

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning **07/01/19** , and ending **06/30/20**

**Collier County Child Advocacy
Council, Inc.**

**** - ***9492**

Net Asset / Fund Balance at Beginning of Year		<u>1,441,058</u>
Revenue		
Contributions	<u>2,100,205</u>	
Program service revenue	<u>102,048</u>	
Investment income	<u>6,459</u>	
Capital gain / loss	<u> </u>	
Fundraising / Gaming:		
Gross revenue	<u> </u>	
Direct expenses	<u> </u>	
Net income	<u> </u>	
Other income	<u>403</u>	
Total revenue		<u>2,209,115</u>
Expenses		
Program services	<u>1,780,560</u>	
Management and general	<u>170,948</u>	
Fundraising	<u>121,205</u>	
Total expenses		<u>2,072,713</u>
Excess / (deficit)		<u>136,402</u>
Changes		<u>-1,475</u>
Net Asset / Fund Balance at End of Year		<u><u>1,575,985</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,259,575</u>
Less:	
Unrealized gains	<u>-1,475</u>
Donated services	<u>51,935</u>
Recoveries	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>2,209,115</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>2,124,648</u>
Less:	
Donated services	<u>51,935</u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>2,072,713</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,678,706</u>	<u>1,784,164</u>	
Liabilities	<u>237,648</u>	<u>208,179</u>	
Net assets	<u><u>1,441,058</u></u>	<u><u>1,575,985</u></u>	<u><u>134,927</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 05/17/21
Failure to file penalty _____

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 7/01 2019, and ending 6/30 2020

2019

Department of the Treasury
Internal Revenue Service

u Do not send to the IRS. Keep for your records.
u Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization

Collier County Child Advocacy Council, Inc.

Employer identification number

**** - ***9492**

Name and title of officer

**Jacqueline Griffith Stephens
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,209,115</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **MYERS, BRETT HOLTZ & COMPANY, PA** to enter my PIN **04765** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **02/01/21**

Part III Certification and Authentication

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

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature }

Steven M. Brettholtz, CPA

Date }

02/01/21

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Form **990**
 (Rev. January 2020)
 Department of the Treasury
 Internal Revenue Service

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

OMB No. 1545-0047
2019
 Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **Collier County Child Advocacy Council, Inc.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1036 6th Ave North
 City or town, state or province, country, and ZIP or foreign postal code
Naples FL 34102-5603

D Employer identification number
**** - ***9492**

E Telephone number
239-263-8383

G Gross receipts \$ **2,209,115**

F Name and address of principal officer:
Jacqueline Griffith Stephens
1036 6th Avenue North
Naples FL 34102-5603

H(a) Is this a group return for subordinates Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **www.caccollier.org** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1986** **M** State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The mission of the organization is to improve the lives of abused children in Collier County and the vision is to create a community where child abuse is not tolerated.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	7
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	29
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,904,176	Current Year 2,100,205
	9 Program service revenue (Part VIII, line 2g)	122,422	102,048
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,058	6,459
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-47,015	403
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,984,641	2,209,115
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,567,981	1,656,498
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) u 121,205		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	378,578	416,215
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,946,559	2,072,713
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	38,082	136,402
	20 Total assets (Part X, line 16)	Beginning of Current Year 1,678,706	End of Year 1,784,164
	21 Total liabilities (Part X, line 26)	237,648	208,179
	22 Net assets or fund balances. Subtract line 21 from line 20	1,441,058	1,575,985

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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **Jacqueline Griffith Stephens** Date: _____
 Type or print name and title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Steven M. Brettholtz, CPA** Preparer's signature: **Steven M. Brettholtz, CPA** Date: **02/15/21** Check if self-employed if PTIN: *********

Firm's name: **MYERS, BRETHOLTZ & COMPANY, PA** Firm's EIN: **** - ***5709**
 Firm's address: **12671 Whitehall Dr Fort Myers, FL 33907-3626** Phone no.: **239-939-5775**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of the organization is to improve the lives of abused children in Collier County and the vision is to create a community where child abuse is not tolerated.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,780,560 including grants of\$) (Revenue \$ 102,048)

The Child Protection Team is a medically directed team dedicated to evaluating abuse victims and aiding in the prosecution of perpetrators. Counseling Services provide the only counseling services in Collier County specifically designed for treating the trauma that is brought about by abuse. The Family Safety program provides a safe place for supervised exchanges and safe visits for victims of domestic violence focusing on the safety and well being of the children involved.

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses u 1,780,560

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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, filed for the calendar year ending with or within the year covered by this return		
	2a 29		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	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)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section 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 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.	1a 7		
b Enter the number of voting members included on line 1a, above, who are independent	1b 7		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

Section 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		X
b 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 filing the form?	11a	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in 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	
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?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** None
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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, and financial 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 **u**

Pam Cardec 1036 6th Avenue North **FL 34102** 239-272-1354
Naples

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jacqueline Griffith Stephens CEO	40.00 0.00			X				120,707	0	0
(2) Pam Cardec CFO	40.00 0.00			X				79,454	0	0
(3) Brad Boaz President	2.00 0.00	X		X				0	0	0
(4) David Gordley Director	0.75 0.00	X						0	0	0
(5) Terry Kelly Director	1.50 0.00	X						0	0	0
(6) Tim Kutz Director	1.25 0.00	X						0	0	0
(7) Pia Myers, M.D. Director	0.75 0.00	X						0	0	0
(8) Chris Roberts Vice President	1.00 0.00	X		X				0	0	0
(9) Mokey Shea Treasurer	2.50 0.00	X		X				0	0	0
(10)										
(11)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							200,161			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							200,161			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u** 0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 26,250					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,151,463					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 922,492					
	g Noncash contributions included in lines 1a-1f	1g \$ 18,905					
	h Total. Add lines 1a-1f	u	2,100,205				
Program Service Revenue	2a Reimbursements: Collier Count	Business Code	43,000	43,000			
	b Supervised Visit - Child Netw		18,560	18,560			
	c Reimbursements: Crimes Comp.		15,400	15,400			
	d Partners in parenting		14,578	14,578			
	e Reimbursements: Other		10,000	10,000			
	f All other program service revenue		510	510			
	g Total. Add lines 2a-2f	u	102,048				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	6,459			6,459	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b Less: rental expenses					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		7b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)	u					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
		8b Less: direct expenses	8b				
c Net income or (loss) from fundraising events	u						
9a Gross income from gaming activities. See Part IV, line 19	9a						
	9b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
	10b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a Other Income	Business Code	403			403	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	403				
12 Total revenue. See instructions	u	2,209,115	102,048	0	6,862		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	209,014	97,170	101,623	10,221
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,143,795	1,081,958		61,837
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	201,393	173,981	16,786	10,626
10 Payroll taxes	102,296	83,578	11,972	6,746
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	124,367	109,236	12,140	2,991
12 Advertising and promotion	10,745			10,745
13 Office expenses	617	565	25	27
14 Information technology				
15 Royalties				
16 Occupancy	12,113	11,138	503	472
17 Travel	26,494	25,466	972	56
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,378	8,440	469	469
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	43,759	39,907	2,017	1,835
23 Insurance	21,811	19,391	1,343	1,077
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Repairs and maintenance	44,175	39,806	2,219	2,150
b Education and seminars	31,700	26,637	4,563	500
c Supplies	30,747	27,034	3,403	310
d Dues and subscriptions	22,600	14,087	7,937	576
e All other expenses	37,709	22,166	4,976	10,567
25 Total functional expenses. Add lines 1 through 24e	2,072,713	1,780,560	170,948	121,205
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	576,790	2	667,856
	3 Pledges and grants receivable, net	228,603	3	230,750
	4 Accounts receivable, net	6,210	4	8,309
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	15,217	9	10,725
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,417,481		
	b Less: accumulated depreciation	10b 577,486	814,268	10c 839,995
	11 Investments—publicly traded securities	37,618	11	26,529
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,678,706	16	1,784,164	
Liabilities	17 Accounts payable and accrued expenses	65,806	17	39,223
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	171,842	23	168,956
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	237,648	26	208,179
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,182,425	27	1,268,579
	28 Net assets with donor restrictions	258,633	28	307,406
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,441,058	32	1,575,985
33 Total liabilities and net assets/fund balances	1,678,706	33	1,784,164	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,209,115
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,072,713
3	Revenue less expenses. Subtract line 2 from line 1	3	136,402
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,441,058
5	Net unrealized gains (losses) on investments	5	-1,475
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,575,985

