## Form **990**

Department of the Treasury

Internal Revenue Service

Extended to November 15, 2023

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Address change Bivona Child Advocacy Center Name change 03-0519569 Doing business as Initial return Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) 585-935-7800 Final return/ One Mount Hope Avenue 3,435,498. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Rochester, NY 14620 H(a) Is this a group return F Name and address of principal officer:Dr. Daniele Lyman-Torres Applicafor subordinates? same as C above H(b) Are all subordinates included? ∐Yes L I Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) If "No," attach a list. See instructions www.bivonacac.org H(c) Group exemption number J Website: K Form of organization: X Corporation Association Other L Year of formation: 2003 M State of legal domicile: NY Part I Summary Briefly describe the organization's mission or most significant activities: To coordinate services and Governance support for child victims of sexual or physical abuse. if the organization discontinued its operations or disposed of more than 25% of its net assets. 18 Number of voting members of the governing body (Part VI, line 1a) <u>18</u> Number of independent voting members of the governing body (Part VI, line 1b) **Activities &** <u>39</u> 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 213 6 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 Ō. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** 2,316,032. 2,612,064. 8 Contributions and grants (Part VIII, line 1h) Revenue 599,751. 624,567. 9 Program service revenue (Part VIII, line 2g) 51,799. 683,172 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 17,800. Ō. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,288,430. 3,616,755. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ....... Ō. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. O. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,765,017. 1,991,381. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 757,058. 1,006,440. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,522,075. 2,997,821. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,094,680. 290,609. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 569 9,278,800. 9,159,829. 20 Total assets (Part X, line 16) 449,544. 298,577. 21 Total liabilities (Part X, line 26) let ,861,252. 8,829,256. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, cerrect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. =10mes Sign Dr. Daniele Lyman-Torres, CEO Here Type or print name and title Print/Type preparer's name Preparer's signature 08/15/23 P00228650 Jeanne Beutner Paid Jeanne Beutner Firm's EIN 27-1895149 Heveron & Company CPAs, PLLC Preparer Firm's name Firm's address 260 Plymouth Avenue South Use Only Phone no. 585-232-2956 Rochester, NY 14608 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Form	990 (2022) Bivona Ch	ild Advocacy Center	03-0519569 Page <b>2</b>
	t III Statement of Program Service	e Accomplishments	
	Check if Schedule O contains a respon	nse or note to any line in this Part III	X
1	Briefly describe the organization's mission:		
	Bivona Child Advocacy	Center delivers excell	ence in child abuse
	response, healing and		laborative service,
	awareness, education a	nd leadersnip.	
			The state of the s
2	Did the organization undertake any significar		
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Sch		
3	Did the organization cease conducting, or ma		any program services? Yes X No
Ū	If "Yes," describe these changes on Schedu		any program conneces
4	<del>-</del>		est program services, as measured by expenses.
			s and allocations to others, the total expenses, and
	revenue, if any, for each program service rep	orted.	
4a	(Code:) (Expenses \$2, 34	8,025 including grants of \$	) (Revenue \$ 624,567.)
	Bivona Child Advocacy	Center is a nonprofit	organization that offers a
	safe, welcoming place		
	physically abused can		essionals that includes 23
			space where cases of child
	sevual and severe phys	ical abuse whenever r	possible and practical are
			22, Bivona evaluated nearly
	1,600 children for chi		
	children who have been		
	(Continued on Schedule	0)	
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$)
			-
		-	
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$
4d	Other program services (Describe on Schedu	ule O.)	
- <del>7</del> U		ding grants of \$	(Revenue \$
4e	Total program service expenses	2,348,025.	
	The state of the s		Form <b>990</b> (2022)
232002	12-13-22	See Schedule O for Co	

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
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,	_		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	'gostweet	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
à	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	^	
Т	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	_	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? 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 other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
18	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد ا		х
00-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		_
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	,		000	

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D		( ()		,
Part IV	Cneckiist	of Required	Schedules	(continued)

A. S. J. S.			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	169	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
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_ <u>X</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	<b>27</b>	30000000 10000000	<b>A</b>
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a 28b		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	"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, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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_		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		~	
Dai	Note: All Form 990 filers are required to complete Schedule O  Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai	Check if Schedule O contains a response or note to any line in this Part V			
	Oncold it contouring a response of note to diff fine in that are v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17	(0.04E)3 (0.04E)3	2000年 2007年	77.7
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	APECO)		å
	(gambling) winnings to prize winners?	1c	S S S S S S S S S S S S S S S S S S S	
				10000

