

Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning 07/01/20 , and ending 06/30/21

**CHILDREN'S ADVOCACY CENTER OF
SOUTHWEST FLORIDA, INC**

65-0007620

Net Asset / Fund Balance at Beginning of Year 3,388,121

Revenue

Contributions	<u>4,014,905</u>
Program service revenue	<u>22,830</u>
Investment income	<u>11,968</u>
Capital gain / loss	_____
Fundraising / Gaming:	
Gross revenue	_____
Direct expenses	_____
Net income	_____
Other income	<u>270</u>

Total revenue 4,049,973

Expenses

Program services	<u>3,221,862</u>
Management and general	<u>386,824</u>
Fundraising	<u>108,596</u>

Total expenses 3,717,282

Excess / (deficit) 332,691

Changes _____

Net Asset / Fund Balance at End of Year 3,720,812

Reconciliation of Revenue

Total revenue per financial statements	<u>4,049,973</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u>4,049,973</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>3,717,282</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u>3,717,282</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>4,679,892</u>	<u>4,932,873</u>	
Liabilities	<u>1,291,771</u>	<u>1,212,061</u>	
Net assets	<u>3,388,121</u>	<u>3,720,812</u>	<u>332,691</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/16/22
 Failure to file penalty _____

Stroemer & Company
14030 Metropolis Ave Ste 200
Fort Myers, FL 33912
239-433-1002

May 10, 2022

CONFIDENTIAL

Children's Advocacy Center of
Southwest Florida, Inc
3830 Evans Ave
Fort Myers, FL 33901

Dear Board:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Stroemer & Company

Filing Instructions

Children's Advocacy Center of Southwest Florida, Inc

Exempt Organization Tax Return

Taxable Year Ended June 30, 2021

Date Due: AS SOON AS POSSIBLE

Remittance: None is required. Your Form 990 for the tax year ended 6/30/21 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Stroemer & Company
14030 Metropolis Ave Ste 200
Fort Myers, FL 33912

Important: Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning 7/01, 2020, and ending 6/30, 20 21

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.

2020

Name of exempt organization or person subject to tax

**CHILDREN'S ADVOCACY CENTER OF
SOUTHWEST FLORIDA, INC**

Taxpayer identification number

65-0007620

Name and title of officer or person subject to tax

**JULIE BOUDREAU
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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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	4,049,973
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	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **STROEMER & COMPANY** to enter my PIN **36160** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax }

Date } **04/27/22**

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.

60322533912

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } **JOHN STROEMER, CPA, CFST, CAM, GRI**

Date } **04/27/22**

**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** (2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2020 calendar year, or tax year beginning 07/01/20, and ending 06/30/21

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLORIDA, INC		D Employer identification number 65-0007620
Doing business as		E Telephone number 239-939-2808
Number and street (or P.O. box if mail is not delivered to street address) 3830 EVANS AVE		G Gross receipts \$ 4,049,973
Room/suite City or town, state or province, country, and ZIP or foreign postal code FORT MYERS FL 33901		

F Name and address of principal officer: JULIE BOUDREAUX 3830 EVANS AVENUE FORT MYERS FL 33901		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list. See instructions

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number u
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J Website: u WWW.CAC-SWFL.ORG	L Year of formation: 1984	M State of legal domicile: FL
--	---	---

K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	12	
	4	12	
	5	84	
	6	30	
	7a	0	
7b	0		
Revenue	8	3,768,540	4,014,905
	9	15,385	22,830
	10	5,116	11,968
	11	12,847	270
	12	3,801,888	4,049,973
	Expenses	13	
14			0
15		2,959,956	3,049,476
16a			0
b		108,596	
17		615,181	667,806
18	3,575,137	3,717,282	
19	226,751	332,691	
Net Assets or Fund Balances	20	4,679,892	4,932,873
	21	1,291,771	1,212,061
	22	3,388,121	3,720,812

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 JULIE BOUDREAUX	Date
	Type or print name and title CEO	

Paid Preparer Use Only	Print/Type preparer's name JOHN STROEMER, CPA, CFST, CAM, GRI	Preparer's signature JOHN STROEMER, CPA, CFST, CAM, GRI	Date 05/10/22	Check <input type="checkbox"/> if self-employed	PTIN P00102391
	Firm's name } STROEMER & COMPANY			Firm's EIN } 32-0394930	
	Firm's address } 14030 METROPOLIS AVE STE 200 FORT MYERS, FL 33912			Phone no. 239-433-1002	

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:

SEE SCHEDULE O

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 \$ 1,862,048 including grants of \$) (Revenue \$ 13,256)

THE CHILD PROTECTION TEAM PROVIDES COMPREHENSIVE ASSESSMENTS TO CHILDREN WHO HAVE BEEN ABUSED OR NEGLECTED, OR ARE SUSPECTED OF BEING ABUSED OR NEGLECTED. SERVICES INCLUDE MEDICAL EXAMS, FORENSIC INTERVIEWS, CRISIS INTERVENTION, PSYCHOLOGICALS, PSYCHOSOCIAL ASSESSMENTS, CASE COORDINATION AND EXPERT COURT TESTIMONY. THESE SERVICES ARE AVAILABLE 24 HOURS A DAY/SEVEN DAYS A WEEK FREE OF CHARGE. CHILDREN ARE REFERRED BY DEPARTMENT OF CHILDREN AND FAMILIES AND LAW ENFORCEMENT.

4b (Code:) (Expenses \$ 852,245 including grants of \$) (Revenue \$ 6,244)

THE FAMILY ALLIANCE PROGRAM PROVIDES THERAPEUTIC TREATMENT TO CHILDREN WHO HAVE BEEN ABUSED OR NEGLECTED, HAVE WITNESSED OR EXPERIENCED FAMILY VIOLENCE, OR HAVE WITNESSED A VIOLENT CRIME OR HOMICIDE. TREATMENT OPTIONS INCLUDE INDIVIDUAL, GROUP, AND FAMILY THERAPY. THE GOALS OF THE PROGRAM ARE TO ASSIST CLIENTS IN OVERCOMING ABUSE-RELATED BEHAVIORAL AND EMOTIONAL DIFFICULTIES AND TO HELP CLIENTS DEVELOP EFFECTIVE COPING SKILLS, HEALTHY SOCIALIZATION SKILLS, AND SAFETY PLANNING SKILLS. SERVICES ALSO INCLUDE PARENT SUPPORT GROUPS FOR THOSE PARENTS WHOSE CHILDREN ARE RECEIVING TREATMENT. INDIVIDUAL AND GROUP THERAPY ARE ALSO OFFERED TO ADULT SURVIVORS OF SEXUAL ABUSE.

