add lines 1 through 3	2,146,358	1,719,538	1,367,099	2,322,578	1,843,105	9,398,678
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)						594,324
6	Public support. Subtract line 5 from line 4		_				8,804,354
	tion B. Total Support ndar year (or fiscal year beginning in) ►	(-) 2007	(1) 2009	(a) 2000	(d) 2010	(a) 2011	(6) Total
		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,146,358	1,719,538	1,367,099	2,322,578	1,843,105	9,398,678
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,191	16,707	7,984	5,844	2,827	60,553
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	128,777	122,488	131,562	121,534	153,371	657,732
11	Total support. Add lines 7 through 10						10,116,963
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's first	second, third, fou	irth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her	Ð	********				
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2011 (line 6	, column (f) divided	by line 11, colum	n (f))		14	87.03%
15	Public support percentage from 2010 Sche	edule A, Part II, line	9 14	555555	s <u>e a</u> 2000	15	82.28%
16a		zation did not chec	k the box on line	13, and line 14 is 3	3 1/3% or more, cl	neck this	
	box and stop here. The organization quali	fies as a publicly s	upported organiza	tion			► X
b	33 1/3% support test-2010. If the organi	zation did not chec	k a box on line 13	or 16a, and line 1	5 is 33 1/3% or mo	vre,	
	check this box and stop here. The organiz	ation qualifies as a	publicly supporte	d organization			🕨 🔲
17a							
	10% or more, and if the organization meet	s the "facts-and-cire	cumstances" test,	check this box and	d stop here. Expla	in in	
	Part IV how the organization meets the "fa	cts-and-circumstan	ices" test. The org	anization qualifies	as a publicly supp	orted	
	organization						🕨 🗌
b	10%-facts-and-circumstances test-201	0. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization	meets the "facts-ar	nd-circumstances"	test, check this bo	ox and stop here.		
	Explain in Part IV how the organization me	ets the "facts-and-o	circumstances" tes	st. The organizatio	n qualifies as a pul	olicly	
	supported organization						• 🗆
18	Private foundation. If the organization did instructions	not check a box of	n line 13, 16a, 16b	o, 17a, or 17b, che	ck this box and see	9	

Schedule A (Form 990 or 990-EZ) 2011

.

Sch	edule A (Form 990 or 990-EZ) 2011 SUI	PORT CEN	TER FOR C	HILD ADVO	DCATES 23	3-2048664	Page 3
P	art III Support Schedule for O	rganizations	Described in S	Section 509(a)	(2)		
	(Complete only if you che	cked the box c	on line 9 of Parl	I or if the orga	anization failed	to qualify under F	Part II.
_	If the organization fails to	qualify under t	he tests listed	below, please	complete Part I	l.)	<u> </u>
Sec	ction A. Public Support		r	r		T	225 22 23 24
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from line 6.)						
Sec	tion B. Total Support				•		
	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
с	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.) First five years. If the Form 990 is for the organization, check this box and stop here						▶□
Sec	tion C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2011 (line 8,			nn (f))		15	%
16	Public support percentage from 2010 Sche						%
	tion D. Computation of Investme						
17	Investment income percentage for 2011 (li	ne 10c, column (f)	divided by line 13				%
18	Investment income percentage from 2010	Schedule A, Part I	III, line 17			18	%
19a	33 1/3% support tests—2011. If the organ	nization did not ch	eck the box on line	e 14, and line 15 is	s more than 33 1/3	%, and line	. —
	17 is not more than 33 1/3%, check this bo						🕨 🗋
b	33 1/3% support tests—2010. If the organ line 18 is not more than 33 1/3%, check this						
	The To IS not more than 53 1/3%, check th	is not allo stop ne	ere. me organizat	on quaimes as a	Papiloly supported	organization	