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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 basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **Collier County Child Advocacy Council, Inc.** Employer identification number ****-***9492**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,654,792	1,588,956	2,070,082	1,904,176	2,100,205	9,318,211
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,654,792	1,588,956	2,070,082	1,904,176	2,100,205	9,318,211
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						9,318,211

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,654,792	1,588,956	2,070,082	1,904,176	2,100,205	9,318,211
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	726	593	1,271	5,299	6,459	14,348
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.)	180,775	150,287	33,612	44,613	403	409,690
11 Total support. Add lines 7 through 10						9,742,249
12 Gross receipts from related activities, etc. (see instructions)					12	325,488
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	95.65 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	93.25 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

- 2** Activities Test. Answer (a) and (b) below.
 - a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
 - a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)			
Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2019 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations (see instructions)			
	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2019		
a	From 2014		
b	From 2015		
c	From 2016		
d	From 2017		
e	From 2018		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2019 distributable amount		
i	Carryover from 2014 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2019 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2019 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.		
7	Excess distributions carryover to 2020. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2015		
b	Excess from 2016		
c	Excess from 2017		
d	Excess from 2018		
e	Excess from 2019		

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Other income \$ 409,690

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2019

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

Name of the organization Collier County Child Advocacy Council, Inc.	Employer identification number **-***9492
--	---

Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

Employer identification number

Collier County Child Advocacy**** - ***9492****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Florida Network of Children's Advocacy Centers 2940 East Park Ave. Suite 1A Tallahassee FL 32301	\$ 144,901	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Naples Children & Education Foundati 4305 Exchange Ave. Naples FL 34104	\$ 446,916	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Office of the Attorney General The Capitol PL-01 Tallahassee FL 32399	\$ 582,218	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Collier County Public Services Dept 3339 Tamiami Trail East Suite 211 Naples FL 34112	\$ 67,681	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Department of Health Children's Medical Services 4052 Bald Cypress Way Bin #A06 Tallahassee FL 32399	\$ 356,663	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Children's Network of Southwest FL 2232 Altamont Ave Fort Myers FL 33901	\$ 114,520	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

Collier County Child Advocacy

**** - ***9492**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Richard M Schultze Family Foundation 4305 Exchange Blvd. Naples FL 34104	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	First Florida Integrity Bank 3560 Kraft Road Naples FL 34105	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

Collier County Child Advocacy Council, Inc.

** - ***9492

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,273	26,586	24,865		
b Contributions				22,950	
c Net investment earnings, gains, and losses	-447	980	2,023	2,053	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	297	293	302	138	
g End of year balance	26,529	27,273	26,586	24,865	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u** **100.00** %
 - c** Term endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		960,761	409,395	551,366
c Leasehold improvements				
d Equipment		253,771	168,091	85,680
e Other		202,949		202,949
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	839,995

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ... u		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ... u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ... u	

Part X Other Liabilities.

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ... u	

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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,259,575
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-1,475	
b	Donated services and use of facilities	2b	51,935	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	50,460
3	Subtract line 2e from line 1		3	2,209,115
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,209,115

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,124,648
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	51,935	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	51,935
3	Subtract line 2e from line 1		3	2,072,713
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	2,072,713

Part XIII Supplemental Information.

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

Part V, Line 4 - Intended Uses for Endowment Funds

Endowment fund earnings are used for operations.

**SCHEDULE L
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

U Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Name of the organization

Collier County Child Advocacy Council, Inc.

Employer identification number

-*9492

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 **U** \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization **U** \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total **U** \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) Jacqueline Stephens	CEO		VP - FNCAC		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **Collier County Child Advocacy
Council, Inc.**