4c (Code:) (Expenses \$ 507,569 including grants of \$) (Revenue \$ 3,330)

SEE SCHEDULE O

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

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

4e Total program service expenses u 3,221,862

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		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? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various IRS requirements.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes/No checkboxes, and descriptions of questions regarding the governing body and management.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with columns for line numbers (10a-16b), Yes/No checkboxes, and descriptions of questions regarding organizational policies.

Section C. Disclosure

- List of disclosure questions 17 through 20, including requirements for public inspection and state information.

JOHN RAHO
FORT MYERS

3830 EVANS AVENUE

FL 33901

239-939-2808

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) JULIE BOUDREAUX CEO	40.00 0.00			X				135,998	0	0
(2) JOHN RAHO CFO	40.00 0.00			X				88,205	0	20,897
(3) JOHN BODNER MEMBER	1.00 0.00	X						0	0	0
(4) NOELLE BRANNING MEMBER	1.00 0.00	X						0	0	0
(5) KELLIE BURNS ADVOCATE	1.00 0.00	X						0	0	0
(6) KARLA CAMPOS-ANDERSON MEMBER	1.00 0.00	X						0	0	0
(7) JOHN CLINGER SECRETARY	1.00 0.00	X		X				0	0	0
(8) DAVID FRY MEMBER	1.00 0.00	X						0	0	0
(9) LARRY HART MEMBER	1.00 0.00	X						0	0	0
(10) EMILY HUNTER MEMBER	1.00 0.00	X						0	0	0
(11) CANDIS LOVING MEMBER	1.00 0.00	X		X				0	0	0

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			
(12) COLE PEACOCK	1.00									
PRESIDENT	0.00	X		X			0	0	0	
(13) JOHN PEARSON	1.00									
TREASURER	0.00	X		X			0	0	0	
(14) YADIRIS PEREZ-LUNA	1.00									
MEMBER	0.00	X					0	0	0	
(15) BRAD SHIPLEY	1.00									
MEMBER	0.00	X					0	0	0	
(16) JAKE SPANBERGER	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(17) JESSICA WALKER	1.00									
MEMBER	0.00	X					0	0	0	
1b Subtotal							224,203		20,897	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							224,203		20,897	

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 **u 1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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	362,100				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	2,416,972				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,235,833				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u		4,014,905			
Program Service Revenue	2a CLIENT AND AGENCY FEES	Business Code	22,830	22,830			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u		22,830			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	11,968			11,968	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b 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						
b 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						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory	u						
Miscellaneous Revenue	11a OTHER INCOME	Business Code	270	270			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u		270			
12 Total revenue. See instructions	u		4,049,973	23,100	0	11,968	

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	215,316	183,586	25,402	6,328
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	2,248,115	1,916,862	265,185	66,068
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	147,752	140,656		7,096
9 Other employee benefits	252,459	193,027	49,079	10,353
10 Payroll taxes	185,834	158,618	21,830	5,386
11 Fees for services (nonemployees):				
a Management				
b Legal	14,600	14,600		
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	288		288	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	41,131	41,131		
12 Advertising and promotion	456	456		
13 Office expenses	212,401	198,463	13,122	816
14 Information technology	80,452	79,953	499	
15 Royalties				
16 Occupancy	96,131	92,496	3,305	330
17 Travel	5,217	5,208		9
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,780	10,780		
20 Interest	12,506	12,506		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	101,619	96,030	5,081	508
23 Insurance	77,921	74,218	3,017	686
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 FUNDRAISING	11,033	19		11,014
b FIELD TRIPS	2,960	2,960		
c TRAINING & EDUCATION	311	293	16	2
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,717,282	3,221,862	386,824	108,596
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	476,548	1	335,105
	2	Savings and temporary cash investments	1,243,389	2	1,623,074
	3	Pledges and grants receivable, net	389,185	3	479,785
	4	Accounts receivable, net	416	4	516
	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	49,405
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	67,274	9	69,913
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,602,988		
	b	Less: accumulated depreciation	10b 1,242,416	10c 2,446,505	2,360,572
	11	Investments—publicly traded securities		11	
	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	56,575	15	14,503
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,679,892	16	4,932,873	
Liabilities	17	Accounts payable and accrued expenses	9,627	17	25,670
	18	Grants payable		18	
	19	Deferred revenue	10,730	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	431,242	23	276,232
	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	840,172	25	910,159
	26	Total liabilities. Add lines 17 through 25	1,291,771	26	1,212,061
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	3,388,121	27	3,720,812
	28	Net assets with donor restrictions		28	
	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	3,388,121	32	3,720,812	
33	Total liabilities and net assets/fund balances	4,679,892	33	4,932,873	

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	4,049,973
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,717,282
3	Revenue less expenses. Subtract line 2 from line 1	3	332,691
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,388,121
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,720,812

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
b 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	
c 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLORIDA, INC	Employer identification number 65-0007620
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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,492,395	3,670,638	3,671,269	3,768,540	4,014,905	18,617,747
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	3,492,395	3,670,638	3,671,269	3,768,540	4,014,905	18,617,747
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)						1,671,300
6 Public support. Subtract line 5 from line 4						16,946,447

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,492,395	3,670,638	3,671,269	3,768,540	4,014,905	18,617,747
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	593	629	1,949	5,116	11,968	20,255
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.)	8,145	8,150	16,520	14,200		47,015
11 Total support. Add lines 7 through 10						18,685,017
12 Gross receipts from related activities, etc. (see instructions)					12	76,237
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	90.70 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	92.90 %
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 line 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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—provide details in Part VI)	
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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 \$ **47,015**

Client Copy

Schedule B
(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors****u Attach to Form 990, Form 990-EZ, or Form 990-PF.**
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

**CHILDREN'S ADVOCACY CENTER OF
SOUTHWEST FLORIDA, INC**

Employer identification number

65-0007620

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck 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 33
- ¹
- /
- 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

CHILDREN'S ADVOCACY CENTER OF

Employer identification number

65-0007620

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	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, SW WASHINGTON DC 20201	\$ 733,269	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FLORIDA DEPARTMENT OF HEALTH 2585 MERCHANTS ROW BLVD TALLAHASSEE FL 32399	\$ 904,890	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED WAY OF LEE COUNTY 7275 CONCOURSE DRIVE FORT MYERS FL 33908	\$ 362,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FIDDLESTICKS FOUNDATION 15391 CANONGATE DRIVE FORT MYERS FL 33912	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OFFICE OF ATTORNEY GENERAL BUREAU OF VICTIM COMPENSATION THE CAPITAL, PL-01 TALLAHASSEE FL 32399	\$ 469,078	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FL STATE COURT SYSTEM FLORIDA NETWORK OF CHILDREN'S ADVOCA 2940 EAST PARK AVENUE, STE 1A TALLAHASSEE FL 32301	\$ 303,891	Person <input checked="" 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

2020

Open to Public Inspection

Name of the organization

CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLORIDA, INC

Employer identification number

65-0007620

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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. 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, 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?, 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)?, 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: u \$. 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. b 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, (ii) Assets included in Form 990, Part X. 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, b Assets included in Form 990, Part X.