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A	(Form 990	or 990-	EZ) 2011	SUPPO	RT CENT	TER FOR	CHIL	D ADVOCATES	3 23-2048664	Page 4
Part IV	Supp Part II instru	I, line	17a or '	ormation. 17b; and P	Complete t art III, line	his part to 12. Also co	provide tl mplete tl	ne explanations r his part for any ac	equired by Part II, line Iditional information. (\$	10; See
PART	ΤΤ. Τ ΄	TNE	10 -	OTHER	INCOME	DETAII	,			
							11000000000000	CER 720		******
EVENT	REVE	NUE				Ś		657,732	*****	
• **********										
 (a) (1, a) (2, b) (1, b) (1, b) (1, c) 				**********		***********				
				*******			aaceste een ee		*******	

						*********			******	*****
• • • • • • • • • • • • •			n 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 199 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999						******	**************
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		x ** * X * X *		******	****		*********	******		
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<u></u>						Nessivilisi esteres		******		
• ********	*******	*******			*******					

			********							*****
					·····			*** <u>*</u> ******************		

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule B

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Employer identification number

23-2048664

SUPPORT CENTER	FOR	CHILD	ADVOCATES
----------------	-----	-------	-----------

Organization	type	(check	one)):
--------------	------	--------	------	----

Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
×	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

\$

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

	Page	1	of	2	of Part I
Emp	loyer id	entif	icatio	n nu	mber

23-2048664

Name of organization SUPPORT CENTER FOR CHILD ADVOCATES

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	PENNA COMMISSION ON CRIME & DELINQUE PO BOX 1167 HARRISBURG PA 17108	\$172,998	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	FIRST JUDICIAL DISTRICT OF PENNA 368 CITY HALL PHILADELPHIA PA 19103	s134,250	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	CITY OF PHILADELPHIA 1401 JFK BLVD ROOM 1400 PHILADELPHIA PA 19102	\$65 <i>,</i> 700	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	PHILA DISTRICT ATTORNEYS OFFICE 1421 ARCH STREET PHILADELPHIA PA 19107	\$ 76,086	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5	LAWYER TRUST ACCOUNT BOARD (IOLTA) CAPITAL BLDG HARRISBURG PA 17105	\$ <u>71,200</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	PHILADELPHIA BAR FOUNDATION 1101 MARKET STREET 11TH FL PHILADELPHIA PA 19107	\$37,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)	Page 2 of 2 of Part I
Name of organization	Employer identification number
SUPPORT CENTER FOR CHILD ADVOCATES	23-2048664

(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution
.7	INDEPENDENCE FOUNDATION 200 SUOTH BROAD STREET PHILADELPHIA PA 19102	\$ <u>50,000</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	GLAXO SMITH KLINE ONE FRANKLIN PLAZA PHILADELPHIA PA 19101	\$40,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	THE PHILADELPHIA FOUNDATION 1234 MARKET STREET PHILADELPHIA PA 19107	\$39,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
325527		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

 Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990. ► See separate instructions.



Employer identification number

S	UPPORT CENTER FOR CHILD ADVOCATES		23-2048664
P	art I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV	/, line 6.	N/A
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclu	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or dono	or advisor, or for any other purpose	
1.000000	conferring impermissible private benefit?		Yes No
P	art II Conservation Easements. Complete if the organ	nization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	all that apply).	N/A
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically im	portant land area
	Protection of natural habitat	Preservation of a certified historie	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		
			Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements	······································	2b
С	Number of conservation easements on a certified historic structure inclu-		2c
d	Number of conservation easements included in (c) acquired after 8/17/0	06, and not on a	
			2d
3	Number of conservation easements modified, transferred, released, ext	inguished, or terminated by the organization	tion during the
	tax year 🕨		
4	Number of states where property subject to conservation easement is lo		
5	Does the organization have a written policy regarding the periodic monit		
	violations, and enforcement of the conservation easements it holds? $\hfill \hfill \h$		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the ye	ear

