<sub>Բն.ո</sub>.990-EZ

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Fovenue € 2a (except private foundations)

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form, as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

Ā	For the 2019 calendar year, or tax year beginning and ending						
В	Check i	k if C Name of organization			D Employer identification number		
	Ť	ress change					
一	_	e change CHILD USADVOCACY INC.		83-1918925			
Ī	7		Room/suite	E Telepho	one number		
	Final	return/ 3508 MARKET STREET, SUITE 201	1				
	=	City or town, state or province, country, and ZIP or foreign postal code	. 1	F Group E	xemotion		
F	_	DUTIADEIDUTA DA 10104	041	Number			
G		nting Method: X Cash Accrual Other (specify) ►		H Check			
		ite:			uired to attach Schedule B		
		xempt status (check only one) $-$ 501(c)(3) $\times$ 501(c) (4 ) (insert no.) 4947(a)(1) or	r 527				
_		of organization. Corporation Trust Association Other	321	(1 01111 3	30, 330-12, 01 330-11 ):		
		nes 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ccate (Dart II	<u> </u>			
		n (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ	133513 (1 011 11	,	\$ 156,084.		
	art]i]		ee the instru	ctions for l	Part I)		
IL.	21,L[1]	Check if the organization used Schedule O to respond to any question in this Part I			X		
	T 4			1	156,084.		
	1	Contributions, gifts, grants, and similar amou <u>nts received</u> Program service revenue including government fee anti-contigats \		2	<del></del>		
	2			3	<del></del>		
	3	Membership dues and assessments Investment income		4			
	4	Gross amount from sale of assets other than Renton MAR 16 2020 5a 5a		-			
	5a	Gross amount from sale of assets other than the hory MAR 16 2020 5a 5b					
	b	Less cost or other basis and sales expenses  Gain or (loss) from sale of assets other than inventor subfraction [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		50			
	٦	1 1		30	·		
	6	Gaming and fundraising events.		Ì			
ine	a	Gross income from gaming (attach Schedule G if greater than \$15,000)		r			
Revenue	١.	\$15,000)  Gross income from fundraising events (not including \$ of contributions					
æ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of such					
		gross income and contributions exceeds \$15,000)  6b					
	١,	Less: direct expenses from gaming and fundraising events  6c					
	C d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	-	60			
	7a						
	, a	Less cost of goods sold 7b					
	1	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		70	<b>-</b>		
	8	Other revenue (describe in Schedule O)		8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		<b>▶</b> 9	456 004		
	10	Grants and similar amounts paid (list in Schedule 0)		10	<del></del>		
	11	Benefits paid to or for members		11	<del></del>		
S	12	Salaries, other compensation, and employee benefits		12	<del></del>		
ıse;	13	Professional fees and other payments to independent contractors		13	CE 510		
Expense	14	Occupancy, rent, utilities, and maintenance		14			
Ä	15	Printing, publications, postage, and shipping		15			
	16	Other expenses (describe in Schedule 0)  SEE SCHEDU	LE O	16	<del>                                     </del>		
	17	Total expenses Add lines 10 through 16	•	<b>▶</b> 17	1 2 2 2 2 2		
	18	Excess or (deficit) for the year (subtract line 17 from line 9)	·-	18	00.040		
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
Net Assets	'	(must agree with end-of-year figure reported on prior year's return)		19	0.		
	20	Other changes in net assets or fund balances (explain in Schedule 0)		20			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		▶ 21	20 242		
	<u>   </u>	Described Deduction Act Nation and the consent		- 1 21	Form <b>900-F7</b> (2010)		