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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
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	11,353	11,594	11,412	10,917	9,982
b Contributions					
c Net investment earnings, gains, and losses	3,435	17	435	752	1,171
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	288	257	253	257	236
g End of year balance	14,498	11,353	11,594	11,412	10,917

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:

- (i) Unrelated organizations
- (ii) Related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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		300,000		300,000
b Buildings		1,700,000	525,833	1,174,167
c Leasehold improvements		1,233,459	439,720	793,739
d Equipment		243,689	209,345	34,344
e Other		125,840	67,518	58,322
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	2,360,572

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-H).

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 9.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 9.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include Federal income taxes, PPP REFUNDABLE ADVANCE, COMPENSATED ABSENCES, ACCRUED SALARIES, and OTHER ACCRUED LIABILITIES.

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 [X]

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	4,049,973
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	4,049,973
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	4,049,973

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	3,717,282
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,717,282
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	3,717,282

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 X - FIN 48 FOOTNOTE

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE. THE ORGANIZATION IS A NOT-FOR-PROFIT FLORIDA CORPORATION AND THEREFORE IS NOT SUBJECT TO STATE INCOME TAX TAXES. THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES. THE ORGANIZATION REPORTS NO UNRELATED BUSINESS TAXABLE INCOME, HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES.

Part XIII Supplemental Information *(continued)*

Client Copy

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

2020**Open to Public
Inspection**

Name of the organization

**CHILDREN'S ADVOCACY CENTER OF
SOUTHWEST FLORIDA, INC**

Employer identification number

65-0007620**FORM 990 - ORGANIZATION'S MISSION**

SINCE 1981, CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLORIDA, INC. (CAC) HAS
ADVOCATED FOR A HEALTHY, SAFE COMMUNITY FOR CHILDREN THROUGH A
MULTIDISCIPLINARY TEAM APPROACH TO CHILD ABUSE AND NEGLECT. OUR MISSION IS
TO PROVIDE A COORDINATED RESPONSE TO CHILD VICTIMS OF ABUSE AND NEGLECT AND
IMPROVE THE LIVES OF AT-RISK CHILDREN AND THEIR FAMILIES THROUGH PREVENTION
SERVICES.

THE CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLORIDA OFFERS ABUSE
DETERMINATION SERVICES, THERAPEUTIC COUNSELING, PARENTING EDUCATION,
ADVOCACY, PET THERAPY, AND PREVENTION PROGRAMS IN LEE COUNTY. ABUSE
DETERMINATION SERVICES AND THERAPEUTIC COUNSELING ARE ALSO PROVIDED IN
HENDRY, GLADES, AND CHARLOTTE COUNTIES. CAC IS THE ONLY CHILDREN'S ADVOCACY
CENTER IN THE FOUR-COUNTY AREA. CAC IS ACCREDITED BY THE NATIONAL
CHILDREN'S ALLIANCE, AND ONE OF THE LARGEST CHILDREN'S ADVOCACY CENTERS IN
THE STATE OF FLORIDA.

FORM 990, PART I, LINE 6

BOARD OF DIRECTORS: 17 MEMBERS, PART TIME. THEY PROVIDE GOVERNANCE,
ATTEND AND WORK AT EVENTS (SUCH AS THANKSGIVING IN PINE MANOR), AND ACT AS
CONTACTS IN THE COMMUNITY TO PROMOTE THE AGENCY, AS WELL AS ASSIST IN
FUNDRAISING AND OBTAINING DONATIONS.

VOLUNTEERS TUTOR CHILDREN AT THE AFTER-SCHOOL/SUMMER PROGRAM; DISTRIBUTE
DONATIONS AND ASSIST CLIENTS AT THE EAST UNITED WAY HOUSE. INTERNS SHADOW
THERAPISTS AND FILE CASE NOTES.

Name of the organization

Employer identification number

CHILDREN'S ADVOCACY CENTER OF

65-0007620

FORM 990, PART III, LINE 4C - THIRD ACCOMPLISHMENT

THE PARENTING PROGRAM IS A PARENT EDUCATION PROGRAM FOR THE TREATMENT AND PREVENTION OF CHILD ABUSE. IT CONSISTS OF WEEKLY CLASSES IN ENGLISH, SPANISH, AND CREOLE. THE CLASSES ARE OFFERED TO FAMILIES INVOLVED IN THE DEPENDENCY SYSTEM AS WELL AS THOSE IN THE COMMUNITY LOOKING TO ENHANCE AND IMPROVE THEIR PARENTING ROLES. THE PROGRAM IS BASED ON THE EVIDENCE BASED CURRICULUM "NUTURING PARENTING PROGRAM". FREE CHILDCARE IS PROVIDED DURING CLASS.

THE PINE MANOR AFTERSCHOOL AND SUMMER PROGRAM IS A PREVENTION PROGRAM WHICH PROVIDES CURRICULUM-BASED ACTIVITIES FOR CHILDREN AGES 5-12 WHO RESIDE IN PINE MANOR. THE GOALS ARE TO KEEP CLIENTS SAFE AND HELP THEM REACH THEIR FULL POTENTIAL BY TEACHING THEM LITERACY SKILLS, SOCIAL SKILLS, AND CHARACTER BUILDING SKILLS.

EAST UNITED WAY HOUSE IS A MULTI-AGENCY OUTREACH CENTER OFFERING SOCIAL SERVICES WHICH REFLECT THE NEEDS OF THE EAST FORT MYERS COMMUNITY. THE MISSION OF EAST HOUSE IS TO STRENGTHEN FAMILIES BY COLLABORATING WITH COMMUNITY PARTNERS TO EMPOWER LOCAL RESIDENTS AND THEIR FAMILIES. EAST OPERATES PRIMARILY WITH THE HELP OF DEDICATED VOLUNTEERS WHO PROVIDE ASSISTANCE WITH APPLICATIONS FOR SOCIAL SERVICES, TRANSLATIONS, AND A VARIETY OF OTHER SERVICES. VOLUNTEERS ALSO INCLUDE DOG HANDLERS FOR OUR PET THERAPY PROGRAM.

BEESLEY'S PAW PRINTS THERAPY PROGRAM PROVIDES PUPPY LOBBY GREETERS, AND THERAPY DOGS IN INDIVIDUAL/GROUP SESSIONS AT THE CHILDREN'S ADVOCACY CENTER AND AT VARIOUS PARTNER LOCATIONS WITHIN THE COMMUNITY. THE PROGRAM ALSO PROVIDES PET THERAPY DOGS AT THE COURTHOUSE OF THE TWENTIETH JUDICIAL CIRCUIT. EACH OF OUR VOLUNTEER TEAMS OF HANDLERS/DOGS ARE REGISTERED AND INSURED THROUGH EITHER ALLIANCE OF THERAPY DOGS, THERAPY DOGS, INC., OR PET

Name of the organization

Employer identification number

CHILDREN'S ADVOCACY CENTER OF

65-0007620

PARTNERS.