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 39 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?... 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) 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 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified 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 qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a18									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	W99490	162836							
b	Enter the number of voting members included on line 1a, above, who are independent									
2										
	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	_		\ <del></del>						
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X						
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?									
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X						
/a		7a		x						
h	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- 1 a								
D		7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		CORNERS CONTROL CONTRO							
	The governing body?	8a	X	- Emperces						
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X							
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	1 , , , ,									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X	TOTAL SECTION						
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?	de la company	X	SLAN						
	The organization's CEO, Executive Director, or top management official	15a	X							
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	.742 (SIR)	en en en en						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	<b>建筑</b>								
IUa	taxable entity during the year?	16a	ALL MANAGES	X						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			SE SENCE						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		8111							
	exempt status with respect to such arrangements?	16b	.da amorana.	Presentation S. S.						
Sec	tion C. Disclosure	,								
17	List the states with which a copy of this Form 990 is required to be filed NY									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only	) availa	able						
	for public inspection. Indicate how you made these available. Check all that apply.	•								
	X Own website Another's website X Upon request X Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	The Organization - 585-935-7800									
	One Mount Hope Avenue, Rochester, NY 14620		- 2 2 .							
232006	5 12-13-22	Form	990	(2022)						

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	nor any related	orga	aniza	ation	CO	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	Kod	, unle cer an	ss pe	rson	is bot	h an	i '	compensation	amount of
	week	<del>-</del>	1	<u> </u>		1	100,	from	from related	other
	(list any hours for	lirect				_	ļ	the organization	organizations (W-2/1099-MISC/	compensation from the
	related	96 OF (	stee			satec	İ	(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	mper		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related
	below	Individual trustee or director	Institutional trustee	Je Je	Key employee	est co oyee	뉼	,		organizations
	line)	lagi.	Instit	Officer	Key (	Highest compensated employee	Former			
(1) Deborah Rosen	40.00									
Executive Director (through June)		<u> </u>		Х				91,710.	0.	10,918.
(2) Sheila Girard	32.00				1					
Director of Finance				Х			_	81,523.	0.	11,553.
(3) Daniele Lyman-Torres	40.00									
CEO (beginning November)				Х				28,708.	0.	0.
(4) Kelly Thompson	1.40						1			
Board Chair/Immediate Past Chair		X		X				0.	0.	0.
(5) Dave Halladay	1.10									
Director		X						0.	0.	0.
(6) Jen Lake	1.80	]								
Vice Chair/Board Chair		X		X				0.	0.	0.
(7) Andy McDermott	1.00			1				4		
Director		X						0.	0.	0.
(8) Anne Wilder	0.50								_	_
Director		X				<u> </u>		0.	0.	0.
(9) MaryLouise Steinwachs	1.00							_		_
Director/Secetary		X		Х				0.	0.	0.
(10) Jason Barnecut-Kearns	1.60								_	_
Director/Treasurer		X		X				0.	0.	0.
(11) Aaron Bertram	1.10								_	_
Director/Vice Board Chair		X		X			<u> </u>	0.	0.	0.
(12) Reggie Dejean	0.50	ļ							_	_
Director		Х						0.	0.	0.
(13) Bill Hurley	0.80								_	_
Director		Х						0.	0.	0.
(14) Abhas Kumar	0.80							_	_	_
Director		X			_	L.	<u>L</u> .	0.	0.	0.
(15) Edward Townsend	1.00								_	_
Director		X				_		0.	0.	0.
(16) LeKeyah Wilson, MD	0.50									_
Director	<del> </del>	X			<u> </u>			0.	0.	0.
(17) Caytie Bowser	0.60									_
Director	ļ	X						0.	0.	0.

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Form 990 (2022)

(18) Norma Holland

(19) Kate Kenney

(20) Ashley Cross

(21) Colleen Dandrea

Director

Director

Director

Director

3

d Total (add lines 1b and 1c)

990 (2022) Bivona C	hild Adv	700	cac	ΞУ	Ce	ent	e:	r	03-05	195	69 Page 8
t <b>VII</b> Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees/	, an	d Hi	ghe	st C	Compensated Employe	es (continued)		
(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck ss pe	rsoni	than is bot or/trus	h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatior from related	1	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS( 1099-NEC)		compensation from the organization and related organizations
Norma Holland	0.50										_
ctor		X						0.		0.	0.
Kate Kenney	0.60										•
ctor	0.60	X		_				0.		0.	0.
Ashley Cross	0.60	<b>.</b> ,								0.	0
Colleen Dandrea	0.60	X		<u> </u>	<del> </del>			0.		<del>۰. </del>	0.
ctor	0.00	х						0.		0.	0.
CC01		21									
								201 041			00 471
Subtotal								201,941.		$\frac{0.0}{0.0}$	22,471.
Total from continuation sheets to Part V								201,941.		0.	22,471.
Total (add lines 1b and 1c)											22,4/1.
Total number of individuals (including but n	iot ilmitea to th	ose	liste	ed ai	oove	e) wr	no re	eceived more than \$100	,000 of reportable		0
compensation from the organization											Yes No
Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	•		•		•		_	hest compensated emp	-	Section 2015	3 X
For any individual listed on line 1a, is the su	um of reportabl									1	
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	dule	J f	or such individual			4 X
Did any person listed on line 1a receive or	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	28	
rendered to the organization? If "Yes," com	plete Schedule	e J f	or su	ıch <sub>i</sub>	pers	on .					5 X
tion B. Independent Contractors											
Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		ensat	
(A) Name and business	address	N	ONE	3				<b>(B)</b> Description of s	ervices	Cor	(C) npensation
							_				
							$\dashv$				