7	Amount of expenses incurred in monitoring, inspecting, and enforcing c	onservation easements during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the		
	(i) and section 170(h)(4)(B)(ii)?	ananya a si a a mananyanya a a s	Yes No
9	In Part XIV, describe how the organization reports conservation easemet		
	balance sheet, and include, if applicable, the text of the footnote to the c organization's accounting for conservation easements.	organization's infancial statements that d	escribes the
	rt III Organizations Maintaining Collections of Art, I	Listorical Trassures or Other	Similar Ascots I
	Complete if the organization answered "Yes" to Fo	orm 990. Part IV. line 8.	N/A
12	If the organization elected, as permitted under SFAS 116 (ASC 958), no		palance sheet
ia	works of art, historical treasures, or other similar assets held for public e		
	public service, provide, in Part XIV, the text of the footnote to its financia		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		
5	works of art, historical treasures, or other similar assets held for public e		
	public service, provide the following amounts relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		 \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, historical treasures, or c	other similar assets for financial gain pro	vide the
-	following amounts required to be reported under SFAS 116 (ASC 958) re		
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		
For F	aperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2011

Sch	edule D (Form 990) 2011 SUPPORT C				23-2048664	Page 2
<u> </u>	art III Organizations Maintaining					ssets (continued)
3	Using the organization's acquisition, accessic collection items (check all that apply):	n, and other records, che	eck any of the fo	llowing that a	are a significant use of its	
а	Public exhibition	d 🗌 Loan	or exchange pro	grams		.1
b	Scholarly research	e 🗌 Other				N/A
С	Preservation for future generations					
4	Provide a description of the organization's col	lections and explain how	they further the	organization	's exempt purpose in Par	t
	XIV.					
5	During the year, did the organization solicit or	receive donations of art,	historical treasu	ires, or other	similar	12-1011 (112-12)
	assets to be sold to raise funds rather than to					Yes No
Pa	art IV Escrow and Custodial Arra			nization ar	nswered "Yes" to For	m 990, Part IV, 1
	line 9, or reported an amount					N/P
1a	Is the organization an agent, trustee, custodia					
	included on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV a	ind complete the followin	ig table:			
						Amount
C		(*)************************************			1c	
d	Additions during the year					
e	Distributions during the year					
T	Ending balance					
Za	Did the organization include an amount on For	m 990, Part X, line 217			******	Ves 🗌 No
1000000000	If "Yes," explain the arrangement in Part XIV. art V Endowment Funds. Complete	te if the organization	n answered "	Ves" to Fo	rm 000 Part IV line	10 1/4
200.000	Endownent Funds, comple	(a) Current year	(b) Prior year	(c) Two yes		
1a	Beginning of year balance		(1) 1 1101 Jean	(0) 1 10 90	(a) mile years	
b	Contributions					
c	Net investment earnings, gains, and					
-	losses					
d	Grants or scholarships					
	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance					
	Provide the estimated percentage of the current		1g, column (a))	held as:		
а	Board designated or quasi-endowment 🕨	%				
b	Permanent endowment ►%					
С		%				
	The percentages in lines 2a, 2b, and 2c should	-				
3a	Are there endowment funds not in the possess	ion of the organization th	at are held and a	administered	I for the	
	organization by:					Yes No
						3a(i)
h	(ii) related organizations If "Yes" to 3a(ii), are the related organizations I	inter a required on Cala	- Alle D2			3a(ii)
	Describe in Part XIV the intended uses of the c				******	3b
Pa	rt VI Land, Buildings, and Equip			10		
	Description of property	(a) Cost or other basis	(b) Cost or ot		(c) Accumulated	(d) Book value
		(investment)	(othe		depreciation	
1a	Land			58,000		68,000
	Buildings			6,172	504,746	
c	Leasehold improvements					//
	Equipment		25	58,993	199,096	59,897
	Other					
	Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part X, col	umn (B), line 10((c).)		1,639,323