FAMILY ADVOCACY PROGRAM PROVIDES ON-GOING SUPPORT TO CHILD VICTIMS AND THEIR NON-OFFENDING FAMILY MEMBERS. ADVOCATES ARE OFTEN WITH THE FAMILY THROUGHOUT THE CASE, PROVIDING SERVICES DURING THE INVESTIGATION, PROSECUTION AND BEYOND. SERVICES INCLUDE BUT ARE NOT LIMITED TO: SAFETY PLANNING, ASSESSMENT OF NEEDS AND CRIME COMPENSATION, ASSISTANCE IN LINKING/REFERRING TO SOCIAL SERVICES AND TRAUMA FOCUSED MENTAL HEALTH TREATMENT, PARTICIPATION IN CASE REVIEW, ENSURING THE SEAMLESS COORDINATION OF SERVICES, PROVISION OF INFORMATION REGARDING CASE STATUS AND COURT EDUCATION, AND FACILITATING COURTROOM TOURS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 ORGANIZATION IS PROVIDED A COPY OF THE RETURN TO REVIEW AND SIGN THE 8879 BEFORE THE RETURN IS EFILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY BOARD MEMBERS COMPLETE A QUESTIONNAIRE ANNUALLY DISCLOSING ANY POTENTIAL CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL CEO SALARY IS REVIEWED AND APPROVED BY THE BOARD. COMPENSATION IS BASED ON COMPARABLE DATA.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS KEY EMPLOYEES ARE REVIEWED BY THE CEO. COMPENSATION IS BASED ON COMPARABLE DATA.

Name of the organization

Employer identification number

CHILDREN'S ADVOCACY CENTER OF

65-0007620

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

Client Copy

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2020

Department of the Treasury
Internal Revenue Service (99)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. **179**

Name(s) shown on return **CHILDREN'S ADVOCACY CENTER OF
SOUTHWEST FLORIDA, INC**

Identifying number
65-0007620

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,590,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	12,217

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	81,035
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u <input type="checkbox"/>		

Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	256
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	93,508
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 25

26 Property used more than 50% in a qualified business use:

Table for line 26 with columns (a)-(i). Row 1: CHRYSLER TOWN & COUNTRY 2007, 01/08/16, 100.00%, 8,875, 4,438, 5.0, 200DBHY, 256.

27 Property used 50% or less in a qualified business use:

Table for line 27 with columns (a)-(i). Rows 1 and 2 show S/L- in column (g).

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 256

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a)-(f) for Vehicle 1-6. Rows 30-33 for miles driven, 34-36 for availability and use questions.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

Table for Section C with questions 37-41 and Yes/No columns.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section VI with columns (a)-(f): Description of costs, Date amortization begins, Amortizable amount, Code section, Amortization period or percentage, Amortization for this year.

42 Amortization of costs that begins during your 2020 tax year (see instructions):

43 Amortization of costs that began before your 2020 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
2034	Building	4/27/09	1,700,000				1,700,000	39	MM S/L	536,325	43,590
2036	Shelving system	4/27/09	23,337				23,337	39	MM S/L	6,707	598
2037	Design Build	4/27/09	12,500				12,500	39	MM S/L	3,592	321
2038	Target Builders #1-9	4/27/09	878,776				878,776	39	MM S/L	252,554	22,533
2039	JPG Structural Group #1-2	4/27/09	10,510				10,510	39	MM S/L	3,021	269
2040	Gold Coast Fire #1-2	4/27/09	12,286				12,286	39	MM S/L	3,531	315
2041	Telco #1-3	4/27/09	24,352				24,352	39	MMS/L	6,998	625
2042	Weeks Landscaping	4/27/09	7,925			X	3,962	15	HY S/L	7,000	265
2043	Custom Signs	4/27/09	4,098				4,098	39	MMS/L	1,178	105
2044	Digital Vidio audio system	4/27/09	54,588			X	27,294	7	MQ200DB	54,588	0
2045	Lounge sofa - square cube small	4/27/09	1,062			X	531	7	MQ200DB	1,062	0
2046	Lounge sofa end element right	4/27/09	1,419			X	709	7	MQ200DB	1,419	0
2047	Lounge sofa corner element	4/27/09	1,470			X	735	7	MQ200DB	1,470	0
2048	Lounge sofa with wave	4/27/09	1,572			X	786	7	MQ200DB	1,572	0
2049	Sofa Quarter (Rebello)	4/27/09	4,044			X	2,022	7	MQ200DB	4,044	0
2050	Replacement cover for Rebello	4/27/09	1,148			X	574	7	MQ200DB	1,148	0
2051	Sofa 2 seater	4/27/09	2,786			X	1,393	7	MQ200DB	2,786	0
2052	Credenza	4/27/09	2,747			X	1,373	7	MQ200DB	2,747	0
2053	Credenza	4/27/09	2,747			X	1,373	7	MQ200DB	2,747	0
2054	Presentation Cart	4/27/09	1,766			X	883	7	MQ200DB	1,766	0
2055	Desk and Hutch	4/27/09	4,434			X	2,217	7	MQ200DB	4,434	0
2056	IP Conference Phone	4/27/09	1,440			X	720	7	MQ200DB	1,440	0
2058	Precision T3400 Dell	5/15/09	2,657			X	1,328	5	MQ200DB	2,657	0
2059	19 @ 1,408 Dell Optiplex 960	5/15/09	26,752			X	13,376	5	MQ200DB	26,752	0
2060	Laptop Latitude E5500	5/15/09	1,538			X	769	5	MQ200DB	1,538	0
2061	Laptop Latitude E5500	5/15/09	1,538			X	769	5	MQ200DB	1,538	0
2062	Closets	4/27/09	7,606				7,606	39	MM S/L	2,186	195
2063	Blinds	4/27/09	2,338			X	1,169	15	HY S/L	2,065	78
2064	Target builders #10-11	6/03/09	119,073				119,073	39	MM S/L	33,712	3,053
2065	Roofing	1/26/10	89,601			X	44,800	15	HY 150DB	77,697	2,645
2066	Re-upholster chairs	4/12/11	4,447			X	0	7	MQ200DB	4,447	0
2067	3 ton A/C unit	5/25/11	3,884			X	0	15	HY S/L	3,884	0
2069	4-5 ton rooftop A/C units	11/29/11	21,400				21,400	15	HY S/L	12,127	1,426
2070	2 Ruud 13 SEER 5 ton A/C units	6/08/12	9,985			X	4,992	15	HY S/L	7,822	332
2071	Roofing	1/02/12	7,659			X	3,829	15	HY S/L	6,000	255
2072	Dell back-up drive	9/07/11	3,197			X	0	5	HY 200DB	3,197	0
2078	Dell VMWare for server	7/15/12	509			X	254	5	HY 200DB	509	0
2080	Dell Precision T1600 Base	7/15/12	1,214			X	607	5	HY 200DB	1,214	0
2081	Playground	5/13/13	31,576			X	15,788	15	HY S/L	23,682	1,053
2082	Windows Server 2012 R2 Essentials	12/10/13	1,200			X	600	5	HY 200DB	1,200	0
2083	Dell Sonic Wall - Server Upgrade	3/31/14	3,640			X	1,820	5	HY 200DB	3,640	0
2084	Windows Server 2012 R2 Standard	3/31/15	9,540			X	4,770	5	HY 200DB	9,540	0
2085	Office Professional Plus 2013	3/31/15	4,000			X	2,000	5	HY 200DB	4,000	0
2086	Closing costs First Citizens Bank	3/19/15	18,291			X	9,146	15	HY 150DB	13,161	540
2087	Dell - 898500364	11/05/15	3,372			X	1,686	5	HY 200DB	3,275	97
2089	Roof repairs - Crowther	12/14/15	2,485			X	1,242	15	HY S/L	1,615	83
2090	A/C RACA14060AJT000AA/F4215	2/09/16	5,588			X	2,794	15	HY S/L	3,632	186
2091	iRecord Universe Recording System	10/31/16	33,749			X	16,874	5	HY 200DB	30,833	1,944
2092	PowerEdge T430 Server	3/09/17	7,536			X	3,768	5	HY 200DB	6,885	434
2093	Dell Latitude 7280	5/08/17	1,618			X	809	5	HY 200DB	1,478	93
			<u>3,181,000</u>				<u>2,991,700</u>			<u>1,192,415</u>	<u>81,035</u>