rendered to the organization? If "Yes," complete Schedule J for such person										
Sec	tion B. Independent Contractors									
1	Complete this table for your five highest compensated inde	ependent contractors	that received more than \$100,000 of com	pensation from						
	the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
	(A)		(B)	(C)						
	Name and business address	NONE	Description of services	Compensation	on					
			·							
				and believe to the control of						
2	Total number of independent contractors (including but no	t limited to those listed	i above) who received more than							
	\$100,000 of compensation from the organization	0								
				Form <b>990</b>	(2022)					

-(74# <b>\$</b> 76	Seed of the last	dei, er gi	Check if Schedule O c	ontains a	response	or note to any li	ne in this Part VIII			
			Onookii Conodalo C C	orreante a	тооролю	or moto to any m	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue		Revenue excluded from tax under
								Tariottori revenue	Business revenue	sections 512 - 514
nts nts	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b					
s, ( Am		С	Fundraising events		1c	575,758.	Z spiorejpi silak			
Gift lar		d	Related organizations		1d		2.		Maria de Cara	
imi		е	Government grants (contril	butions)	1e	854,252.			で記載された。 実践など、対象機能を対象	
tior S r		f	All other contributions, gifts, g	rants, and						
ig t			similar amounts not included a	above	1f	1,182,054.				Periodical Company of the
on the		g	Noncash contributions included in I	ines 1a-1f	1g \$				de da	
<u>a</u> <u>c</u>		h	Total. Add lines 1a-1f				2,612,064.			
						Business Code		abatara tari da salama at con da da		
ice	2 a BOCES Workshops 61					611430	304,406.	<u> </u>		
e e		b	Summit Conference			611430	161,612.	161,612.		
n S		С	Partner Agency Fees			531190	158,549.	158,549.		
Program Service Revenue		d								
or_		е								
<u>-</u>		f	All other program service re				604 565	a. E. v. receptations of postage a liquid		STANCE IN COLUMN STREET AND
_		g	Total. Add lines 2a-2f				624,567.		ETO CARRELINGS ST. TEXT	
	3		Investment income (includi	~			F1 700			E1 700
	_						51,799.			51,799.
	4		Income from investment of							
	5		Royalties		) Real	(ii) Personal			9,00000 - 50,0000000	version and the Heat Court
				<del></del>	neai	(II) Personal		And of the property of the		TO SERVICE SERVICES
	6		***************************************	6a			engolik validik salah sa			ASSESSED FOR THE
				6b			Choto order 1959a	acoustic designations of	330000	. District
			Rental income or (loss)  Net rental income or (loss)	6c			Last VISA DESENTANTAMENTA A GARAGE	TO THE VEH SHALL BE WHEN ST	FEBRUARY AND TOURS OF STATE	Control of the Contro
	7		Gross amount from sales of		ecurities	(ii) Other		The March Street Programme and		CONTRACTOR TO SECURE
	′	а	i	7a	000111100	(,,, 0 a.i.)				
		h	Less: cost or other basis	74						
e e		D	ł	7b					and the color	
Other Revenue		_	Г	7c			12 (2007) 10 (2007) 10 (2007)	Some of the St.	3.4.2	×42792,00
Se.			Net gain or (loss)				innerent perimentalik anamat higginak pan anyay dibibpidipar	La Causagnia (* 1905 ), Laine Propins Landon Major (* 1)	THE STATE OF THE PROPERTY OF T	armanachtora del Nytario (National America
-	R		Gross income from fundraising							
	•	_		75,758.				The state of the s		
_			contributions reported on I							
			Part IV, line 18	/	8a	147,068.		250000000000000000000000000000000000000	180	
		b	Less: direct expenses			147,068.				