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 SUPPORT CENTER FOR CH	ILD ADVOCATES	23-2048664	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of value	ation:
(including name of security)		Cost or end-of-year ma	rket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
	NA		
(D)			0.1
(E)			
(F)			
(G)			
(H)			
()			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Related. See Form 990	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valua	tion:
		Cost or end-of-year man	ket value
(1)			
(2)	,		
(3)	N/A		
(4)	1.1/1		
(5)			
(6)			9
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)	N/A		
(5)	1		
(6)			*
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 25.			
1. (a) Description of liability	(b) Book value	REAL PROPERTY AND	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)	N/A		
(6)	1		
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

1000000	edule D (Form 990) 2011 SUPPORT CENTER FOR CHILD ADVO				e 4
	art XI Reconciliation of Change in Net Assets from Form 990 to				
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1 1,845,93	
2	Total expenses (Form 990, Part IX, column (A), line 25)	*******		2 2,194,4	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3 -348,52	20
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments	Dintro (C.C.)		7	
8	Other (Describe in Part XIV.)	11-11-1-1-1		8	
9	Total adjustments (net). Add lines 4 through 8	0.0-0.000000000		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9)	1	-348,52	20
Pa	Int XII Reconciliation of Revenue per Audited Financial Stateme				
1	Total revenue, gains, and other support per audited financial statements			1 6,696,94	44
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
	Donated services and use of facilities	2b	4,697,641		
c	Recoveries of prior year grants				
d	Recoveries of prior year grants	2d	153,371		
	Other (Describe in Part XIV.)			e 4,851,01	12
e	Add lines 2a through 2d				
3	Subtract line 2e from line 1	rmåre		3 1,845,93	2
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b		40		_
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		32
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per Ret	turn	_
1	Total expenses and losses per audited financial statements			1 7,045,46	54
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	e			
а	Donated services and use of facilities	2a	4,697,641		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d	153,371		
е	Add lines 2a through 2d		26	e 4,851,01	.2
3	Subtract line 2e from line 1	99999999999999999999999999999999999999	3	2,194,45	52
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
		4b			
	Add lines 4a and 4b		40	c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	********	5	0 101 15	2
	rt XIV Supplemental Information			=/==/==	_
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lin	es 1a an	d 4: Part IV lines 1b and 2b	h.	
	/, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d ar				
	dditional information.		o complete this part to prov	VIGE	
	ART X – FIN 48 FOOTNOTE	********			-
TH	E ORGANIZATION REGULARLY REVIEWS AND EVALU	ATES	ITS TAX POSIT	TIONS TAKEN II	N
PF	EVIOUSLY FILED INFORMATION RETURNS AND AS	REFLI	ECTED IN ITS F	FINANCIAL	••
SI	ATEMENTS, WITH REGARD TO ISSUES AFFECTING	ITS 7	TAX EXEMPT STA	ATUS,	1.1
UN	RELATED BUSINESS INCOME, AND RELATED MATTE	RS.	IT BELIEVES T	THAT IN THE	
EV	ENT OF AN EXAMINATION BY TAXING AUTHORITIE	s, I	IS POSITIONS W	OULD PREVAIL	

BASED UPON THE TECHNICAL MERITS OF SUCH POSITIONS. THEREFORE, THE

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 SUPPORT CENTER FOR CHILD ADVOCATES 2 Part XIV Supplemental Information (continued)	3-2048664	Page 5
ORGANIZATION HAS CONCLUDED THAT NO TAX BENEFITS OR L	IABILITIES A	ARE REQUIRED
TO BE RECOGNIZED.		
PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER		**********
990 SHOWS FUNDRAISING INCOME NET OF EXPENSE	\$	153,371
990 SHOWS FUNDRAISING INCOME NET OF EXPENSE	\$	-153,371
PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINA	NCIALS - OTH	IER
990 SHOWS FUNDRAISING INCOME NET OF EXPENSE	\$	153,371

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FIN	ANCIALS - OT	THER
990 SHOWS FUNDRAISING INCOME NET OF EXPENSE	\$	153,371
* *************************************		
-		