LHA For Paperwork Reduction Act Notice, see the separate instructions

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83-1918925

Page 3

Yes   No   Yes	1.6	Utner Information (Note the Schedule A and personal benefit contract statement requirements			[T]
33		instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Pan		X
activity in Schedule 0  3 Wes any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization or same. Otherwise, explain the change on Schedule 0. See instructions  3 b If Yes, 10, and 7a, among others)?  3 if Yes, 10, and 7a, among others)?  3 if Yes, 10, and 7a, among others, 10 if Yes, 10, and 10 if Yes, 10, and 7a, among others, 10 if Yes, 10				Yes	No
4. Were any significant changes made to the or ganzation or governing documents? If Yes, staceh a conformed copy of the amended documents if they reflect a change to the organization's name, Otherwee, explain the change on Schedel 6. See instructions  5.5. Did the organization have unreflated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 2, 6s, and 7a, among others)?  5.6. If Yes is one is \$5, and 7a a moning others?  6. Was the organization base or school \$1,000 or from the year? If Yes, "complete supplication flat a Form 990-T for the year? If Yes," complete supplication gives year year, "complete supplication flat as school to granization in Schedule 0. Part III and the organization and the form 1912-PDC flor the year? If Yes, complete supplicate by aris of Schedule 0, Part III and enter the total amount worked  7.7. Enter amount of political expenditures, direct or indirect, as described in the instructions  8. Jan 2	33				٠,,
documents if they reflect a change to the organization's name, Otherwise, explain the change on Schiedlied 0. See instructions 5 a Did the organization have unrelate business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?  b) If Yes' 50 time 35a, has the organization filed a Form 990-T for the year? If No, 'provide an explanation in Schedule 0. Was the organization association \$10(4), 901(4)(5), or 901(6)(6), or 901(6)(6) organization subject to section 603(8) onto experience, reporting, and proxy tax requirements during the year? If Yes,' complete Schedule 0. Part III  8 Dut the organization undergo a foliudation, dissolution, immination, or significant disposition of net assets during the year? If Yes,' complete applicable parts of Schedule N  7 Section 40(1) of policial expenditures, direct or indirect, as described in the instructions  b) Did the organization to private from the total amount worked of the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the dax year covered by this return?  b) If Yes,' complete Schedule I, Part III, and enter the total amount worked 3 section 501(6)(7) organizations. Enter amount of tax imposed on the organization during the year or did et along the section 501(6)(3), 501(6)(7) organizations. Enter amount of tax imposed on organization managers or disequalined persons during the year or did et along the year of the year o		$\cdot$	33	-	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (cuch as those reported on a line 2, 6s, and 7a, anioning others)?  35b If Yes's to live 35a, has the organization field a Form 990-T for the year? If No, 'provide an explanation in Schedule O.  35b If Yes's to live daying the year? If Yes', complete Schedule C, Part III and the organization undergo a liquidation, discolution, termination, or significant disposition of net assets during the year? If Yes', complete schedule Part III and the organization in Form 120-POIL for the year?  37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37a Enter amount of political expenditures, direct or indirect, as described in the instructions   37b If Yes', complete Schedule L, Part III, and enter the total amount involved   37c International for Form 120-POIL for the year?  37b If Yes', complete Schedule L, Part III, and enter the total amount involved   38c School 501(c)) organizations. Enter   38c If Yes', complete Schedule L, Part III, and enter the total amount involved   38c School 501(c)) organizations. Enter   38c School 501(c)) organizations. Enter   38c School 501(c)) organizations. Enter   38c School 501(c)) organizations. Enter amount of tax imposed on the organization during the year of did engage in an excess benefit transaction during the year, or did engage in an excess benefit transaction during the year, or did engage in an excess benefit transaction during the year, or did engage in an excess benefit transaction of the organization engage in any section 4958 C School 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Birther amount of tax imposed on organization engage in any section 4958 C School 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Birther amount of tax where the section 501(c)(3), 501(c)(4),	34		ا م		v
on Ines 2, 6a, and 7a, among others?  b If "Yes" to line 55, has the organization devid a Form 990-T for the year? If "No; provide an explanation in Schedule ID  c Was the organization a section 50 I(c)(4), 50 I(c)(5), or 50 I(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes; complete Schedule IC, Part III  356			34		
b If Yes' to line 35a, has the organization field a Form 990-T for the year? If 'No,' provide an explication in Schedule 0  Was the organization a section \$01(c)41, \$01(c)5, organization subject to section \$033(e) notice, reporting, and proxy tax requirements deform the year? If 'Yes,' complete \$01(c)41, \$01(c)5, organization allowed to section \$033(e) notice, reporting, and proxy tax requirements deformed the year? If 'Yes,' complete \$01(c)41, \$01(c)4	35 a		25.0		v
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Applicable parts of Schedule II. Part III.  35c		· · · · · · · · · · · · · · · · · · ·	-	NT/	
requirements during the year? If "Yes," complete Schedule C, Part III  50 bit the organization undergo a bitustation, dissolution, irrimation, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N  71 a Effert amount of political expenditures, direct or indirect, as described in the instructions  1 bit the organization in Fermi 120-01. For the year?  2 bit the organization in Fermi 120-01. For the year?  2 bit the organization in Fermi 120-01. For the year or were day bythis return?  3 bit the organization in Fermi 120-01. For the year?  3 bit the organization in Fermi 120-01. For the year?  3 bit the organization in Fermi 120-01. For the year or were day bythis return?  3 bit the organization in Fermi 120-01. For the year?  3 bit the organization in Fermi 120-01. For the year or were any such loans made in a grow year and strip its part of the organizations. Enter and the properties of the organization organizat			350	14 /	<u>-</u>
36 Dd the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If Yes," complete applicable pairs of Schedule N  37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37b Dd the organization fie Form 1120-PDL for the year?  37c Dd the organization fie Form 1120-PDL for the year?  37d Dd the organization for Form 1120-PDL for the year?  37d Dd the organization for Form 1120-PDL for the year?  37d Dd Add the organization for Form 1120-PDL for the year?  37d Dd Add the organization for Form 1120-PDL for the year?  37d Dd Add the organization for PDL form of the tax year covered by this return?  38d Dd Add the organization for PDL form 1120-PDL form 1120-P	C		250		v