			Net income or (loss) from fi				0.	5个好的 <b>的</b> 第二元的		
	9		Gross income from gaming							Programme 1
			Part IV, line 19		1				1. (1.2007 (1.20) 1. (1.2001 (1.20)	
		b	Less: direct expenses							
			Net income or (loss) from g							
	10	а	Gross sales of inventory, le	ess return	s		3866 J. J. S.			san all the
			and allowances		10a		1976			
		b	Less: cost of goods sold				our Modacor Section 19	THE THE STAR		
		С	Net income or (loss) from s	ales of in	ventory					
<u>s</u>						Business Code			des 200 points FARE	
eon e	11	а								
lan		b								
e e		С								
Miscellaneous Revenue		d	All other revenue					Company of the second s	ton mand our purpose Schilder on 10 cm and miles	The cost of the second
		е	Total. Add lines 11a-11d							· 建筑、海绵及等的数1
	12		Total revenue. See instruction	18			3,288,430.	624,567.	0.	51,799.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respor	nse or note to any line in	this Part IX		X
Do	not include amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21			The state of the s	And The Leading
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16			The state of the s	
4	Benefits paid to or for members			A CONTRACTOR OF THE STATE OF TH	
5	Compensation of current officers, directors,	224 412	117 040	0.6 1.61	20 006
	trustees, and key employees	224,412.	117,942.	86,464.	20,006.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 420 444	1 100 225	62 062	106 017
7	Other salaries and wages	1,438,444.	1,190,335.	62,062.	186,047.
8	Pension plan accruals and contributions (include	21 222	20 155	1 602	1 565
	section 401(k) and 403(b) employer contributions)	34,323. 175,356.	28,155. 140,574.	1,603. 9,470.	4,565. 25,312.
9	Other employee benefits	118,846.	93,743.	10,129.	14,974.
10	Payroll taxes	110,040.	33,143.	10,123.	14,J/4
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying		Telegraphy (Chieffelia)	etinionialijoonia, Cappetto tan	
е	Professional fundraising services. See Part IV, line 17	9 616		8,646.	
f	Investment management fees	8,646.		0,040.	
g	Other. (If line 11g amount exceeds 10% of line 25,	368,643.	222 157	22 053	112 /22
	column (A), amount, list line 11g expenses on Sch 0.)	23,268.	233,157. 18,675.	22,053.	113,433.
12	Advertising and promotion	94,591.	78,820.	3,856.	11,915
13	Office expenses	16,569.	16,569.	3,030.	11,913
14	Information technology	10,509.	10,309.		
15	Royalties	224 022	214,955.	7,616.	12,352.
16	Occupancy	234,923.	214,933.	7,010.	14,334
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	48,621.	39,373.	3,038.	6,210
19	Conferences, conventions, and meetings	40,041.	33,313.	3,030•	0,210
20	Interest				
21	Payments to affiliates	119,728.	109,712.	3,811.	6,205.
22	Depreciation, depletion, and amortization	113,140.	105,112.	3,011.	0,203
23	Insurance Other expenses. Itemize expenses not covered	POGRESS CONTRACTOR			
24	above. (List miscellaneous expenses on line 24e. If	AND THE RESIDENCE OF THE SECOND STATES OF THE SECOND SECON			TARREST AND
	line 24e amount exceeds 10% of line 25, column (A),	The water is			
_	amount, list line 24e expenses on Schedule 0.)  Bad Debt	2,250.		2,250.	
a	Dag Denc	4,450.		2,250	
b					<u> </u>
C					
d	All other evenences	89,201.	66,015.	1,632.	21,554
	All other expenses	2,997,821.	2,348,025.	222,630.	427,166
25	Joint costs. Complete this line only if the organization	Z, J, I, UZI.	2,320,023.	222,030	
26	,				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
			Ī	i i	
	Check here if following SOP 98-2 (ASC 958-720)			į į	