*		

SCHEDULE G	Supp	lemental Inf	forma	itic	on Regarding			OMB No. 1545-0047
(Form 990 or 990-EZ) Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or 19 the								2011
Department of the Treasury Internal Revenue Service	organization	entered more than \$1	5,000 on F	orm	990-EZ, line 6a.			Open To Public Inspection
Internal Revenue Service Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification n SUPPORT CENTER FOR CHILD ADVOCATES 23-2048664								
Fundraisi	ing Activities. Complete if	the organization	on ans			990		
Form 990-	-EZ filers are not required t				Obsels all that any he			
<u> </u>	rganization raised funds through	-					N	A
		(<u> </u>		-	vernment grants			
					nent grants			
c Definition of the solicitations c In-person solicitation		g Special fui	noraising	j ev	ents			
2a Did the organization ha	ave a written or oral agreement w	ith any individual ((including	g of	ficers, directors, trustee	es		
b If "Yes," list the ten hig	d in Form 990, Part VII) or entity hest paid individuals or entities (f \$5,000 by the organization.	in connection with undraisers) pursu	professi ant to ag	iona įree	al fundraising services? ments under which the	func	Iraiser is to be	Yes No
(1) Norma and an			(iii) Did fu raiser ha		(in) Orace receipte		Amount paid to	(vi) Amount paid to
	ddress of individual fundraiser)	(ii) Activity	custody control o	or	(iv) Gross receipts from activity		(or retained by) ndraiser listed in	(or retained by) organization
			contributio				col. (i)	
1			Yes N	OV	2			
2								
				-				
3								
4								
5								
6								
7								
8								
9					-			
10								
Total								
3 List all states in which th registration or licensing.	ne organization is registered or lic	censed to solicit co	ontributic	ons	or has been notified it i	is ex	empt from	

D	ADVOCATES	23-2048664	Page 2	

Schedule G (Form 990 or 990-EZ) 2011 SUPPORT CENTER FOR CHIL Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 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	
			ANNUAL BENEFIT	GOLF CLASSIC	1	(d) Total events (add col. (a) through
0			(event type)	(event type)	(total number)	col. (c))
Revenue	1		469,751	109,923	106,463	686,137
	2	Less: Charitable	374,380	73,951	84,435	532,766
	3	contributions Gross income (line 1 minus	574,500	,5,931	04,433	
_		line 2)	95,371	35,972	22,028	153,371
	4	Cash prizes				
	5	Noncash prizes		6,664	12,078	18,742
nses	6	Rent/facility costs	5,732	17,050		22,782
Direct Expenses	7	Food and beverages	47,050	10,147		57,197
Direc	8	Entertainment				
	9	Other direct expenses	42,589	2,111	9,950	54,650
	10	Direct expense summary.	Add lines 4 through 9 in column (d	()	•	153,371)
-	11	Net income summary. Cor	mbine line 3, column (d), and line 1	0	•••••••••••••••••••••••••••••••••••••••	
P	art		blete if the organization answ	vered "Yes" to Form 990, Pa	art IV, line 19, or reporte	ed more
_	-	lnan \$ 15,000 or	n Form 990-EZ, line 6a.	(b) Pull tabs/instant		(d) Total garning (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
-	1	Gross revenue		11-0-0		
nses	2	Cash prizes		-		
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				5
	5	Other direct expenses		2 mm		
	6	Volunteer labor	Ves% No	Ves %	Yes %	
	7	Direct expense summary.	Add lines 2 through 5 in column (d))	►)
	8	Net gaming income summ	ary. Combine line 1, column d, and	l line 7	•	
9	Ente	er the state(s) in which the	organization operates gaming activ	vities:		
a	is th	e organization licensed to	operate gaming activities in each o	of these states?		9a 🗌 Yes 🗌 No
b	lf "N	o," explain:				
	e i e					
		e any of the organization's es," explain:	gaming licenses revoked, suspend	ded or terminated during the tax ye	ar?	10a 🗌 Yes 🗌 No
	54 MI			*******************************		*************************