as a mount of political expenditures, direct or indirect, as described in the instructions  Did the organization for mit 1720-PDL for this year?  Did the organization file form 11720-PDL form 11720-PD	00		350		^
The Enter amount of political expenditures, direct or indirect, as described in the instructions  b Did the organization file form 1120-PCL for this year?  37b	30		36		x
Did the organization file Form 1120-POL for this year?  3a bid the organization form, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the bix year cowered by this return?  bit "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A 39a N	27.		30		
as a bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If It'res, "complete Schedule I, Part II, and net rethe total amount involved  Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9, for public use of club facilities  Initiation fees and capital contributions included on line 9  B Gross receipts, included on line 9, for public use of club facilities  Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ► N/A  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction and prome section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction and prome section 4958 excess benefit transaction during the year, of did it engage in an excess benefit transaction as prior year that has not been reported on any of its prior forms 990 or 990-E21 II'ves, complete Schedule I, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and prior sections 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. A rary time during the tax year, was the organization a party to a prohibited tax shefter transaction? If Yes, complete Form 8866-T  40e			37h		x
m a prior year and still outstanding at the end of the tax year covered by this return?  b if Yes; complete Schedule L, Part II, and enter the total amount involved  38b N/A			0.0		
b If "es," complete Schedule L, Part II, and enter the total amount involved  38	304		382		X
39 Section 501(c)(7) organizations. Enter a Intation fees and capital contributions included on line 9 b Gross receipts, included on line 9 (or public use of club facilities) 40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under; section 4911 № N/A ; section 4912 № N/A ; section 4915 № N/A  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) grapinizations. Bit of the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess sense that are an excess benefit transaction of uring the year, or did it engage in an excess sense that a sont been reported on any of its prior Forms 990 or 990-E2? If Yes,* complete Schedule L, Part I  5 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  6 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. Alarity time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes,* complete Form 8886-1.  1 List the states with which a copy of this return is filed. ▶ PA  12 The organizations blooks are in care of ▶ JAMES RAPPERT  12 Telephone no ▶ 781-856-7207  13 Located at ▶ 71 PENN OAK TRATI, NEWTOWN, PA  2 Telephone no ▶ 781-856-7207  3 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country I ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  2 At any time during the calendar year, did the organization maintain an office outside the United States?  1 Yes, enter the name of the foreign country ▶ See the instructions		1 1 1			
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Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ9 If "Yes," complete Schedule L, Part I  Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization with the organization of the section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and 4912, 4955, and 4958  d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and 4912, 4955, and 4958  d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization and 4912, 4955, and 4958  d. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed to 391(c)(4), and 501(c)(29) organization have an interest in an another sections and 4912, 4955, and 4958  d. Section 491(c)(4), 501(c)(4), 491(c)(4), 491(c)(4)			1		ŀ
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transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E2 If "Yes," complete Schedule L, Part I C Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	h				
of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I  c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year? If "Yes," form 990-E2 in lieu of Form 990 must be completed instead of Form 990-E2  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  c Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  d Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  d Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  d Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  d Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-E2  d Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization have a controlled entity w	·				
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		•	40b		Х
organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  41. List the states with which a copy of this return is filed PA  42a. The organization's books are in care of JAMES RAPPERT Telephone no 781-856-7207  Located at F71 PENN OAK TRAIL, NEWTOWN, PA  b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  c At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  42b X  42c X  If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  43 Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year  44a X  45a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ  b Did the organization receive any payments for indoor tanning services during the year?  45b Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b Did the organization receive any payment from or engage in any	c				
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T  1. List the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the organization books are in care of the JAMES RAPPERT Telephone no 781-856-7207  1. List the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the states with which a copy of this return is filed to a fact that the organization have an interest in or a signature or other authority over a financial account; or other financial account, or other financial account; or other financial account; or other financial accounts (FBAR).  1. The states with which a copy of this return is filed to a fact that the organization maintain and office outside the United States?  1. The state is the name of the foreign country that the state is a country of the foreign Bank and Financial Accounts (FBAR).  2. At any time during the calendar year, did the organization maintain and office outside the United States?  1. The state is the instructions for exceptions and filing requirements for FinceN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  2. At any time during the calendar year, d	٠	^			
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b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			$\vdash$		v
			45a		A 1
5 (2)(13) / 11 Yes, Form 990 and Schedule K may need to be completed instead of Form 990-E2. See instructions 450	b		45h		
Form <b>990-EZ</b> (2019)	_			90-F7	(2010)