Other Depreciation:

6	Exam Table & supplies	7/31/03	1,519				1,519	8	MO S/L	1,519	0
2032	Exam Table	6/17/08	4,045				4,045	5	MO S/L	4,045	0
2068	Land - 3830 Evans	4/27/09	300,000				300,000	0	-- Land	0	0
2073	Blackbaud GL software	5/01/13	2,500			X	1,250	3	MO Amort	2,500	0
2075	Office standard 2013 (50)	6/13/13	10,000			X	5,000	3	MO Amort	10,000	0
2095	Computer - CPT	7/01/17	1,384				1,384	5	MO S/L	830	277
2096	Computer (Val)	7/01/17	1,384				1,384	5	MO S/L	830	277
2097	Computer - Collins	10/01/17	1,358				1,358	5	MO S/L	747	272
2098	Computer - CPT	1/01/18	1,382				1,382	5	MO S/L	691	277
2099	Colposcope (Medical Equipment)	1/01/18	13,743				13,743	5	MO S/L	6,871	2,749
2100	Network for UW East	4/01/18	1,707				1,707	5	MO S/L	768	342
2101	Computer (Jill)	5/01/18	1,840				1,840	5	MO S/L	797	368
2102	WiFi Cable Install	6/30/18	1,443				1,443	5	MO S/L	577	289
2103	Microsoft Surface Pro (1)	6/30/18	1,081				1,081	5	MO S/L	432	217

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
2104	Microsoft Surface Pro (2)	6/30/18	2,171			2,171	5 MO S/L	868	435
2105	CRS project labor (wifi upgrade)	6/30/18	1,980			1,980	5 MO S/L	792	396
2106	Dell laptops (3)	6/30/18	3,055			3,055	5 MO S/L	1,222	611
2107	Microsoft Surface Pro (7)	6/30/18	7,923			7,923	5 MO S/L	3,169	1,585
2108	Farbic/Color Boards (2)	6/30/18	4,100			4,100	10 MO S/L	820	410
2109	Farbic/Coloer Boards (1)	6/30/18	1,300			1,300	10 MO S/L	260	130
2110	Conf Room Upgrades (incl A/V Equipment)	6/30/18	19,973			19,973	15 MO S/L	2,663	1,332
2111	Con Room Projector	6/30/18	2,835			2,835	5 MO S/L	1,134	567
2112	Microsoft Surface Pro (2)	6/30/18	2,198			2,198	5 MO S/L	879	440
2113	Industrial refrigerator/freezer	3/16/20	5,367			5,367	10 MO S/L	134	537
2114	A/C Unit for Prevention	6/01/20	3,130			3,130	10 MO S/L	26	313
2115	Nemeth AC Unit - 20-8177-1	1/11/21	5,580			5,580	10 MO S/L	0	279
2116	Nemeth AC Unit - 21-8038-1	4/27/21	3,615			3,615	10 MO S/L	0	60
2117	Nemeth AC Unit - 521-2021	5/21/21	6,500			6,500	10 MO S/L	0	54
Total Other Depreciation			<u>413,113</u>			<u>406,863</u>		<u>42,574</u>	<u>12,217</u>
Total ACRS and Other Depreciation			<u>413,113</u>			<u>406,863</u>		<u>42,574</u>	<u>12,217</u>
Listed Property:									
2088	Chrysler Town & Country 2007	1/08/16	8,875		X	4,438	5 HY 200DB	8,619	256
			<u>8,875</u>			<u>4,438</u>		<u>8,619</u>	<u>256</u>
Grand Totals			3,602,988			3,403,001		1,243,608	93,508
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>3,602,988</u>			<u>3,403,001</u>		<u>1,243,608</u>	<u>93,508</u>