Employer identification number
**** - ***9492**

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Board of Directors reviews a draft of the tax return for accuracy and
completeness prior to signing and filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Oversight is provided by the Finance Committee and at the Board of
Directors meetings.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The overall organization budget, which includes a separate line item for
the CEO's salary, is approved by the Board of Directors at the
meeting at which minutes are prepared, comparison of salary per surveys
prepared by Collier County Community Foundation and Naples Children
and Educational Foundation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its governing documents, conflict of interest
policy and financial statements available on website.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:										
381	Projector	6/21/04	1,800		X	900	7	MQ200DB	1,800	0
			<u>1,800</u>			<u>900</u>			<u>1,800</u>	<u>0</u>
Other Depreciation:										
100	Roof	3/01/02	6,000			6,000	15	MO S/L	6,000	0
107	Building	3/13/03	509,746			509,746	39	MO S/L	213,483	13,071
115	Desk - case coordinator (Barb Sage)	6/27/05	1,328			1,328	10	MO S/L	1,328	0
116	Desk - case coordinator	6/27/05	1,328			1,328	7	MO S/L	1,328	0
117	Desk - office manager	6/27/05	918			918	5	MO S/L	918	0
118	Desk - development director	6/27/05	918			918	7	MO S/L	918	0
119	desk - program director (Gail Tunnock)	6/27/05	1,328			1,328	7	MO S/L	1,328	0
120	desk - case manager (Megan O'Brein)	6/27/05	1,328			1,328	7	MO S/L	1,328	0
121	desk - case manager (Paola Paloschi)	6/27/05	1,328			1,328	7	MO S/L	1,328	0
122	desk - program director (Dale Lively)	6/27/05	1,328			1,328	7	MO S/L	1,328	0
123	desk - executive director	6/27/05	1,812			1,812	7	MO S/L	1,812	0
124	lateral file	6/27/05	604			604	7	MO S/L	604	0
125	desk - finance director	6/27/05	1,432			1,432	7	MO S/L	1,432	0
126	lateral file	6/27/05	604			604	7	MO S/L	604	0
127	desk - case coordinator (Zoe)	6/27/05	1,328			1,328	7	MO S/L	1,328	0
132	Building renovation	6/30/05	329,675			329,675	37	MO S/L	124,742	8,910
148	Chair - Club	7/25/05	665			665	5	MO S/L	665	0
149	Sofa	7/25/05	955			955	5	MO S/L	955	0
150	Chair - Club	7/25/05	556			556	5	MO S/L	556	0
151	Loveseat	7/25/05	940			940	5	MO S/L	940	0
156	Printer	4/18/07	1,182			1,182	5	MO S/L	1,182	0
157	Unit 5 renovations	6/30/07	81,036			81,036	35	MO S/L	27,784	2,315
158	Dehart Alarm System old sublet	8/10/07	896			896	5	MO S/L	896	0
162	Unit 5 renovations	8/25/06	10,500			10,500	35	MO S/L	3,600	300
163	File Cabinet	8/14/07	693			693	7	MO S/L	693	0
164	Additional part of desk	8/14/07	233			233	7	MO S/L	233	0
165	Table Top Conference room	8/14/07	678			678	7	MO S/L	678	0
166	Desk,Return,Hutch SEK	8/14/07	2,065			2,065	7	MO S/L	2,065	0
167	Desk,Return,Hutch JGS	8/14/07	2,046			2,046	7	MO S/L	2,046	0
168	Credenza extra office	8/14/07	699			699	7	MO S/L	699	0
169	Cradena extra office	8/14/07	699			699	7	MO S/L	699	0
170	Hutch extra office	8/14/07	644			644	7	MO S/L	644	0
171	Hutch extra office	8/14/07	644			644	7	MO S/L	644	0
172	Desk,Return,Hutch Barrie	8/14/07	2,037			2,037	7	MO S/L	2,037	0
173	File Cabinet storage	8/14/07	693			693	7	MO S/L	693	0
174	Storage conference room	8/14/07	699			699	7	MO S/L	699	0
175	Desk, return, hutch extra office	8/14/07	1,840			1,840	7	MO S/L	1,840	0
176	Round Table	11/15/10	795			795	7	MO S/L	795	0
177	Desk 1	11/15/10	1,808			1,808	7	MO S/L	1,808	0
178	Desk 3	11/15/10	1,820			1,820	7	MO S/L	1,820	0
179	Desk 3	11/15/10	1,820			1,820	7	MO S/L	1,820	0
180	Bookcase	11/15/10	657			657	7	MO S/L	657	0
181	Bookcase	11/15/10	568			568	7	MO S/L	568	0
182	Building Improvements - Paint/Chair Coatir	11/15/10	654			654	7	MO S/L	654	0
386	Dell Power Edge Server	6/15/05	3,481			3,481	10	MO S/L	3,481	0
393	phone system	6/27/05	11,117			11,117	5	MO S/L	11,117	0
394	alarm system	6/30/05	2,261			2,261	7	MO S/L	2,261	0
402	Terminal server	7/18/06	4,467			4,467	5	MO S/L	4,467	0
406	Computer	9/22/06	1,615			1,615	5	MO S/L	1,615	0
408	Dell Computer ST 99X8MD1 MGA	9/10/07	1,655			1,655	5	MO S/L	1,655	0
414	Latitude D830 Laptop	8/28/08	1,186			1,186	5	MO S/L	1,186	0
415	Latitude D830 laptop	8/28/08	1,186			1,186	5	MO S/L	1,186	0
416	Flat panel television	11/13/08	1,449			1,449	5	MO S/L	1,449	0
417	Auctionpay software	2/28/09	2,595			2,595	5	MO S/L	2,595	0
421	Cannon Rebel TI Camera	7/29/09	2,058			2,058	7	MO S/L	2,058	0
422	Construction center	3/11/10	2,183			2,183	7	MO S/L	2,183	0
430	Dell server	5/10/10	7,065			7,065	5	MO S/L	7,065	0
434	Phone System	9/03/10	3,640			3,640	5	MO S/L	3,640	0
435	Dell Smart UPS	11/01/10	891			891	5	MO S/L	891	0
436	Dell Power Connect Board	2/01/11	574			574	5	MO S/L	574	0
437	Vostro 3700 Laptop	2/01/11	743			743	5	MO S/L	743	0
438	Vostro 3700 Laptop	4/01/11	796			796	5	MO S/L	796	0
439	Vostro 3700 Laptop	4/01/11	796			796	5	MO S/L	796	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
440	Vostro 3700 Laptop	4/01/11	796				796	5	MO S/L	796	0
441	Dell Latitude E6510	5/01/12	1,196				1,196	5	MO S/L	1,196	0
442	Dell Latitude E6510	5/01/12	1,196				1,196	5	MO S/L	1,196	0
447	Vostro 1720 Dell laptop	1/21/10	1,108				1,108	5	MO S/L	1,108	0
448	Vostro 1720 Dell laptop	1/21/10	1,108				1,108	5	MO S/L	1,108	0
450	Eno Board	7/13/11	3,525				3,525	5	MO S/L	3,525	0
452	Infant Examination Table	5/22/12	2,008				2,008	7	MO S/L	2,008	0
453	Dell Tablet	5/15/13	1,060				1,060	5	MO S/L	1,060	0
454	Dell Vostro Laptop	12/06/12	854				854	5	MO S/L	854	0
455	Dell Vostro Laptop	12/06/12	854				854	5	MO S/L	854	0
456	Dell Vostro Laptop	12/06/12	854				854	5	MO S/L	854	0
458	Exam Table	2/28/13	1,054				1,054	7	MO S/L	954	100
460	Dell Latitude 5230	10/01/13	811				811	5	MO S/L	811	0
461	Dell Latitude 5230	10/01/13	811				811	5	MO S/L	811	0
462	Dell Latitude 5230	10/01/13	811				811	5	MO S/L	811	0
463	Dell Latitude 5230	10/01/13	811				811	5	MO S/L	811	0
464	Dell Latitude 5230	10/01/13	811				811	5	MO S/L	811	0
474	Dell Precision T3610	12/09/13	1,838				1,838	5	MO S/L	1,838	0
475	Dell Terrastation	8/06/13	930				930	5	MO S/L	930	0
477	Apple	5/14/14	667				667	5	MO S/L	667	0
478	Apple	5/14/14	667				667	5	MO S/L	667	0
479	Apple	5/14/14	667				667	5	MO S/L	667	0
4601	Conditioned Air (460A)	6/10/13	2,012				2,012	5	MO S/L	2,012	0
	Sold/Scrapped: 7/15/19										
4602	Dell Computers	9/01/14	975				975	3	MO S/L	975	0
4603	Dell computers (2)	11/01/14	1,980				1,980	3	MO S/L	1,980	0
4604	Dell computers (3)	8/01/14	3,768				3,768	3	MO S/L	3,768	0
4605	Dell computers (4)	6/01/15	2,596				2,596	3	MO S/L	2,596	0
4606	Florida Comfort Systems A/C	6/30/15	7,126				7,126	10	MO S/L	2,850	713
4608	AC unit - Carrier 2.5 Ton 14 Seer	11/02/15	5,928				5,928	10	MO S/L	2,174	592
4609	Vacuum - Tops	8/14/15	610				610	7	MO S/L	341	87
4610	Synology Diskstation	8/14/15	992				992	7	MO S/L	555	142
4611	Vizio TV	8/11/15	527				527	5	MO S/L	413	105
4612	ADT Alarm	4/26/16	628				628	7	MO S/L	284	90
4613	Konica Copy Machine	6/30/17	6,832				6,832	5	MO S/L	2,733	1,366
4614	iRecord	1/06/17	16,835				16,835	5	MO S/L	8,418	3,367
4615	Sony 55MM Camera	12/13/16	1,682				1,682	5	MO S/L	869	337
4616	SonicWall TZ400	2/07/17	2,182				2,182	5	MO S/L	1,055	436
4617	AC Unit - 3 Ton 14 Seer (Katie's office)	2/15/18	5,500				5,500	10	MO S/L	779	550
4618	AC Unit - 3.5 Ton 14 seer 10kw (lobby)	8/11/17	5,250				5,250	10	MO S/L	1,006	525
4619	Colposcope	4/11/19	0				0	0	HY	0	0
4620	Cisco Switch	11/30/18	0				0	0	HY	0	0
4621	Surface Book 3	6/15/20	0				0	0	HY	0	0
4622	Surface Book 3	6/15/20	0				0	0	HY	0	0
4623	Lenovo X280	6/15/20	0				0	0	HY	0	0
4624	Surface Book 3	6/15/20	0				0	0	HY	0	0
4625	Surface Book 3	6/15/20	0				0	0	HY	0	0
4626	Surface Book 3	6/15/20	0				0	0	HY	0	0
4627	Surface Book 3	6/15/20	0				0	0	HY	0	0
4628	Surface Book 3	6/15/20	0				0	0	HY	0	0
4629	Surface Book 3	6/15/20	0				0	0	HY	0	0
4630	Surface Book 3	6/15/20	0				0	0	HY	0	0
4631	Lenovo P52	6/15/20	0				0	0	HY	0	0
4632	Surface Book 3	6/15/20	0				0	0	HY	0	0
4633	Surface Book 3	6/15/20	0				0	0	HY	0	0
4634	Lenovo X1	8/01/19	0				0	0	HY	0	0
4635	Lenovo X1	8/01/19	0				0	0	HY	0	0
4636	Lenovo X1	6/15/20	0				0	0	HY	0	0
4637	Air Conditioner Unit	7/15/19	0				0	0	HY	0	0
4638	20 lobby/guest chairs	9/27/19	0				0	0	HY	0	0
4639	Dell Powered Server	8/15/19	0				0	0	HY	0	0
4640	Adobe Pro subscription	8/15/19	0				0	0	HY	0	0
4642	Exchange server with CAL	8/15/19	0				0	0	HY	0	0
4643	Windows server with CAL	8/15/19	0				0	0	HY	0	0
	Total Other Depreciation		<u>1,119,145</u>				<u>1,119,145</u>			<u>525,082</u>	<u>33,006</u>
	Total ACRS and Other Depreciation		<u>1,119,145</u>				<u>1,119,145</u>			<u>525,082</u>	<u>33,006</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>Amortization:</u>									
377	Donor Perfect software`	3/11/04	7,715			7,715	3 MOAmort	7,715	0
			<u>7,715</u>			<u>7,715</u>		<u>7,715</u>	<u>0</u>
Grand Totals			1,128,660			1,127,760		534,597	33,006
Less: Dispositions and Transfers			2,012			2,012		2,012	0
Less: Start-up/Org Expense			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>1,126,648</u>			<u>1,125,748</u>		<u>532,585</u>	<u>33,006</u>