Form **990-EZ** (2019)

* 1						Yes	S NO
<b>46</b> Did the o	organization engage, directly or indirectly, in political campaigi	n activities on behalf of	or in opposition	on to candidates for pu	ublic office?		
	complete Schedule C, Part I			-		46	X
Part <sub>i</sub> VII	Section 501(c)(3) Organizations Only						
	All section 501(c)(3) organizations must answer quest		-	te the tables for line	es 50 and 51		
	Check if the organization used Schedule O to respon	d to any question in	this Part VI			Yes	No
47 Did the	organization appears in Johnwan activities or have a continue 50	11/h) alastian in affact d	uring the tay i	roar2 If "Vac " nampletr	ser c Bartii F	47	140
	rganization engage in loobying activities of have a section 50		) election in effect during the tax year? If "Yes," complete Sch. C, Part II			48	+-
	organization make any transfers to an exempt non-charitable r		Juic L		F	49a	+
	was the related organization a section 527 organization?	clated organization			<b>⊢</b>	49b	_
•	te this table for the organization's five highest compensated er	mployees (other than of	ficers, directo	rs, trustees, and key e	L		d more
•	00,000 of compensation from the organization. If there is none		•	, ,	. , ,		
	(a) Name and title of each employee		age hours	(C) Reportable	(d) Health benefits, contributions to	1 (-,	
		I *	devoted to	compensation (Forms W-2/1099-MISC)	employee benefit plans, and deferred	amount of other compensation	
	N/A	pos	sition		compensation	compen	sation
						<del></del>	
						<del>                                      </del>	
<u> </u>						<del>                                     </del>	
						1	
				_		<del>                                     </del>	
f Total nu	mber of other employees paid over \$100,000		<b></b>			•	
51 Complet	e this table for the organization's five highest compensated in	dependent contractors	who each rece	eived more than \$100,	000 of compensat	ion from th	e
organiza	ition. If there is none, enter "None." N/A						
(a)	Name and business address of each independent contractor		(6	) Type of service	(c) C	ompensatio	)n
			IRES				
		JUL 20 20	<del></del>		<u> </u>		
	<del></del>	CEIVE OSC	_				
		0050	<del>}0</del>				
		JUL 2 V					
			AH				
		OGDEN, O	•				
_		. 0		<del>.</del>			
	mber of other independent contractors each receiving over \$1	•		<b>-</b>			
	organization complete Schedule A? Note: All section 501(c)(3)	) organizations must att	ach a			ם ר	¬
	ed Schedule A		dlaa aad ata	Lamanta, and to the be	at of my knowleds	Yes	No
-	es of perjury, I declare that I have examined this return, includi and complete. Declaration of preparer (other than officer) is ba					e allo belle	1, 11 15
rue, correct, a	and complete. Declaration of preparer (other than officer) is ba	ised on all information (	Ji WillCii prepa	arer rias arry knowledy	3/9/2020		
Sign	Signature of officer Date						
Here	KATHERINE ROBB, EXECUTIVE	DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name Preparer's si	gnature	Date	Check	if PTIN		
Paid		15 0	مام	self- emplo	yed		
Preparer		V Savy Cl	703/0	9/20		20240	)
Use Only	Firm's name ► SAVY & SAVY, P. C.	0		Firm's EIN			
	Firm's address ► 33 BROAD STREET,	SUITE 1001		Phone no	(978) 6	86-12	109
	BOSTON, MA 02109				, , , , , , , , , , , , , , , , , , , ,	<del> </del>	<del></del>
May the IRS d	iscuss this return with the preparer shown above? See instruc	ctions			<b>▶</b> 🗴	<u>.</u> 」Yes ∟	No