11 12						ADVOCATE		048664		Page
12	Does the organization operate gaming	activities with non	members?					anonomi a	Yes	5
14	Is the organization a grantor, beneficia formed to administer charitable gamin	ry or trustee of a tr	ust or a memb	per of a par	tnership o	r other entity			Yes	
3	Indicate the percentage of gaming act		********************			*****	****			
а							12	13a		9
b	The organization's facility			(1),100(0)(73 · · ·)		*****		13b		4
4	An outside facility Enter the name and address of the pe	rson who prepares	the organizati	on's gamin	g/special	events books and				
	records:		the organizati	on a gamm	gropoolar				.1.	
	Name ►								N/A	
3	Address ►								12131	
5a	Does the organization have a contract	with a third party fr	om whom the	organizatio	on receive	s gaming				
	revenue?	er og og sammer og sammer som							Yes	
b	If "Yes," enter the amount of gaming re	evenue received by	the organizati	ion 🕨 💲			and the			
	amount of gaming revenue retained by	the third party 🕨	\$		encies.					
С	If "Yes," enter name and address of the	e third party:								
	Name 🕨								tatat	
	Address ►	····								
6	Gaming manager information:									
Ŭ	Carming manager mormation.									
	Name ►									
	Gaming manager compensation > \$									
	Gaming manager compensation ► \$ Description of services provided ►				*****	*****	*****	5.88.9° 8.89		
	Description of services provided			ent contracto		*****	ar 1 2004 - 100 - 100 - 100 - 100 -	NEWFOR		
	Description of services provided ▶						*****	NEW YORK		
7	Description of services provided ▶ ☐ Director/officer	oloyee [] Independe	nt contracto	or		e take son an tire eve	53597054		
7 a	Description of services provided Director/officer Mandatory distributions: Is the organization required under state	bloyee [] Independe	ent contracto	or e gaming	proceeds to			Vec	
7 a	Description of services provided ► Director/officer Emp Mandatory distributions: Is the organization required under state retain the state gaming license?	bloyee] Independe	ent contracto	or e gaming	proceeds to			Yes	
7 a b	Description of services provided ► Director/officer Emp Mandatory distributions: Is the organization required under state retain the state gaming license? Enter the amount of distributions required	bloyee [Independe	ont contracto ons from th ed to other	or e gaming	proceeds to			Yes	
7 a b	Description of services provided ► Director/officer Emp Mandatory distributions: Is the organization required under state retain the state gaming license? Enter the amount of distributions require spent in the organization's own exempt	bloyee	Independe table distributi to be distributi e tax year ►	ent contracto ons from th ed to other \$	or e gaming exempt o	proceeds to rganizations or		[Yes	
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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	0011					
Name of the organization	PPORT CENTER FOR CHILD ADVOCATES	Employer identification number 23–2048664					
FORM 990 - OF THE SUPPORT C OLDEST AND LA OUR MISSION I PHILADELPHIA,	SUPPORT CENTER FOR CHILD ADVOCATES 23-2048664 FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES THE SUPPORT CENTER FOR CHILD ADVOCATES, FOUNDED IN 1977, IS THE COUNTRY'S OLDEST AND LARGEST PRO BONO LEGAL AND SOCIAL SERVICES AGENCY FOR CHILDREN.						
FORM 990, PAR	PROVAL PRIOR TO FILING. T VI, LINE 12C - ENFORCEMENT OF CONFLICTS P	OLICY					
FORM 990, PAR THE BOARD OF EXECUTIVE DIR FAIR AND APPRO	DIRECTOR MONITORS THE CONFLICTS POLICY ON A T VI, LINE 15A - COMPENSATION PROCESS FOR TO DIRECTORS MEETS IN EXECUTIVE SESSION TO REV ECTOR'S ANNUAL COMPENSATION, USING ALL NECES OPRIATE SALARY FOR THE TOP MANAGEMENT OFFIC COMPLEXITY OF THE SUPPORT CENTER FOR CHILD A	OP OFFICIAL IEW AND SET THE SSARY DATA TO SET A IAL IN AN AGENCY					
8 A.	T VI, LINE 15B - COMPENSATION PROCESS FOR ON OTHER OFFICERS WHO ARE COMPENSATED OR KEY EN NSTRUCTIONS.						
FORM 990, PAR	T VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSU	JRE EXPLANATION					