-*9492

FL Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Prior MACRS:								
115	Desk - case coordinator (Barb Sage)	6/27/05	1,328	1,328	1,328	0	0	0
381	Projector	6/21/04	1,800	900	1,800	0	0	0
			<u>3,128</u>	<u>2,228</u>	<u>3,128</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
100	Roof	3/01/02	6,000	6,000	6,000	0	0	0
107	Building	3/13/03	509,746	509,746	212,650	13,071	13,071	0
116	Desk - case coordinator	6/27/05	1,328	1,328	1,328	0	0	0
117	Desk - office manager	6/27/05	918	918	918	0	0	0
118	Desk - development director	6/27/05	918	918	918	0	0	0
119	desk - program director (Gail Tunnock)	6/27/05	1,328	1,328	1,328	0	0	0
120	desk - case manager (Megan O'Brein)	6/27/05	1,328	1,328	1,328	0	0	0
121	desk - case manager (Paola Paloschi)	6/27/05	1,328	1,328	1,328	0	0	0
122	desk - program director (Dale Lively)	6/27/05	1,328	1,328	1,328	0	0	0
123	desk - executive director	6/27/05	1,812	1,812	1,812	0	0	0
124	lateral file	6/27/05	604	604	604	0	0	0
125	desk - finance director	6/27/05	1,432	1,432	1,432	0	0	0
126	lateral file	6/27/05	604	604	604	0	0	0
127	desk - case coordinator (Zoe)	6/27/05	1,328	1,328	1,328	0	0	0
132	Building renovation	6/30/05	329,675	329,675	124,742	8,910	8,910	0
148	Chair - Club	7/25/05	665	665	665	0	0	0
149	Sofa	7/25/05	955	955	955	0	0	0
150	Chair - Club	7/25/05	556	556	556	0	0	0
151	Loveseat	7/25/05	940	940	940	0	0	0
156	Printer	4/18/07	1,182	1,182	1,182	0	0	0
157	Unit 5 renovations	6/30/07	81,036	81,036	27,784	2,315	2,315	0
158	Dehart Alarm System old sublet	8/10/07	896	896	896	0	0	0
162	Unit 5 renovations	8/25/06	10,500	10,500	3,600	300	300	0
163	File Cabinet	8/14/07	693	693	693	0	0	0
164	Additional part of desk	8/14/07	233	233	233	0	0	0
165	Table Top Conference room	8/14/07	678	678	678	0	0	0
166	Desk,Return,Hutch SEK	8/14/07	2,065	2,065	2,065	0	0	0
167	Desk,Return,Hutch JGS	8/14/07	2,046	2,046	2,046	0	0	0
168	Credenza extra office	8/14/07	699	699	699	0	0	0
169	Cradena extra office	8/14/07	699	699	699	0	0	0
170	Hutch extra office	8/14/07	644	644	644	0	0	0
171	Hutch extra office	8/14/07	644	644	644	0	0	0
172	Desk,Return,Hutch Barrie	8/14/07	2,037	2,037	2,037	0	0	0
173	File Cabinet storage	8/14/07	693	693	693	0	0	0
174	Storage conference room	8/14/07	699	699	699	0	0	0
175	Desk, return, hutch extra office	8/14/07	1,840	1,840	1,840	0	0	0
176	Round Table	11/15/10	795	795	795	0	0	0
177	Desk 1	11/15/10	1,808	1,808	1,808	0	0	0
178	Desk 3	11/15/10	1,820	1,820	1,820	0	0	0
179	Desk 3	11/15/10	1,820	1,820	1,820	0	0	0
180	Bookcase	11/15/10	657	657	657	0	0	0
181	Bookcase	11/15/10	568	568	568	0	0	0
182	Building Improvements - Paint/Chair Coatir	11/15/10	654	654	654	0	0	0
386	Dell Power Edge Server	6/15/05	3,481	3,481	3,481	0	0	0
393	phone system	6/27/05	11,117	11,117	11,117	0	0	0
394	alarm system	6/30/05	2,261	2,261	2,261	0	0	0
402	Terminal server	7/18/06	4,467	4,467	4,467	0	0	0
406	Computer	9/22/06	1,615	1,615	1,615	0	0	0
408	Dell Computer ST 99X8MD1 MGA	9/10/07	1,655	1,655	1,655	0	0	0
414	Latitude D830 Laptop	8/28/08	1,186	1,186	1,186	0	0	0
415	Latitude D830 laptop	8/28/08	1,186	1,186	1,186	0	0	0
416	Flat panel television	11/13/08	1,449	1,449	1,449	0	0	0
417	Auctionpay software	2/28/09	2,595	2,595	2,595	0	0	0
421	Cannon Rebel TI Camera	7/29/09	2,058	2,058	2,058	0	0	0
422	Construction center	3/11/10	2,183	2,183	2,183	0	0	0
430	Dell server	5/10/10	7,065	7,065	7,065	0	0	0
434	Phone System	9/03/10	3,640	3,640	3,640	0	0	0
435	Dell Smart UPS	11/01/10	891	891	891	0	0	0
436	Dell Power Connect Board	2/01/11	574	574	574	0	0	0
437	Vostro 3700 Laptop	2/01/11	743	743	743	0	0	0
438	Vostro 3700 Laptop	4/01/11	796	796	796	0	0	0
439	Vostro 3700 Laptop	4/01/11	796	796	796	0	0	0

-*9492

FL Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
440	Vostro 3700 Laptop	4/01/11	796	796	796	0	0	0
441	Dell Latitude E6510	5/01/12	1,196	1,196	1,196	0	0	0
442	Dell Latitude E6510	5/01/12	1,196	1,196	1,196	0	0	0
447	Vostro 1720 Dell laptop	1/21/10	1,108	1,108	1,108	0	0	0
448	Vostro 1720 Dell laptop	1/21/10	1,108	1,108	1,108	0	0	0
450	Eno Board	7/13/11	3,525	3,525	3,525	0	0	0
452	Infant Examination Table	5/22/12	2,008	2,008	2,008	0	0	0
453	Dell Tablet	5/15/13	1,060	1,060	1,060	0	0	0
454	Dell Vostro Laptop	12/06/12	854	854	854	0	0	0
455	Dell Vostro Laptop	12/06/12	854	854	854	0	0	0
456	Dell Vostro Laptop	12/06/12	854	854	854	0	0	0
458	Exam Table	2/28/13	1,054	1,054	954	100	100	0
460	Dell Latitude 5230	10/01/13	811	811	811	0	0	0
461	Dell Latitude 5230	10/01/13	811	811	811	0	0	0
462	Dell Latitude 5230	10/01/13	811	811	811	0	0	0
463	Dell Latitude 5230	10/01/13	811	811	811	0	0	0
464	Dell Latitude 5230	10/01/13	811	811	811	0	0	0
474	Dell Precision T3610	12/09/13	1,838	1,838	1,838	0	0	0
475	Dell Terrastation	8/06/13	930	930	930	0	0	0
477	Apple	5/14/14	667	667	667	0	0	0
478	Apple	5/14/14	667	667	667	0	0	0
479	Apple	5/14/14	667	667	667	0	0	0
4601	Conditioned Air (460A)	6/10/13	2,012	2,012	2,012	0	0	0
	Sold/Scrapped: 7/15/19							
4602	Dell Computers	9/01/14	975	975	975	0	0	0
4603	Dell computers (2)	11/01/14	1,980	1,980	1,980	0	0	0
4604	Dell computers (3)	8/01/14	3,768	3,768	3,768	0	0	0
4605	Dell computers (4)	6/01/15	2,596	2,596	2,596	0	0	0
4606	Florida Comfort Systems A/C	6/30/15	7,126	7,126	2,850	713	713	0
4608	AC unit - Carrier 2.5 Ton 14 Seer	11/02/15	5,928	5,928	2,174	592	592	0
4609	Vacuum - Tops	8/14/15	610	610	341	87	87	0
4610	Synology Diskstation	8/14/15	992	992	555	142	142	0
4611	Vizio TV	8/11/15	527	527	413	105	105	0
4612	ADT Alarm	4/26/16	628	628	284	90	90	0
4613	Konica Copy Machine	6/30/17	6,832	6,832	2,733	1,366	1,366	0
4614	iRecord	1/06/17	16,835	16,835	8,418	3,367	3,367	0
4615	Sony 55MM Camera	12/13/16	1,682	1,682	869	337	337	0
4616	SonicWall TZ400	2/07/17	2,182	2,182	1,055	436	436	0
4617	AC Unit - 3 Ton 14 Seer (Katie's office)	2/15/18	5,500	5,500	779	550	550	0
4618	AC Unit - 3.5 Ton 14 seer 10kw (lobby)	8/11/17	5,250	5,250	1,006	525	525	0
4619	Colposcope	4/11/19	0	0	0	0	0	0
4620	Cisco Switch	11/30/18	0	0	0	0	0	0
4621	Surface Book 3	6/15/20	0	0	0	0	0	0
4622	Surface Book 3	6/15/20	0	0	0	0	0	0
4623	Lenovo X280	6/15/20	0	0	0	0	0	0
4624	Surface Book 3	6/15/20	0	0	0	0	0	0
4625	Surface Book 3	6/15/20	0	0	0	0	0	0
4626	Surface Book 3	6/15/20	0	0	0	0	0	0
4627	Surface Book 3	6/15/20	0	0	0	0	0	0
4628	Surface Book 3	6/15/20	0	0	0	0	0	0
4629	Surface Book 3	6/15/20	0	0	0	0	0	0
4630	Surface Book 3	6/15/20	0	0	0	0	0	0
4631	Lenovo P52	6/15/20	0	0	0	0	0	0
4632	Surface Book 3	6/15/20	0	0	0	0	0	0
4633	Surface Book 3	6/15/20	0	0	0	0	0	0
4634	Lenovo X1	8/01/19	0	0	0	0	0	0
4635	Lenovo X1	8/01/19	0	0	0	0	0	0
4636	Lenovo X1	6/15/20	0	0	0	0	0	0
4637	Air Conditioner Unit	7/15/19	0	0	0	0	0	0
4638	20 lobby/guest chairs	9/27/19	0	0	0	0	0	0
4639	Dell Poweredge Server	8/15/19	0	0	0	0	0	0
4640	Adobe Pro subscription	8/15/19	0	0	0	0	0	0
4642	Exchange server with CAL	8/15/19	0	0	0	0	0	0
4643	Windows server with CAL	8/15/19	0	0	0	0	0	0
	Total Other Depreciation		<u>1,117,817</u>	<u>1,117,817</u>	<u>522,921</u>	<u>33,006</u>	<u>33,006</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>1,117,817</u>	<u>1,117,817</u>	<u>522,921</u>	<u>33,006</u>	<u>33,006</u>	<u>0</u>