Client Copy

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
2034	Building	4/27/09	1,700,000				1,700,000	39	MM S/L	536,325	43,590
2036	Shelving system	4/27/09	23,337				23,337	39	MM S/L	6,707	598
2037	Design Build	4/27/09	12,500				12,500	39	MM S/L	3,592	321
2038	Target Builders #1-9	4/27/09	878,776				878,776	39	MM S/L	252,554	22,533
2039	JPG Structural Group #1-2	4/27/09	10,510				10,510	39	MM S/L	3,021	269
2040	Gold Coast Fire #1-2	4/27/09	12,286				12,286	39	MM S/L	3,531	315
2041	Telco #1-3	4/27/09	24,352				24,352	39	MMS/L	6,998	625
2042	Weeks Landscaping	4/27/09	7,925			X	3,962	15	HY S/L	7,000	265
2043	Custom Signs	4/27/09	4,098				4,098	39	MMS/L	1,178	105
2044	Digital Vidio audio system	4/27/09	54,588			X	27,294	7	MQ200DB	54,588	0
2045	Lounge sofa - square cube small	4/27/09	1,062			X	531	7	MQ200DB	1,062	0
2046	Lounge sofa end element right	4/27/09	1,419			X	709	7	MQ200DB	1,419	0
2047	Lounge sofa corner element	4/27/09	1,470			X	735	7	MQ200DB	1,470	0
2048	Lounge sofa with wave	4/27/09	1,572			X	786	7	MQ200DB	1,572	0
2049	Sofa Quarter (Rebello)	4/27/09	4,044			X	2,022	7	MQ200DB	4,044	0
2050	Replacement cover for Rebello	4/27/09	1,148			X	574	7	MQ200DB	1,148	0
2051	Sofa 2 seater	4/27/09	2,786			X	1,393	7	MQ200DB	2,786	0
2052	Credenza	4/27/09	2,747			X	1,373	7	MQ200DB	2,747	0
2053	Credenza	4/27/09	2,747			X	1,373	7	MQ200DB	2,747	0
2054	Presentation Cart	4/27/09	1,766			X	883	7	MQ200DB	1,766	0
2055	Desk and Hutch	4/27/09	4,434			X	2,217	7	MQ200DB	4,434	0
2056	IP Conference Phone	4/27/09	1,440			X	720	7	MQ200DB	1,440	0
2058	Precision T3400 Dell	5/15/09	2,657			X	1,328	5	MQ200DB	2,657	0
2059	19 @ 1,408 Dell Optiplex 960	5/15/09	26,752			X	13,376	5	MQ200DB	26,752	0
2060	Laptop Latitude E5500	5/15/09	1,538			X	769	5	MQ200DB	1,538	0
2061	Laptop Latitude E5500	5/15/09	1,538			X	769	5	MQ200DB	1,538	0
2062	Closets	4/27/09	7,606				7,606	39	MM S/L	2,186	195
2063	Blinds	4/27/09	2,338			X	1,169	15	HY S/L	2,065	78
2064	Target builders #10-11	6/03/09	119,073				119,073	39	MM S/L	33,712	3,053
2065	Roofing	1/26/10	89,601			X	44,800	15	HY 150DB	77,697	2,645
2066	Re-upholster chairs	4/12/11	4,447			X	0	7	MQ200DB	4,447	0
2067	3 ton A/C unit	5/25/11	3,884			X	0	15	HY S/L	3,884	0
2069	4-5 ton rooftop A/C units	11/29/11	21,400				21,400	15	HY S/L	12,127	1,426
2070	2 Ruud 13 SEER 5 ton A/C units	6/08/12	9,985			X	4,992	15	HY S/L	7,822	332
2071	Roofing	1/02/12	7,659			X	3,829	15	HY S/L	6,000	255
2072	Dell back-up drive	9/07/11	3,197			X	0	5	HY 200DB	3,197	0
2078	Dell VMWare for server	7/15/12	509			X	254	5	HY 200DB	509	0
2080	Dell Precision T1600 Base	7/15/12	1,214			X	607	5	HY 200DB	1,214	0
2081	Playground	5/13/13	31,576			X	15,788	15	HY S/L	23,682	1,053
2082	Windows Server 2012 R2 Essentials	12/10/13	1,200			X	600	5	HY 200DB	1,200	0
2083	Dell Sonic Wall - Server Upgrade	3/31/14	3,640			X	1,820	5	HY 200DB	3,640	0
2084	Windows Server 2012 R2 Standard	3/31/15	9,540			X	4,770	5	HY 200DB	9,540	0
2085	Office Professional Plus 2013	3/31/15	4,000			X	2,000	5	HY 200DB	4,000	0
2086	Closing costs First Citizens Bank	3/19/15	18,291			X	9,146	15	HY 150DB	13,161	540
2087	Dell - 898500364	11/05/15	3,372			X	1,686	5	HY 200DB	3,275	97
2089	Roof repairs - Crowther	12/14/15	2,485			X	1,242	15	HY S/L	1,615	83
2090	A/C RACA14060AJT000AA/F4215	2/09/16	5,588			X	2,794	15	HY S/L	3,632	186
2091	iRecord Universe Recording System	10/31/16	33,749			X	16,874	5	HY 200DB	30,833	1,944
2092	PowerEdge T430 Server	3/09/17	7,536			X	3,768	5	HY 200DB	6,885	434
2093	Dell Latitude 7280	5/08/17	1,618			X	809	5	HY 200DB	1,478	93
2095	Computer - CPT	7/01/17	1,384			X	692	5	MQ200DB	1,222	76
2096	Computer (Val)	7/01/17	1,384			X	692	5	MQ200DB	1,222	76
2097	Computer - Collins	10/01/17	1,358			X	0	5	MQ200DB	1,358	0
2098	Computer - CPT	1/01/18	1,382			X	0	5	MQ200DB	1,382	0
2099	Colposcope (Medical Equipment)	1/01/18	13,743			X	0	5	MQ200DB	13,743	0
2100	Network for UW East	4/01/18	1,707			X	0	5	MQ200DB	1,707	0
2101	Computer (Jill)	5/01/18	1,840			X	0	5	MQ200DB	1,840	0
2102	WiFi Cable Install	6/30/18	1,443			X	0	5	MQ200DB	1,443	0
2103	Microsoft Surface Pro (1)	6/30/18	1,081			X	649	5	MQ200DB	859	89
2104	Microsoft Surface Pro (2)	6/30/18	2,171			X	0	5	MQ200DB	2,171	0
2105	CRS project labor (wifi upgrade)	6/30/18	1,980			X	0	5	MQ200DB	1,980	0
2106	Dell laptops (3)	6/30/18	3,055			X	0	5	MQ200DB	3,055	0
2107	Microsoft Surface Pro (7)	6/30/18	7,923			X	0	5	MQ200DB	7,923	0
2108	Fabric/Color Boards (2)	6/30/18	4,100			X	0	10	MQ200DB	4,100	0
2109	Fabric/Color Boards (1)	6/30/18	1,300			X	0	10	MQ200DB	1,300	0
2110	Conf Room Upgrades (incl A/V Equipment)	6/30/18	19,973			X	0	15	HY 150DB	19,973	0
2111	Con Room Projector	6/30/18	2,835			X	0	5	MQ200DB	2,835	0
2112	Microsoft Surface Pro (2)	6/30/18	2,198			X	0	5	MQ200DB	2,198	0