	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	20,726.	1	20,425		
	2	Savings and temporary cash investments	2,526,358.	2	2,619,681		
	3	Pledges and grants receivable, net	236,601.	3	311,393		
	4	Accounts receivable, net			120,340.	4	81,537
		Loans and other receivables from any current or			Chronian wrong 19	12201.7	
	1	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali			PROPERTY OF THE PROPERTY OF TH		
		under section 4958(f)(1)), and persons described	d in sec	ction 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net				7	
Assets		Inventories for sale or use				8	
ĕ	9	Date of the control of the form of the control			36,305.	9	28,359
	10a	Land, buildings, and equipment: cost or other			AND MINISTER OF THE STATE OF		Date Company of the C
		basis. Complete Part VI of Schedule D	10a	4,422,800. 259,838.	aconomics of a section of	\$100,65	27 (5 ) Sept. 1666.
	b	Less: accumulated depreciation	10b	259,838.	4,011,090.	10c	4,162,962
	11	Investments - publicly traded securities			2,208,409.	11	2,007,693
		Investments - other securities. See Part IV, line 1				12	
		Investments - program-related. See Part IV, line				13	
		Intangible assets		14			
	15	Other assets. See Part IV, line 11			0.	15	46,750
	16	Total assets. Add lines 1 through 15 (must equa			9,159,829.	16	9,278,800
	17	Accounts payable and accrued expenses	280,577.	17	181,137		
	18	Grants payable		18			
	19	Deferred revenue			18,000.	19	221,657
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I				21	
S		Loans and other payables to any current or form				表的理	
E E		trustee, key employee, creator or founder, subst					Applear The Apple
Liabilities		controlled entity or family member of any of thes			, topic compression and the second control of the second control o	22	I LEE SEAR BEAUGISTEAN LE SERVICION SE PAR CONTRACTOR DE LA CONTRACTOR DE
ت	23	Secured mortgages and notes payable to unrela	-			23	
	l	Unsecured notes and loans payable to unrelated		,		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	-				
		of Schedule D			0.	25	46,750
	26	Total liabilities. Add lines 17 through 25			298,577.		449,544
		Organizations that follow FASB ASC 958, che			1. The 1.86 and 1.52 and 1.		ANALYSIS OF THE STREET OF THE STREET
ès		and complete lines 27, 28, 32, and 33.		-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		#2049
auc	27	Net assets without donor restrictions			8,385,392.	27	8,404,630
Ba	28				475,860.	28	424,626
2		Organizations that do not follow FASB ASC 9					COUNTY THE TWO
2		and complete lines 29 through 33.					
ģ	29	Capital stock or trust principal, or current funds				29	<ul> <li>Constitution and Constitution (Constitution Constitution)</li> </ul>
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
	101	<u> </u>			8,861,252.	32	8,829,256
Net Assets or Fund Balances	32	Total net assets or fund balances			1 0.001	1 37	

Form **990** (2022)

	1990 (2022)			r ugo
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>
				400
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,288	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,997	
3	Revenue less expenses. Subtract line 2 from line 1	3		,609.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,861	
5	Net unrealized gains (losses) on investments	5	-322	,605.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	8,829	<u>,256.</u>
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	d on a e basis, e audit,	<b>2</b> b	X X
За	review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	nedule O	warmerland minis	x X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		·····	$\top$
~	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			
				90 (2022)

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#### SCHEDULE A (Form 990)

Department of the Treasury

Total

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Bivona Child Advocacy Center 53-0519569

Pa	ırt I	Reason for Public 0	Charity Status.	(All organizations must c	omplete ti	his part.) S	ee instructions.				
The	orga	anization is not a private found	ation because it is: (	For lines 1 through 12. o	heck only	one box.)					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	$\vdash$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
		7	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>								
3	$\vdash$	- ·					•	41 1			
4		A medical research organiza	ation operated in co	njunction with a nospital	described	a in <b>sectio</b>	n 170(b)(1)(A)(III). Enter	the nospitars name,			
	_	city, and state:									
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit descril	oed in			
		section 170(b)(1)(A)(iv). (C	omplete Part II.)								
6		A federal, state, or local gov	ernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).				
7	X	An organization that normal	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in			
		section 170(b)(1)(A)(vi). (Co	omplete Part II.)								
8		A community trust describe		(1)(A)(vi). (Complete Par	: 11.)						
9		An agricultural research org			-	ed in coniu	nction with a land-grant	college			
•		or university or a non-land-g				-	<del>-</del>	-			
			rant college or agric	altare (oce matraottorio).	Littor trio	marno, or	,, and state of the comp	,0 01			
40		university:	the reasines (1) mars	than 22 1/20/ of its supp	nort from	oontributie	na mambarahin taga a	nd gross rossints from			
10		An organization that normal									
		activities related to its exem									
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.			
	_	See <b>section 509(a)(2).</b> (Con	•								
11		An organization organized a	and operated exclusi	ively to test for public sa	fety. See :	section 50	)9(a)(4).				
12		An organization organized a	•	•	•		_				
		more publicly supported org	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section (	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on			
		lines 12a through 12d that o	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.				
а		Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported org	anization(s), typically by	giving giving			
		the supported organization	n(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or trustees of the s	supporting			
		organization. You must c									
b		Type II. A supporting orga			tion with it	s support	ed organization(s), by ha	vina			
-		control or management of	•				- · · · ·	-			
		organization(s). You must			poros						
_	Г	Type III functionally inte	=		in connec	tion with :	and functionally integrat	ed with			
С	_							ca widi,			
		its supported organization	• • •	•				ization(a)			
d	_	Type III non-functionally									
		that is not functionally into	-		•		•	iveness			
	_	requirement (see instructi	•	- <del>-</del>							
е		Check this box if the orga					Type I, Type II, Type III				
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.					
f	En	iter the number of supported o	organizations								
g	Pro	ovide the following information			(iv) la tha arga	mization listed		1 ( 0 4 ) ( 11			
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)			
								·			