FL Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
<u>Amortization:</u>								
377	Donor Perfect software`	3/11/04	7,715	7,715	7,715	0	0	0
			<u>7,715</u>	<u>7,715</u>	<u>7,715</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		1,128,660	1,127,760	533,764	33,006	33,006	0
	Less: Dispositions		2,012	2,012	2,012	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>1,126,648</u>	<u>1,125,748</u>	<u>531,752</u>	<u>33,006</u>	<u>33,006</u>	<u>0</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
115	Desk - case coordinator (Barb Sage)	6/27/05	1,328				1,328	10	MQ150DB	1,328	0
381	Projector	6/21/04	1,800			X	900	7	MQ200DB	1,800	0
			<u>3,128</u>				<u>2,228</u>			<u>3,128</u>	<u>0</u>
Other Depreciation:											
100	Roof	3/01/02	0				0	0	HY	0	0
107	Building	3/13/03	0				0	0	HY	0	0
116	Desk - case coordinator	6/27/05	0				0	0	HY	0	0
117	Desk - office manager	6/27/05	918				918	5	MO S/L	918	0
118	Desk - development director	6/27/05	0				0	0	HY	0	0
119	desk - program director (Gail Tunnock)	6/27/05	0				0	0	HY	0	0
120	desk - case manager (Megan O'Brein)	6/27/05	0				0	0	HY	0	0
121	desk - case manager (Paola Paloschi)	6/27/05	0				0	0	HY	0	0
122	desk - program director (Dale Lively)	6/27/05	0				0	0	HY	0	0
123	desk - executive director	6/27/05	0				0	0	HY	0	0
124	lateral file	6/27/05	0				0	0	HY	0	0
125	desk - finance director	6/27/05	0				0	0	HY	0	0
126	lateral file	6/27/05	0				0	0	HY	0	0
127	desk - case coordinator (Zoe)	6/27/05	0				0	0	HY	0	0
132	Building renovation	6/30/05	0				0	0	HY	0	0
148	Chair - Club	7/25/05	0				0	0	HY	0	0
149	Sofa	7/25/05	0				0	0	HY	0	0
150	Chair - Club	7/25/05	0				0	0	HY	0	0
151	Loveseat	7/25/05	0				0	0	HY	0	0
156	Printer	4/18/07	1,182				1,182	5	MO S/L	1,182	0
157	Unit 5 renovations	6/30/07	0				0	0	HY	0	0
158	Dehart Alarm System old sublet	8/10/07	0				0	0	HY	0	0
162	Unit 5 renovations	8/25/06	0				0	0	HY	0	0
163	File Cabinet	8/14/07	0				0	0	HY	0	0
164	Additional part of desk	8/14/07	0				0	0	HY	0	0
165	Table Top Conference room	8/14/07	0				0	0	HY	0	0
166	Desk,Return,Hutch SEK	8/14/07	0				0	0	HY	0	0
167	Desk,Return,Hutch JGS	8/14/07	0				0	0	HY	0	0
168	Credenza extra office	8/14/07	0				0	0	HY	0	0
169	Cradenza extra office	8/14/07	0				0	0	HY	0	0
170	Hutch extra office	8/14/07	0				0	0	HY	0	0
171	Hutch extra office	8/14/07	0				0	0	HY	0	0
172	Desk,Return,Hutch Barrie	8/14/07	0				0	0	HY	0	0
173	File Cabinet storage	8/14/07	0				0	0	HY	0	0
174	Storage conference room	8/14/07	0				0	0	HY	0	0
175	Desk, return, hutch extra office	8/14/07	0				0	0	HY	0	0
176	Round Table	11/15/10	0				0	0	HY	0	0
177	Desk 1	11/15/10	0				0	0	HY	0	0
178	Desk 3	11/15/10	0				0	0	HY	0	0
179	Desk 3	11/15/10	0				0	0	HY	0	0
180	Bookcase	11/15/10	0				0	0	HY	0	0
181	Bookcase	11/15/10	0				0	0	HY	0	0
182	Building Improvements - Paint/Chair Coatir	11/15/10	0				0	0	HY	0	0
386	Dell Power Edge Server	6/15/05	3,481				3,481	10	MO S/L	3,481	0
393	phone system	6/27/05	0				0	0	HY	0	0
394	alarm system	6/30/05	0				0	0	HY	0	0
402	Terminal server	7/18/06	0				0	0	HY	0	0
406	Computer	9/22/06	0				0	0	HY	0	0
408	Dell Computer ST 99X8MD1 MGA	9/10/07	0				0	0	HY	0	0
414	Latitude D830 Laptop	8/28/08	0				0	0	HY	0	0
415	Latitude D830 laptop	8/28/08	0				0	0	HY	0	0
416	Flat panel television	11/13/08	0				0	0	HY	0	0
417	Auctionpay software	2/28/09	0				0	0	HY	0	0
421	Cannon Rebel TI Camera	7/29/09	0				0	0	HY	0	0
422	Construction center	3/11/10	0				0	0	HY	0	0
430	Dell server	5/10/10	0				0	0	HY	0	0
434	Phone System	9/03/10	0				0	0	HY	0	0
435	Dell Smart UPS	11/01/10	0				0	0	HY	0	0
436	Dell Power Connect Board	2/01/11	0				0	0	HY	0	0
437	Vostro 3700 Laptop	2/01/11	0				0	0	HY	0	0
438	Vostro 3700 Laptop	4/01/11	0				0	0	HY	0	0
439	Vostro 3700 Laptop	4/01/11	0				0	0	HY	0	0