## **SCHEDULE 0** (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization

**Employer identification number** 

OMB No 1545-0047

CHILD USADVOCACY INC.	83-1918925
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
OPERATIONS	11,212.
TRAVEL & MEETINGS	13,347.
TOTAL TO FORM 990-EZ, LINE 16	24,559.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - DEDICATED	TO PUBLIC
ADVOCACY, INCLUDING LOBBYING, FOR TO LAWS, REGULATIONS &	PUBLIC
PROGRAMS TO END CHILD ABUSE AND NEGLECT	
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLIS	HMENTS:
IN 2019 WE HELPED PASS 23 CHILD PROTECTION PIECES	
LEGISLATION. 9 STATES EXTENDED THEIR CRIMINAL SOL. 13	
STATES ELIMINATED THEIR CRIMINAL SOL. 15 STATES EXTENDED	
THEIR CIVIL SOL, 1 STATE, VERMONT ELIMINATED THEIR CIVIL	SOL. 9 STATES
ENACTED WINDOW OR REVIVAL LAWS. WE SUBMITTED TESTIMONY AN	D OPINION
PIECES IN MANY JURISDICTIONS AND SPOKE AT MANY PRESS CONF	ERENCES ACROSS
THE COUNTRY. WE CONTINUE TO TESTIFY AND ADVOCATE IN MANY	JURISDICTIONS,
IOWA, INDIANA, FLORIDA, KANSAS, MASSACHUSETTS, CONNECTICU	T, NEW
HAMPSHIRE, NEW YORK AND COLORADO. WITH OUR EFFORTS FROM 2	019, WE MOVE
FORWARD WITH OUR FIGHT FOR CHILD PROTECTION LEGISLATION -	STATUTE OF
LIMITATION REFORM, ENDING CONVERSION THERAPY FOR LGBTQ YO	UTH, ENDING
CHILD MARRIAGE, ELIMINATING EXEMPTIONS FOR IMMUNIZATIONS,	ENDING THE
PRACTICE OF FGM ON MINORS AND FAMILY COURT REFORM.	

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization CHILD USAD	VOCACY INC.	Employer identification number 83-1918925
THE ORGANIZATION DID NOT,	DURING THE YEAR, RECEIVE ANY FU	JNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREM	IUMS ON A PERSONAL BENEFIT CONT	TRACT.
THE ORGANIZATION, DID NOT,	DURING THE YEAR, PAY ANY PREM	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSON	AL BENEFIT CONTRACT.	
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Schedule O (Form 990 or 990-EZ) (2019)