ļ į	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.)											
n A	A. Public Support											
1/00	r /or final year hadinning in)	(-) 0010	(%) 0010	(-) 0000	(4) 0001	(=) 2022	(f) Total					

Se	ction A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	(4) 2010	(2) 2010	(0) 2020	(4) 2021	(0) 2022	(1)		
•	membership fees received. (Do not								
	include any "unusual grants.")	1671001.	2126593.	2311743.	2316032.	2612064.	11037433.		
2	Tax revenues levied for the organ-								
_	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	1671001.	2126593.	2311743.	2316032.	2612064.	11037433.		
5	The portion of total contributions	TOTAL CONTRACTOR OF THE STATE O		Tenespi Tordise	300 F 15 15 15 15 15 15 15 15 15 15 15 15 15	(A) (12 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2			
-	by each person (other than a		Marganian rev						
	governmental unit or publicly								
	supported organization) included		garangan delaktir k						
	on line 1 that exceeds 2% of the					1,1000000000000000000000000000000000000			
	amount shown on line 11,		Land Land Committee			Produced State			
	column (f)		Constraint and a second				198,409.		
6	Public support. Subtract line 5 from line 4.				: "TO MALO TOUR		10839024.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	1671001.	2126593.	2311743.	2316032.	2612064.	11037433.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	78,896.	75,913.	74,735.	44,091.	51,799.	325,434.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	86,743.	171,756.	194,689.	122,063.	147,068.	722,319.		
11	Total support. Add lines 7 through 10		r angeones et enemant later	A CONTROL OF STREET			12085186.		
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 1	,970,018.		
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stop	here							
Se	ction C. Computation of Publ								
14	Public support percentage for 2022 (	line 6, column (f), c	divided by line 11,	column (f))		14	89.69 %		
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	96.84 %		
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b			
	stop here. The organization qualifies								
ŧ	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
172	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the fact								
	meets the facts-and-circumstances to	est. The organization	on qualifies as a p	ublicly supported	organization				
ŀ	10% -facts-and-circumstances tes	t - <b>2021.</b> If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or		
	more, and if the organization meets the								
	organization meets the facts-and-circ	umstances test. Ti	he organization qu	alifies as a publicl	y supported organ	ization			
18	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
							(Form 990) 2022		

# Schedule A (Form 990) 2022 Bivona Child Advocacy Center Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	Jelow, please com	piete i ait ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(6) 2010	(0) 2020	(4) 2021	(6) 2022	(1) 10141
	membership fees received. (Do not		İ				
	include any "unusual grants.")						
_			<u> </u>		+		
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, 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 bus-					İ	
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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				İ		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and					1	
. 0	3 received from disqualified persons			1			
h	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						
	Add lines 7a and 7b	AND THE SERVICE STREET, AND STREET	Locumulacianos sacsolicis escisarisaes	e saan ee o door in mirring to constant of			
	Public support. (Subtract line 7c from line 6.)					y pedantaedassa agen.	
	ction B. Total Support					<del>_</del>	г
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,			}			
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b		1		<u> </u>		
	Net income from unrelated business						
•	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on				<del> </del>		<del></del>
12	Other income. Do not include gain or loss from the sale of capital			1		1	
	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for the	ne organization's f	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
							<u>.</u>
Sec	ction C. Computation of Pub	ic Support Pe	ercentage				
15	Public support percentage for 2022 (	(line 8, column (f),	divided by line 13,	column (f))		15	%
_	Public support percentage from 202					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	ne Percentage				
17	Investment income percentage for 20	<b>322</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2021. If the				• •		and
~	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		-	一
	22 12 00 22	211 GIG FIOT CHECK A	LUA OIT III O 1-4, 18	a, or rob, orieon t	and box and see ii		(Form 990) 2022

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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	(CA, (A) )		
	1		
	2 3a	PROPERTY OF THE PROPERTY OF TH	
	3b		356 - 1738 - 1738
	3c		
	4a		
	4b		
	40		
	5a	17527 742 <b>116</b>	
	5b	107731	2020
	5c		
	6 7	925,050 198 1980(3)	
	8		
	9a		
	9b		1917(4) 191 1917(4) 191 1917(4) 191
	9c		
	10a	100 mm	
	10b	Taverwei Fill Mill Daylo	
عاد	A (Form	n 0001	2022