-*9492

AMT Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Dep	Per Conv	Meth	Prior	Current
440	Vostro 3700 Laptop	4/01/11	0				0	0	HY	0	0
441	Dell Latitude E6510	5/01/12	0				0	0	HY	0	0
442	Dell Latitude E6510	5/01/12	0				0	0	HY	0	0
447	Vostro 1720 Dell laptop	1/21/10	0				0	0	HY	0	0
448	Vostro 1720 Dell laptop	1/21/10	0				0	0	HY	0	0
450	Eno Board	7/13/11	0				0	0	HY	0	0
452	Infant Examination Table	5/22/12	0				0	0	HY	0	0
453	Dell Tablet	5/15/13	0				0	0	HY	0	0
454	Dell Vostro Laptop	12/06/12	0				0	0	HY	0	0
455	Dell Vostro Laptop	12/06/12	0				0	0	HY	0	0
456	Dell Vostro Laptop	12/06/12	0				0	0	HY	0	0
458	Exam Table	2/28/13	0				0	0	HY	0	0
460	Dell Latitude 5230	10/01/13	0				0	0	HY	0	0
461	Dell Latitude 5230	10/01/13	0				0	0	HY	0	0
462	Dell Latitude 5230	10/01/13	0				0	0	HY	0	0
463	Dell Latitude 5230	10/01/13	0				0	0	HY	0	0
464	Dell Latitude 5230	10/01/13	0				0	0	HY	0	0
474	Dell Precision T3610	12/09/13	0				0	0	HY	0	0
475	Dell Terrastation	8/06/13	0				0	0	HY	0	0
477	Apple	5/14/14	0				0	0	HY	0	0
478	Apple	5/14/14	0				0	0	HY	0	0
479	Apple	5/14/14	0				0	0	HY	0	0
4601	Conditioned Air (460A)	6/10/13	0				0	0	HY	0	0
	Sold/Scrapped: 7/15/19										
4602	Dell Computers	9/01/14	0				0	0	HY	0	0
4603	Dell computers (2)	11/01/14	0				0	0	HY	0	0
4604	Dell computers (3)	8/01/14	0				0	0	HY	0	0
4605	Dell computers (4)	6/01/15	0				0	0	HY	0	0
4606	Florida Comfort Systems A/C	6/30/15	0				0	0	HY	0	0
4608	AC unit - Carrier 2.5 Ton 14 Seer	11/02/15	0				0	0	HY	0	0
4609	Vacuum - Tops	8/14/15	610				610	7	MO S/L	341	87
4610	Synology Diskstation	8/14/15	992				992	7	MO S/L	555	142
4611	Vizio TV	8/11/15	527				527	5	MO S/L	413	105
4612	ADT Alarm	4/26/16	0				0	0	HY	0	0
4613	Konica Copy Machine	6/30/17	0				0	0	HY	0	0
4614	iRecord	1/06/17	0				0	0	HY	0	0
4615	Sony 55MM Camera	12/13/16	0				0	0	HY	0	0
4616	SonicWall TZ400	2/07/17	0				0	0	HY	0	0
4617	AC Unit - 3 Ton 14 Seer (Katie's office)	2/15/18	0				0	0	HY	0	0
4618	AC Unit - 3.5 Ton 14 seer 10kw (lobby)	8/11/17	0				0	0	HY	0	0
4619	Colposcope	4/11/19	0				0	0	HY	0	0
4620	Cisco Switch	11/30/18	0				0	0	HY	0	0
4621	Surface Book 3	6/15/20	0				0	0	HY	0	0
4622	Surface Book 3	6/15/20	0				0	0	HY	0	0
4623	Lenovo X280	6/15/20	0				0	0	HY	0	0
4624	Surface Book 3	6/15/20	0				0	0	HY	0	0
4625	Surface Book 3	6/15/20	0				0	0	HY	0	0
4626	Surface Book 3	6/15/20	0				0	0	HY	0	0
4627	Surface Book 3	6/15/20	0				0	0	HY	0	0
4628	Surface Book 3	6/15/20	0				0	0	HY	0	0
4629	Surface Book 3	6/15/20	0				0	0	HY	0	0
4630	Surface Book 3	6/15/20	0				0	0	HY	0	0
4631	Lenovo P52	6/15/20	0				0	0	HY	0	0
4632	Surface Book 3	6/15/20	0				0	0	HY	0	0
4633	Surface Book 3	6/15/20	0				0	0	HY	0	0
4634	Lenovo X1	8/01/19	0				0	0	HY	0	0
4635	Lenovo X1	8/01/19	0				0	0	HY	0	0
4636	Lenovo X1	6/15/20	0				0	0	HY	0	0
4637	Air Conditioner Unit	7/15/19	0				0	0	HY	0	0
4638	20 lobby/guest chairs	9/27/19	0				0	0	HY	0	0
4639	Dell Poweredge Server	8/15/19	0				0	0	HY	0	0
4640	Adobe Pro subscription	8/15/19	0				0	0	HY	0	0
4642	Exchange server with CAL	8/15/19	0				0	0	HY	0	0
4643	Windows server with CAL	8/15/19	0				0	0	HY	0	0
	Total Other Depreciation		<u>7,710</u>				<u>7,710</u>			<u>6,890</u>	<u>334</u>
	Total ACRS and Other Depreciation		<u>7,710</u>				<u>7,710</u>			<u>6,890</u>	<u>334</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	Grand Totals		10,838			9,938		10,018	334
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>10,838</u>			<u>9,938</u>		<u>10,018</u>	<u>334</u>

Bonus Depreciation Report

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
381	Projector	6/21/04	1,800		0	0	900	900
Grand Total			<u>1,800</u>		<u>0</u>	<u>0</u>	<u>900</u>	<u>900</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Page 1	1	381	Projector	<u>0</u>	<u>0</u>	<u>0</u>
				<u>0</u>	<u>0</u>	<u>0</u>

Future Depreciation Report **FYE: 6/30/21**

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Prior MACRS:</u>					
381	Projector	6/21/04	1,800	0	0
			<u>1,800</u>	<u>0</u>	<u>0</u>
<u>Other Depreciation:</u>					
100	Roof	3/01/02	6,000	0	0
107	Building	3/13/03	509,746	13,070	0
115	Desk - case coordinator (Barb Sage)	6/27/05	1,328	0	0
116	Desk - case coordinator	6/27/05	1,328	0	0
117	Desk - office manager	6/27/05	918	0	0
118	Desk - development director	6/27/05	918	0	0
119	desk - program director (Gail Tunnock)	6/27/05	1,328	0	0
120	desk - case manager (Megan O'Brein)	6/27/05	1,328	0	0
121	desk - case manager (Paola Paloschi)	6/27/05	1,328	0	0
122	desk - program director (Dale Lively)	6/27/05	1,328	0	0
123	desk - executive director	6/27/05	1,812	0	0
124	lateral file	6/27/05	604	0	0
125	desk - finance director	6/27/05	1,432	0	0
126	lateral file	6/27/05	604	0	0
127	desk - case coordinator (Zoe)	6/27/05	1,328	0	0
132	Building renovation	6/30/05	329,675	8,910	0
148	Chair - Club	7/25/05	665	0	0
149	Sofa	7/25/05	955	0	0
150	Chair - Club	7/25/05	556	0	0
151	Loveseat	7/25/05	940	0	0
156	Printer	4/18/07	1,182	0	0
157	Unit 5 renovations	6/30/07	81,036	2,315	0
158	Dehart Alarm System old sublet	8/10/07	896	0	0
162	Unit 5 renovations	8/25/06	10,500	300	0
163	File Cabinet	8/14/07	693	0	0
164	Additional part of desk	8/14/07	233	0	0
165	Table Top Conference room	8/14/07	678	0	0
166	Desk,Return,Hutch SEK	8/14/07	2,065	0	0
167	Desk,Return,Hutch JGS	8/14/07	2,046	0	0
168	Credenza extra office	8/14/07	699	0	0
169	Cradenza extra office	8/14/07	699	0	0
170	Hutch extra office	8/14/07	644	0	0
171	Hutch extra office	8/14/07	644	0	0
172	Desk,Return,Hutch Barrie	8/14/07	2,037	0	0
173	File Cabinet storage	8/14/07	693	0	0
174	Storage conference room	8/14/07	699	0	0
175	Desk, return, hutch extra office	8/14/07	1,840	0	0
176	Round Table	11/15/10	795	0	0
177	Desk 1	11/15/10	1,808	0	0
178	Desk 3	11/15/10	1,820	0	0
179	Desk 3	11/15/10	1,820	0	0
180	Bookcase	11/15/10	657	0	0
181	Bookcase	11/15/10	568	0	0
182	Building Improvements - Paint/Chair Coating	11/15/10	654	0	0
386	Dell Power Edge Server	6/15/05	3,481	0	0
393	phone system	6/27/05	11,117	0	0
394	alarm system	6/30/05	2,261	0	0
402	Terminal server	7/18/06	4,467	0	0
406	Computer	9/22/06	1,615	0	0
408	Dell Computer ST 99X8MD1 MGA	9/10/07	1,655	0	0
414	Latitude D830 Laptop	8/28/08	1,186	0	0
415	Latitude D830 laptop	8/28/08	1,186	0	0
416	Flat panel television	11/13/08	1,449	0	0
417	Auctionpay software	2/28/09	2,595	0	0
421	Cannon Rebel TI Camera	7/29/09	2,058	0	0
422	Construction center	3/11/10	2,183	0	0
430	Dell server	5/10/10	7,065	0	0
434	Phone System	9/03/10	3,640	0	0
435	Dell Smart UPS	11/01/10	891	0	0
436	Dell Power Connect Board	2/01/11	574	0	0