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Schedule O (Form 990 or 990-EZ) (2011)	Page
Name of the organization SUPPORT CENTER FOR CHILD ADVOCATES	Employer identification number 23-2048664
FINANCIALS, GOVERNING DOCUMENTS AND POLICY STATEMENTS AR	E MADE AVAILABLE TO
THE PUBLIC AT THE AGENCY'S OFFICES UPON REQUEST.	

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Forms 990 / 990-PF	Mortgages and Other Notes Payable			2011
0007000-11	For calendar year 2011, or tax year beginning 07/01/11, and ending 06/30,		06/30/12	
Name			Employer Ide	entification Number
SUPPORT CENTER	FOR CHILD ADVOCATES		23-204	8664
FORM 990, PART	X, LINE 23 - ADDITIONAL	INFORMATION		
	Name of lender	Relationship	to disqualified perso	n
(1) FIRSTRUST BA	NK			
(2)				
(3)				
(4)				
(5)				

Name of lender	Relationship to disqualified person
(1) FIRSTRUST BANK	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	550,000	04/29/11	05/01/16	15 YR. AMORT/5 YR. BALLOON	4.500
(2)					
(3)					
(4)					
(5)					
6)					_
7)					
(8)					
(9)					
10)					
				and a state of the second s	

Security provided by borrower	Purpose of loan
) REAL ESTATE 1900 CHERRY ST	MORTGAGE
)	
0)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1) LOAN	548,768	531,510
(2)		
(3)		
(4)		2
(5)		
(6)		
7)		
8)		
9)		
(10)		
Totals	548,768	531,510

SUPPORT CENTER FOR CHILD ADVOCATES STATEMENT OF CLIENT SERVICES DELIVERED IN FY2012

During fiscal year 2012, Child Advocates' staff and volunteer attorneys have provided individual legal representation to 810 child victims of abuse and neglect. 262 cases were opened or reopened, and 332 cases closed in this fiscal year.

About 39% of Child Advocates' clients were victims, or siblings of victims, of crimes; nearly all the rest were subjects of various abuse and neglect complaints. SCCA was appointed to represent children for the following presenting problems (not mutually exclusive categories):

Physical abuse/assault	280
Kinship care	265
Physical neglect	233
Sexual abuse	181
Mental health problems	102
Domestic violence	89
Abandonment	61
Medical care issues	59
Educational Neglect	44
Placement/Custody	36
Immigration issues	32
Voluntary Placements	21
Murder Victim Survivor	17
Witness to crime	11

Child Advocates' comprehensive service included assessing the child victims' safety and needs by conducting home visits, reviewing all relevant documents, and arranging for further assessments and services. Trained attorneys and social workers in concert also provided services to children who were victims of crimes, such as assistance in preparing the child/victims to testify and accompaniment to preliminaries and all subsequent hearings through trial. Child Advocates serves as the child's guardian *ad litem* as long for as the child is a party to dependency or criminal proceedings, providing continuing protection of rights, assessment, referral to services, and movement towards permanent placement. On average, Child Advocates serves clients for 2.1 years.

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Support Center for Child Advocates Board of Directors 2011 -2012



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Katherine M. Kelton Vice President ARAMARK

Sherri Krensel Secretary Workplace Environments

Mark A. Gittelman Treasurer PNC Bank

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