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	CARRET		775 HE
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			73.4
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	IORNE DEALISME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	Did the organization operate for the benefit of any supported organization other than the supported			#177 PM
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			000 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	EDMENTER DE	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	御史官司		\$ THE STATE OF THE
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	######################################		A-220006
Sec	tion D. All Type III Supporting Organizations	<del></del>		<u></u>
	Mon Divin Type in Supporting Significants		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	30 B 12		VIII O
1	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		100 (100)		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	grander)	
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	d region (CT)		#7-55
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	201121740		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	946-2496	+015 B
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	<b>).</b>		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructioi		l
2	Activities Test. Answer lines 2a and 2b below.	menter ber	Yes	No
а				All Li
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	76-17		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	Zahawayawa		
	that these activities constituted substantially all of its activities.	2a	MANAGEMPT LAS	vpagagina
b			de de la	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		18W	
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	F 35.75		
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		Control of Control		4/4-044 4/4-044
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1	Check here if the organization satisfied the Integral Part Test as a qualifying	ing trust o	on Nov. 20, 1970 (explain in <b>F</b>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	114.485411 114.485411 144.4854		STEEL LONG TO THE STATE OF THE
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	241E4070		36600 TELEVISION TO THE RESERVE TO T
	(explain in detail in Part VI):			ACCUMUNATE A STREET FRANCIS
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
-8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	The second of th	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional instructions).	ally integr	rated Type III supporting orga	anization (see

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

8

Breakdown of line 7:

a Excess from 2018

b Excess from 2019

c Excess from 2020

d Excess from 2021

e Excess from 2022

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Bivona Child Advocacy Center

Employer identification number 03-0519569

Pa	Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		ilar Funds or A	Accounts. Complete if the
	organization answered Tes Offronti 990, Partiv, iii	(a) Donor advised fur	nds	(b) Funds and other accounts
1	Total number at end of year	(a) Bonor davisod for		(2) / 2/100 2/10 04/10/ 20004/110
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)		-	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		donor advised fur	nds
•	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
		······································		
Pai	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) 🔲 Pre	eservation of a histo	orically important land area
	Protection of natural habitat	Pre	eservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contributior	n in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired	after July 25,2006, and not or	n a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or term	inated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		handling of	<del></del>
	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and er	nforcing conservat	ion easements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforci	ing conservation ea	asements during the year
	Does each conservation easement reported on line 2(d) about	ro action, the requirements of	f coation 170(b)(4)/[	D\/i\
8	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservat			
9	balance sheet, and include, if applicable, the text of the foot			
	organization's accounting for conservation easements.	note to the organization a fina	anolal statements t	iat describes the
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasu	ures, or Other	Similar Assets.
- Harry September	Complete if the organization answered "Yes" on Form		•	
	If the organization elected, as permitted under FASB ASC 95		e statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pul			
	service, provide in Part XIII the text of the footnote to its fina			·
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	,		,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				<u> </u>
2	If the organization received or held works of art, historical tre			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1	<del>-</del>		\$
	Assets included in Form 990, Part X			

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Schedule D (Form 990) 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 Bivona Child	l Advocacy	Center 0	<u>3-0519569</u>	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of				-1
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market va	alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other			<del></del>	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				area mana and a co
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		中,1960年1月1日 - 1960年 -		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	n Form 990, Part IV, I			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		Van Johnson San Charles Likely Commencer		
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, I	ine 11d. See Form 990, Part X, line 15.		
(a) D	Description		(b) Book val	ue
(1)				
(2)				
(3)				
(4)	400			
(5)				
(6)				
(7)				
· ·				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

(8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Operating Lease Liabilities	46,750.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	46,750.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

#### **SCHEDULE G** (Form 990)

### Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

Employer identification number

Name of the organization	Child Advengagy Con	tor				Employer ide 03-0519	ntification number
	Child Advocacy Cen Complete if the organization answer		es" or	Form 990, Part IV, I	line 1		
required to complete this par	t.			<u> </u>			
Indicate whether the organization rais	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover iising	overnment grants nment grants events			
<ul> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirection compensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofess	ional f	undraising services?		└── Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or con contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	-						
						· · ·	
	1	<u>.</u>	l				
3 List all states in which the organization	on is registered or licensed to solicit	contrik	oution	s or has been notified	d it is	exempt from r	egistration
or licensing.							
							, . <del>.</del>