Future Depreciation Report **FYE: 6/30/21**

Asset	Description	Date In Service	Cost	Tax	AMT
437	Vostro 3700 Laptop	2/01/11	743	0	0
438	Vostro 3700 Laptop	4/01/11	796	0	0
439	Vostro 3700 Laptop	4/01/11	796	0	0
440	Vostro 3700 Laptop	4/01/11	796	0	0
441	Dell Latitude E6510	5/01/12	1,196	0	0
442	Dell Latitude E6510	5/01/12	1,196	0	0
447	Vostro 1720 Dell laptop	1/21/10	1,108	0	0
448	Vostro 1720 Dell laptop	1/21/10	1,108	0	0
450	Eno Board	7/13/11	3,525	0	0
452	Infant Examination Table	5/22/12	2,008	0	0
453	Dell Tablet	5/15/13	1,060	0	0
454	Dell Vostro Laptop	12/06/12	854	0	0
455	Dell Vostro Laptop	12/06/12	854	0	0
456	Dell Vostro Laptop	12/06/12	854	0	0
458	Exam Table	2/28/13	1,054	0	0
460	Dell Latitude 5230	10/01/13	811	0	0
461	Dell Latitude 5230	10/01/13	811	0	0
462	Dell Latitude 5230	10/01/13	811	0	0
463	Dell Latitude 5230	10/01/13	811	0	0
464	Dell Latitude 5230	10/01/13	811	0	0
474	Dell Precision T3610	12/09/13	1,838	0	0
475	Dell Terrastation	8/06/13	930	0	0
477	Apple	5/14/14	667	0	0
478	Apple	5/14/14	667	0	0
479	Apple	5/14/14	667	0	0
4602	Dell Computers	9/01/14	975	0	0
4603	Dell computers (2)	11/01/14	1,980	0	0
4604	Dell computers (3)	8/01/14	3,768	0	0
4605	Dell computers (4)	6/01/15	2,596	0	0
4606	Florida Comfort Systems A/C	6/30/15	7,126	713	0
4608	AC unit - Carrier 2.5 Ton 14 Seer	11/02/15	5,928	593	0
4609	Vacuum - Tops	8/14/15	610	88	88
4610	Synology Diskstation	8/14/15	992	142	142
4611	Vizio TV	8/11/15	527	9	9
4612	ADT Alarm	4/26/16	628	90	0
4613	Konica Copy Machine	6/30/17	6,832	1,366	0
4614	iRecord	1/06/17	16,835	3,367	0
4615	Sony 55MM Camera	12/13/16	1,682	336	0
4616	SonicWall TZ400	2/07/17	2,182	436	0
4617	AC Unit - 3 Ton 14 Seer (Katie's office)	2/15/18	5,500	550	0
4618	AC Unit - 3.5 Ton 14 seer 10kw (lobby)	8/11/17	5,250	525	0
4619	Colposcope	4/11/19	0	0	0
4620	Cisco Switch	11/30/18	0	0	0
4621	Surface Book 3	6/15/20	0	0	0
4622	Surface Book 3	6/15/20	0	0	0
4623	Lenovo X280	6/15/20	0	0	0
4624	Surface Book 3	6/15/20	0	0	0
4625	Surface Book 3	6/15/20	0	0	0
4626	Surface Book 3	6/15/20	0	0	0
4627	Surface Book 3	6/15/20	0	0	0
4628	Surface Book 3	6/15/20	0	0	0
4629	Surface Book 3	6/15/20	0	0	0
4630	Surface Book 3	6/15/20	0	0	0
4631	Lenovo P52	6/15/20	0	0	0
4632	Surface Book 3	6/15/20	0	0	0
4633	Surface Book 3	6/15/20	0	0	0
4634	Lenovo X1	8/01/19	0	0	0
4635	Lenovo X1	8/01/19	0	0	0
4636	Lenovo X1	6/15/20	0	0	0
4637	Air Conditioner Unit	7/15/19	0	0	0
4638	20 lobby/guest chairs	9/27/19	0	0	0
4639	Dell Poweredge Server	8/15/19	0	0	0
4640	Adobe Pro subscription	8/15/19	0	0	0
4642	Exchange server with CAL	8/15/19	0	0	0
4643	Windows server with CAL	8/15/19	0	0	0
4644	Lenovo X280	9/15/20	0	0	0
Total Other Depreciation			<u>1,117,133</u>	<u>32,810</u>	<u>239</u>

Future Depreciation Report FYE: 6/30/21

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Total ACRS and Other Depreciation			<u>1,117,133</u>	<u>32,810</u>	<u>239</u>
<u>Amortization:</u>					
377	Donor Perfect software`	3/11/04	<u>7,715</u>	<u>0</u>	<u>0</u>
			<u>7,715</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>1,126,648</u>	<u>32,810</u>	<u>239</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>FL</u>
<u>Prior MACRS:</u>				
381	Projector	6/21/04	1,800	0
			<u>1,800</u>	<u>0</u>
<u>Other Depreciation:</u>				
100	Roof	3/01/02	6,000	0
107	Building	3/13/03	509,746	13,070
115	Desk - case coordinator (Barb Sage)	6/27/05	1,328	0
116	Desk - case coordinator	6/27/05	1,328	0
117	Desk - office manager	6/27/05	918	0
118	Desk - development director	6/27/05	918	0
119	desk - program director (Gail Tunnock)	6/27/05	1,328	0
120	desk - case manager (Megan O'Brein)	6/27/05	1,328	0
121	desk - case manager (Paola Paloschi)	6/27/05	1,328	0
122	desk - program director (Dale Lively)	6/27/05	1,328	0
123	desk - executive director	6/27/05	1,812	0
124	lateral file	6/27/05	604	0
125	desk - finance director	6/27/05	1,432	0
126	lateral file	6/27/05	604	0
127	desk - case coordinator (Zoe)	6/27/05	1,328	0
132	Building renovation	6/30/05	329,675	8,910
148	Chair - Club	7/25/05	665	0
149	Sofa	7/25/05	955	0
150	Chair - Club	7/25/05	556	0
151	Loveseat	7/25/05	940	0
156	Printer	4/18/07	1,182	0
157	Unit 5 renovations	6/30/07	81,036	2,315
158	Dehart Alarm System old sublet	8/10/07	896	0
162	Unit 5 renovations	8/25/06	10,500	300
163	File Cabinet	8/14/07	693	0
164	Additional part of desk	8/14/07	233	0
165	Table Top Conference room	8/14/07	678	0
166	Desk,Return,Hutch SEK	8/14/07	2,065	0
167	Desk,Return,Hutch JGS	8/14/07	2,046	0
168	Credenza extra office	8/14/07	699	0
169	Cradenza extra office	8/14/07	699	0
170	Hutch extra office	8/14/07	644	0
171	Hutch extra office	8/14/07	644	0
172	Desk,Return,Hutch Barrie	8/14/07	2,037	0
173	File Cabinet storage	8/14/07	693	0
174	Storage conference room	8/14/07	699	0
175	Desk, return, hutch extra office	8/14/07	1,840	0
176	Round Table	11/15/10	795	0
177	Desk 1	11/15/10	1,808	0
178	Desk 3	11/15/10	1,820	0
179	Desk 3	11/15/10	1,820	0
180	Bookcase	11/15/10	657	0
181	Bookcase	11/15/10	568	0
182	Building Improvements - Paint/Chair Coating	11/15/10	654	0
386	Dell Power Edge Server	6/15/05	3,481	0
393	phone system	6/27/05	11,117	0
394	alarm system	6/30/05	2,261	0
402	Terminal server	7/18/06	4,467	0
406	Computer	9/22/06	1,615	0
408	Dell Computer ST 99X8MD1 MGA	9/10/07	1,655	0
414	Latitude D830 Laptop	8/28/08	1,186	0
415	Latitude D830 laptop	8/28/08	1,186	0
416	Flat panel television	11/13/08	1,449	0
417	Auctionpay software	2/28/09	2,595	0
421	Cannon Rebel TI Camera	7/29/09	2,058	0
422	Construction center	3/11/10	2,183	0
430	Dell server	5/10/10	7,065	0
434	Phone System	9/03/10	3,640	0
435	Dell Smart UPS	11/01/10	891	0
436	Dell Power Connect Board	2/01/11	574	0