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
2113	Industrial refrigerator/freezer	3/16/20	5,367			X	0	7	HY 200DB	5,367	0
			<u>3,257,224</u>				<u>2,993,733</u>			<u>1,268,093</u>	<u>81,276</u>
Other Depreciation:											
6	Exam Table & supplies	7/31/03	0				0	0	HY	0	0
2032	Exam Table	6/17/08	0				0	0	HY	0	0
2068	Land - 3830 Evans	4/27/09	0				0	0	HY	0	0
2114	A/C Unit for Prevention	6/01/20	3,130				3,130	10	MO S/L	26	313
2115	Nemeth AC Unit - 20-8177-1	1/11/21	0				0	0	HY	0	0
2116	Nemeth AC Unit - 21-8038-1	4/27/21	0				0	0	HY	0	0
2117	Nemeth AC Unit - 521-2021	5/21/21	0				0	0	HY	0	0
	Total Other Depreciation		<u>3,130</u>				<u>3,130</u>			<u>26</u>	<u>313</u>
	Total ACRS and Other Depreciation		<u>3,130</u>				<u>3,130</u>			<u>26</u>	<u>313</u>
Listed Property:											
2088	Chrysler Town & Country 2007	1/08/16	8,875			X	4,438	5	HY 200DB	8,619	256
			<u>8,875</u>				<u>4,438</u>			<u>8,619</u>	<u>256</u>
	Grand Totals		<u>3,269,229</u>				<u>3,001,301</u>			<u>1,276,738</u>	<u>81,845</u>
	Less: Dispositions and Transfers		<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
	Net Grand Totals		<u>3,269,229</u>				<u>3,001,301</u>			<u>1,276,738</u>	<u>81,845</u>

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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
2042	Weeks Landscaping	4/27/09	7,925		0	0	3,963	3,962
2044	Digital Vidio audio system	4/27/09	54,588		0	0	27,294	27,294
2045	Lounge sofa - square cube small	4/27/09	1,062		0	0	531	531
2046	Lounge sofa end element right	4/27/09	1,419		0	0	710	709
2047	Lounge sofa corner element	4/27/09	1,470		0	0	735	735
2048	Lounge sofa with wave	4/27/09	1,572		0	0	786	786
2049	Sofa Quarter (Rebello)	4/27/09	4,044		0	0	2,022	2,022
2050	Replacement cover for Rebello	4/27/09	1,148		0	0	574	574
2051	Sofa 2 seater	4/27/09	2,786		0	0	1,393	1,393
2052	Credenza	4/27/09	2,747		0	0	1,374	1,373
2053	Credenza	4/27/09	2,747		0	0	1,374	1,373
2054	Presentation Cart	4/27/09	1,766		0	0	883	883
2055	Desk and Hutch	4/27/09	4,434		0	0	2,217	2,217
2056	IP Conference Phone	4/27/09	1,440		0	0	720	720
2058	Precision T3400 Dell	5/15/09	2,657		0	0	1,329	1,328
2059	19 @ 1,408 Dell Optiplex 960	5/15/09	26,752		0	0	13,376	13,376
2060	Laptop Latitude E5500	5/15/09	1,538		0	0	769	769
2061	Laptop Latitude E5500	5/15/09	1,538		0	0	769	769
2063	Blinds	4/27/09	2,338		0	0	1,169	1,169
2065	Roofing	1/26/10	89,601		0	0	44,801	44,800
2066	Re-upholster chairs	4/12/11	4,447		0	0	4,447	0
2067	3 ton A/C unit	5/25/11	3,884		0	0	3,884	0
2070	2 Ruud 13 SEER 5 ton A/C units	6/08/12	9,985		0	0	4,993	4,992
2071	Roofing	1/02/12	7,659		0	0	3,830	3,829
2072	Dell back-up drive	9/07/11	3,197		0	0	3,197	0
2073	Blackbaud GL software	5/01/13	2,500		0	0	1,250	1,250
2075	Office standard 2013 (50)	6/13/13	10,000		0	0	5,000	5,000
2078	Dell VMWare for server	7/15/12	509		0	0	255	254
2080	Dell Precision T1600 Base	7/15/12	1,214		0	0	607	607
2081	Playground	5/13/13	31,576		0	0	15,788	15,788
2082	Windows Server 2012 R2 Essentials	12/10/13	1,200		0	0	600	600
2083	Dell Sonic Wall - Server Upgrade	3/31/14	3,640		0	0	1,820	1,820
2084	Windows Server 2012 R2 Standard	3/31/15	9,540		0	0	4,770	4,770
2085	Office Professional Plus 2013	3/31/15	4,000		0	0	2,000	2,000
2086	Closing costs First Citizens Bank	3/19/15	18,291		0	0	9,145	9,146
2087	Dell - 898500364	11/05/15	3,372		0	0	1,686	1,686
2088	Chrysler Town & Country 2007	1/08/16	8,875	100	0	0	4,437	4,438
2089	Roof repairs - Crowther	12/14/15	2,485		0	0	1,243	1,242
2090	A/C RACA14060AJT000AA/F4215	2/09/16	5,588		0	0	2,794	2,794
2091	iRecord Universe Recording System	10/31/16	33,749		0	0	16,875	16,874
2092	PowerEdge T430 Server	3/09/17	7,536		0	0	3,768	3,768
2093	Dell Latitude 7280	5/08/17	1,618		0	0	809	809
2114	A/C Unit for Prevention	6/01/20	3,130		0	0	0	3,130
Grand Total			391,567		0	0	199,987	191,580