Schedule G (Form 990) 2022

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				CHEERS for		(add col. (a) through
			Gala Dinner	Children	2	col. (c))
ø			(event type)	(event type)	(total number)	00.1 (0)/
Revenue	1	Gross receipts	416,561.	140,609.	165,656.	722,826.
_	2	Less: Contributions	357,678.	106,234.	111,846.	575,758.
	3	Gross income (line 1 minus line 2)	58,883.	34,375.	53,810.	147,068.
	4	Cash prizes			1,675.	1,675.
Ø	5	Noncash prizes	11,808.	775.	3,066.	15,649.
Direct Expenses	6	Rent/facility costs	8,206.	2,673.		10,879.
rect Ex	7	Food and beverages	23,018.	24,901.	10,490.	58,409.
亩	_	Futurbain mant				
	8	Entertainment Other direct company	15,851.	6,026.	38,579.	60,456.
	9	Other direct expenses				147,068.
		Net income summary. Subtract line 10 from li		·		0.
Pa		<b>III Gaming.</b> Complete if the organization				
in the		\$15,000 on Form 990-EZ, line 6a.		, , , , , , , , , , , , , , , , , , , ,	•	
			(a) Dinga	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
ectE	4	Rent/facility costs				
ä	7	Tronbladinty docto				
	5	Other direct expenses				THE PROPERTY OF THE PROPERTY O
	^	Valuntaavlahav	Yes%	Yes%	Yes % No	
	6	Volunteer labor	∟ No	No No	140	La vinto di mila 702 di menemo delle in este e treppenente i i decreto di
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
40-	10/-	ere any of the organization's gaming licenses re	avokod suspended or t	orminated during the tay	vear?	Yes No
		Yes," explain:			, , - ui ·	
	• • • •	. co, onplain				
	_					
_	_				0-1	dula C (Farm 000) 0000
2320	B2 10	0-27 <b>-</b> 22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 Bivona Child Advocacy Center	03-0519569 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	Tes 100
13 Indicate the percentage of gaming activity conducted in:	ي ا ما
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	and records:
Name	
Address	0 Ves Ne
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes L No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and	the amount
of gaming revenue retained by the third party \$	The amount
c If "Yes," enter name and address of the third party:	
Name	
Address	
40. 0	
16 Gaming manager information:	
N.	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
· · · · · · · · · · · · · · · · · · ·	Yes No
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii	) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G (Form 990)	Bivona Child Advocacy Center ormation (continued)	03-0519569 Page 4
Part IV Supplemental Info	ormation (continued)	
<u> </u>		

Schedule G (Form 990)

#### **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Bivona Child Advocacy Center

**Employer identification number** 03-0519569

Form 990, Part III, Line 4a, Program Service Accomplishments:		
Children seen at Bivona are assigned a family advocate, will receive a		
forensic interview, may be referred to mental health services, and may		
receive a medical exam. Bivona also leads the Monroe County Child		
Fatality Review. Team, which evaluates all sudden, unexplained, or		
unexpected child fatalities. Bivona addresses prevention of child abuse		
by providing community-based education and outreach programs. In 2022,		
Bivona educators provided the MBF Child Safety Matters curriculum to 22		
school districts and approximately 50,000 students during the year.		
Bivona obtains its support directly and indirectly from individuals,		
organizations, and government agencies in the community.		
Form 990, Part VI, Section B, line 11b:		
Form 990 will be reviewed by the finance committee and the board of		
directors prior to filing.		
Form 990, Part VI, Section B, Line 12c:		
Board members will receive the annual policy and sign it. As new		
relationships emerge the policy will be revisited during year if deemed		
necessary. For situations in which Bivona does business with a board		
and/or committee member, Bivona will receive estimates from multiple		
vendors, and board member will disclose conflict and abstain from		
discussions and voting on contract.		
are desired and voting of contract		

Form 990, Part VI, Section B, Line 15:

Executive Director/CEO compensation is determined by the Executive LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization Bivona Child Advocacy Center	Employer identification number 03-0519569
committee, using benchmarking data, performance appraisal	., and the
resources of the Organization. The CEO is responsible for	or determining the
Finance Director compensation using benchmarking data and	other resources
of the Organization.	
Form 990, Part VI, Section C, Line 18:	
The Organization's 990 is also available through Guidesta	r at
www.guidestar.org.	
Form 990, Part VI, Section C, Line 19:	
Governing documents and conflict of interest policy are a	vailable upon
request. Financial statements are made available as part	of the 990
through Guidestar at www.guidestar.org and available on t	he Organization's
website.	
Form 990, Part IX, Line 11g, Other Fees:	
Other Professional Fees:	
Program service expenses	233,157.
Management and general expenses	22,053.
Fundraising expenses	113,433.
Total expenses	368,643.
Total Other Fees on Form 990, Part IX, line 11g, Col A	368,643.