Asset	Description	Date In Service	Cost	FL
437	Vostro 3700 Laptop	2/01/11	743	0
438	Vostro 3700 Laptop	4/01/11	796	0
439	Vostro 3700 Laptop	4/01/11	796	0
440	Vostro 3700 Laptop	4/01/11	796	0
441	Dell Latitude E6510	5/01/12	1,196	0
442	Dell Latitude E6510	5/01/12	1,196	0
447	Vostro 1720 Dell laptop	1/21/10	1,108	0
448	Vostro 1720 Dell laptop	1/21/10	1,108	0
450	Eno Board	7/13/11	3,525	0
452	Infant Examination Table	5/22/12	2,008	0
453	Dell Tablet	5/15/13	1,060	0
454	Dell Vostro Laptop	12/06/12	854	0
455	Dell Vostro Laptop	12/06/12	854	0
456	Dell Vostro Laptop	12/06/12	854	0
458	Exam Table	2/28/13	1,054	0
460	Dell Latitude 5230	10/01/13	811	0
461	Dell Latitude 5230	10/01/13	811	0
462	Dell Latitude 5230	10/01/13	811	0
463	Dell Latitude 5230	10/01/13	811	0
464	Dell Latitude 5230	10/01/13	811	0
474	Dell Precision T3610	12/09/13	1,838	0
475	Dell Terrastation	8/06/13	930	0
477	Apple	5/14/14	667	0
478	Apple	5/14/14	667	0
479	Apple	5/14/14	667	0
4602	Dell Computers	9/01/14	975	0
4603	Dell computers (2)	11/01/14	1,980	0
4604	Dell computers (3)	8/01/14	3,768	0
4605	Dell computers (4)	6/01/15	2,596	0
4606	Florida Comfort Systems A/C	6/30/15	7,126	713
4608	AC unit - Carrier 2.5 Ton 14 Seer	11/02/15	5,928	593
4609	Vacuum - Tops	8/14/15	610	88
4610	Synology Diskstation	8/14/15	992	142
4611	Vizio TV	8/11/15	527	9
4612	ADT Alarm	4/26/16	628	90
4613	Konica Copy Machine	6/30/17	6,832	1,366
4614	iRecord	1/06/17	16,835	3,367
4615	Sony 55MM Camera	12/13/16	1,682	336
4616	SonicWall TZ400	2/07/17	2,182	436
4617	AC Unit - 3 Ton 14 Seer (Katie's office)	2/15/18	5,500	550
4618	AC Unit - 3.5 Ton 14 seer 10kw (lobby)	8/11/17	5,250	525
4619	Colposcope	4/11/19	0	0
4620	Cisco Switch	11/30/18	0	0
4621	Surface Book 3	6/15/20	0	0
4622	Surface Book 3	6/15/20	0	0
4623	Lenovo X280	6/15/20	0	0
4624	Surface Book 3	6/15/20	0	0
4625	Surface Book 3	6/15/20	0	0
4626	Surface Book 3	6/15/20	0	0
4627	Surface Book 3	6/15/20	0	0
4628	Surface Book 3	6/15/20	0	0
4629	Surface Book 3	6/15/20	0	0
4630	Surface Book 3	6/15/20	0	0
4631	Lenovo P52	6/15/20	0	0
4632	Surface Book 3	6/15/20	0	0
4633	Surface Book 3	6/15/20	0	0
4634	Lenovo X1	8/01/19	0	0
4635	Lenovo X1	8/01/19	0	0
4636	Lenovo X1	6/15/20	0	0
4637	Air Conditioner Unit	7/15/19	0	0
4638	20 lobby/guest chairs	9/27/19	0	0
4639	Dell Poweredge Server	8/15/19	0	0
4640	Adobe Pro subscription	8/15/19	0	0
4642	Exchange server with CAL	8/15/19	0	0
4643	Windows server with CAL	8/15/19	0	0
4644	Lenovo X280	9/15/20	0	0
	Total Other Depreciation		<u>1,117,133</u>	<u>32,810</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>FL</u>
Total ACRS and Other Depreciation			<u>1,117,133</u>	<u>32,810</u>
<u>Amortization:</u>				
377	Donor Perfect software`	3/11/04	<u>7,715</u>	<u>0</u>
			<u>7,715</u>	<u>0</u>
Grand Totals			<u>1,126,648</u>	<u>32,810</u>

Form 990	Two Year Comparison Report	2018 & 2019
For calendar year 2019, or tax year beginning 07/01/19 , ending 06/30/20		

Name **Collier County Child Advocacy Council, Inc.** Taxpayer Identification Number **** - ***9492**

		2018	2019	Differences
Revenue	1. Contributions, gifts, grants	910,861	948,742	37,881
	2. Membership dues and assessments			
	3. Government contributions and grants	993,315	1,151,463	158,148
	4. Program service revenue	122,422	102,048	-20,374
	5. Investment income	5,299	6,459	1,160
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-241		241
	8. Net income or (loss) from fundraising events	-49,760		49,760
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	2,745	403	-2,342
	12. Total revenue. Add lines 1 through 11	1,984,641	2,209,115	224,474
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	164,819	209,014	44,195
	16. Salaries, other compensation, and employee benefits	1,403,162	1,447,484	44,322
	17. Professional fundraising fees			
	18. Other professional fees	136,259	124,367	-11,892
	19. Occupancy, rent, utilities, and maintenance	12,093	12,113	20
	20. Depreciation and Depletion	35,576	43,759	8,183
	21. Other expenses	194,650	235,976	41,326
	22. Total expenses. Add lines 13 through 21	1,946,559	2,072,713	126,154
	23. Excess or (Deficit). Subtract line 22 from line 12	38,082	136,402	98,320
Other Information	24. Total exempt revenue	1,984,641	2,209,115	224,474
	25. Total unrelated revenue			
	26. Total excludable revenue	80,465	108,910	28,445
	27. Total assets	1,678,706	1,784,164	105,458
	28. Total liabilities	237,648	208,179	-29,469
	29. Retained earnings	1,441,058	1,575,985	134,927
	30. Number of voting members of governing body	8	7	
	31. Number of independent voting members of governing body	8	7	
32. Number of employees	29	29		
33. Number of volunteers	40	15		

Form 990	Tax Return History	2019
Name Collier County Child Advocacy Council, Inc.		Employer Identification Number ** - ***9492

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	1,654,792	1,588,956	2,070,082	1,904,176	2,100,205	
Membership dues						
Program service revenue	108,165	95,899	101,018	122,422	102,048	
Capital gain or loss		1,038	2,032	-241		
Investment income	726	593	1,271	5,299	6,459	
Fundraising revenue (income/loss)	82,351	68,257	-49,088	-49,760		
Gaming revenue (income/loss)						
Other revenue	786	2,078	1,810	2,745	403	
Total revenue	1,846,820	1,756,821	2,127,125	1,984,641	2,209,115	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	190,659	200,729	212,059	164,819	209,014	
Other compensation	1,367,859	1,325,475	1,263,528	1,403,162	1,447,484	
Professional fees	148,799	128,249	148,925	136,259	124,367	
Occupancy costs	12,021	12,287	12,359	12,093	12,113	
Depreciation and depletion	39,529	39,845	37,974	35,576	43,759	
Other expenses	269,805	264,941	240,956	194,650	235,976	
Total expenses	2,028,672	1,971,526	1,915,801	1,946,559	2,072,713	
Excess or (Deficit)	-181,852	-214,705	211,324	38,082	136,402	
Total exempt revenue	1,846,820	1,756,821	2,127,125	1,984,641	2,209,115	
Total unrelated revenue						
Total excludable revenue	192,028	167,865	57,043	80,465	108,910	
Total Assets	1,638,326	1,407,085	1,625,478	1,678,706	1,784,164	
Total Liabilities	231,535	214,577	222,921	237,648	208,179	
Net Fund Balances	1,406,791	1,192,508	1,402,557	1,441,058	1,575,985	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest and dividends	\$ 6,459					
			14	FL		
Total	<u>\$ 6,459</u>					

Federal Statements**Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional services	\$ 124,367	\$ 109,236	\$ 12,140	\$ 2,991
Total	\$ 124,367	\$ 109,236	\$ 12,140	\$ 2,991

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Telephone	\$ 12,819	\$ 11,544	\$ 639	\$ 636
Fundraising	9,532			9,532
In kind materials	6,625	6,625		
Miscellaneous	5,800	2,284	3,117	399
Communications	1,788	1,713	75	
Bank and credit card fees	1,145		1,145	
Total	\$ 37,709	\$ 22,166	\$ 4,976	\$ 10,567

Schedule A, Part II, Line 1(e)

Description	Amount
Florida Network of Children's Cash Contribution	\$ 256,056
Naples Children & Education Foundati Cash Contribution	144,901
Office of the Attorney General Cash Contribution	446,916
Collier County Public Services Dept Cash Contribution	582,218
United Way of Collier County Cash Contribution	67,681
Department of Health Cash Contribution	26,250
Children's Network of Southwest FL	356,663

Federal Statements**Schedule A, Part II, Line 1(e) (continued)**

<u>Description</u>	<u>Amount</u>
Cash Contribution Richard M Schultze Family Foundation	\$ 114,520
Cash Contribution First Florida Integrity Bank	50,000
Cash Contribution	55,000
Total	<u>\$ 2,100,205</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest and dividends	\$ 6,459
Total	<u>\$ 6,459</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Reimbursements: Other	\$ 10,000
Reimbursements: Collier Count	43,000
Reimbursements: Crimes Comp.	15,400
Reimbursements: EPSDT	510
Partners in parenting	14,578
Supervised Visit - Child Netw	18,560
Total	<u>\$ 102,048</u>