Depreciation Adjustment Report

FYE: 6/30/2021

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	2034	Building	43,590	43,590	0
Page 1	1	2036	Shelving system	598	598	0
Page 1	1	2037	Design Build	321	321	0
Page 1	1	2038	Target Builders #1-9	22,533	22,533	0
Page 1	1	2039	JPG Structural Group #1-2	269	269	0
Page 1	1	2040	Gold Coast Fire #1-2	315	315	0
Page 1	1	2041	Telco #1-3	625	625	0
Page 1	1	2042	Weeks Landscaping	265	265	0
Page 1	1	2043	Custom Signs	105	105	0
Page 1	1	2044	Digital Vidio audio system	0	0	0
Page 1	1	2045	Lounge sofa - square cube small	0	0	0
Page 1	1	2046	Lounge sofa end element right	0	0	0
Page 1	1	2047	Lounge sofa corner element	0	0	0
Page 1	1	2048	Lounge sofa with wave	0	0	0
Page 1	1	2049	Sofa Quarter (Rebello)	0	0	0
Page 1	1	2050	Replacement cover for Rebello	0	0	0
Page 1	1	2051	Sofa 2 seater	0	0	0
Page 1	1	2052	Credenza	0	0	0
Page 1	1	2053	Credenza	0	0	0
Page 1	1	2054	Presentation Cart	0	0	0
Page 1	1	2055	Desk and Hutch	0	0	0
Page 1	1	2056	IP Conference Phone	0	0	0
Page 1	1	2058	Precision T3400 Dell	0	0	0
Page 1	1	2059	19 @ 1,408 Dell Optiplex 960	0	0	0
Page 1	1	2060	Laptop Latitude E5500	0	0	0
Page 1	1	2061	Laptop Latitude E5500	0	0	0
Page 1	1	2062	Closets	195	195	0
Page 1	1	2063	Blinds	78	78	0
Page 1	1	2064	Target builders #10-11	3,053	3,053	0
Page 1	1	2065	Roofing	2,645	2,645	0
Page 1	1	2066	Re-upholster chairs	0	0	0
Page 1	1	2067	3 ton A/C unit	0	0	0
Page 1	1	2069	4-5 ton rooftop A/C units	1,426	1,426	0
Page 1	1	2070	2 Ruud 13 SEER 5 ton A/C units	332	332	0
Page 1	1	2071	Roofing	255	255	0
Page 1	1	2072	Dell back-up drive	0	0	0
Page 1	1	2078	Dell VMWare for server	0	0	0
Page 1	1	2080	Dell Precision T1600 Base	0	0	0
Page 1	1	2081	Playground	1,053	1,053	0
Page 1	1	2082	Windows Server 2012 R2 Essentials	0	0	0
Page 1	1	2083	Dell Sonic Wall - Server Upgrade	0	0	0
Page 1	1	2084	Windows Server 2012 R2 Standard	0	0	0
Page 1	1	2085	Office Professional Plus 2013	0	0	0
Page 1	1	2086	Closing costs First Citizens Bank	540	540	0
Page 1	1	2087	Dell - 898500364	97	97	0
Page 1	1	2088	Chrysler Town & Country 2007	256	256	0
Page 1	1	2089	Roof repairs - Crowther	83	83	0
Page 1	1	2090	A/C RACA14060AJT000AA/F4215	186	186	0
Page 1	1	2091	iRecord Universe Recording System	1,944	1,944	0
Page 1	1	2092	PowerEdge T430 Server	434	434	0
Page 1	1	2093	Dell Latitude 7280	93	93	0
				<u>81,291</u>	<u>81,291</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
2034	Building	4/27/09	1,700,000	43,589	43,589
2036	Shelving system	4/27/09	23,337	599	599
2037	Design Build	4/27/09	12,500	320	320
2038	Target Builders #1-9	4/27/09	878,776	22,533	22,533
2039	JPG Structural Group #1-2	4/27/09	10,510	270	270
2040	Gold Coast Fire #1-2	4/27/09	12,286	315	315
2041	Telco #1-3	4/27/09	24,352	624	624
2042	Weeks Landscaping	4/27/09	7,925	264	264
2043	Custom Signs	4/27/09	4,098	105	105
2044	Digital Vidio audio system	4/27/09	54,588	0	0
2045	Lounge sofa - square cube small	4/27/09	1,062	0	0
2046	Lounge sofa end element right	4/27/09	1,419	0	0
2047	Lounge sofa corner element	4/27/09	1,470	0	0
2048	Lounge sofa with wave	4/27/09	1,572	0	0
2049	Sofa Quarter (Rebello)	4/27/09	4,044	0	0
2050	Replacement cover for Rebello	4/27/09	1,148	0	0
2051	Sofa 2 seater	4/27/09	2,786	0	0
2052	Credenza	4/27/09	2,747	0	0
2053	Credenza	4/27/09	2,747	0	0
2054	Presentation Cart	4/27/09	1,766	0	0
2055	Desk and Hutch	4/27/09	4,434	0	0
2056	IP Conference Phone	4/27/09	1,440	0	0
2058	Precision T3400 Dell	5/15/09	2,657	0	0
2059	19 @ 1,408 Dell Optiplex 960	5/15/09	26,752	0	0
2060	Laptop Latitude E5500	5/15/09	1,538	0	0
2061	Laptop Latitude E5500	5/15/09	1,538	0	0
2062	Closets	4/27/09	7,606	195	195
2063	Blinds	4/27/09	2,338	78	78
2064	Target builders #10-11	6/03/09	119,073	3,053	3,053
2065	Roofing	1/26/10	89,601	2,646	2,646
2066	Re-upholster chairs	4/12/11	4,447	0	0
2067	3 ton A/C unit	5/25/11	3,884	0	0
2069	4-5 ton rooftop A/C units	11/29/11	21,400	1,427	1,427
2070	2 Ruud 13 SEER 5 ton A/C units	6/08/12	9,985	333	333
2071	Roofing	1/02/12	7,659	255	255
2072	Dell back-up drive	9/07/11	3,197	0	0
2078	Dell VMWare for server	7/15/12	509	0	0
2080	Dell Precision T1600 Base	7/15/12	1,214	0	0
2081	Playground	5/13/13	31,576	1,052	1,052
2082	Windows Server 2012 R2 Essentials	12/10/13	1,200	0	0
2083	Dell Sonic Wall - Server Upgrade	3/31/14	3,640	0	0
2084	Windows Server 2012 R2 Standard	3/31/15	9,540	0	0
2085	Office Professional Plus 2013	3/31/15	4,000	0	0
2086	Closing costs First Citizens Bank	3/19/15	18,291	540	540
2087	Dell - 898500364	11/05/15	3,372	0	0
2089	Roof repairs - Crowther	12/14/15	2,485	83	83
2090	A/C RACA14060AJT000AA/F4215	2/09/16	5,588	187	187
2091	iRecord Universe Recording System	10/31/16	33,749	972	972
2092	PowerEdge T430 Server	3/09/17	7,536	217	217
2093	Dell Latitude 7280	5/08/17	1,618	47	47
			<u>3,181,000</u>	<u>79,704</u>	<u>79,704</u>

Other Depreciation:

6	Exam Table & supplies	7/31/03	1,519	0	0
2032	Exam Table	6/17/08	4,045	0	0
2068	Land - 3830 Evans	4/27/09	300,000	0	0
2073	Blackbaud GL software	5/01/13	2,500	0	0
2075	Office standard 2013 (50)	6/13/13	10,000	0	0
2095	Computer - CPT	7/01/17	1,384	277	77
2096	Computer (Val)	7/01/17	1,384	277	77
2097	Computer - Collins	10/01/17	1,358	271	0
2098	Computer - CPT	1/01/18	1,382	276	0
2099	Colposcope (Medical Equipment)	1/01/18	13,743	2,748	0
2100	Network for UW East	4/01/18	1,707	341	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
2101	Computer (Jill)	5/01/18	1,840	368	0
2102	WiFi Cable Install	6/30/18	1,443	288	0
2103	Microsoft Surface Pro (1)	6/30/18	1,081	216	71
2104	Microsoft Surface Pro (2)	6/30/18	2,171	434	0
2105	CRS project labor (wifi upgrade)	6/30/18	1,980	396	0
2106	Dell laptops (3)	6/30/18	3,055	611	0
2107	Microsoft Surface Pro (7)	6/30/18	7,923	1,584	0
2108	Farbic/Color Boards (2)	6/30/18	4,100	410	0
2109	Farbic/Coloer Boards (1)	6/30/18	1,300	130	0
2110	Conf Room Upgrades (incl A/V Equipment)	6/30/18	19,973	1,331	0
2111	Con Room Projector	6/30/18	2,835	567	0
2112	Microsoft Surface Pro (2)	6/30/18	2,198	439	0
2113	Industrial refrigerator/freezer	3/16/20	5,367	537	0
2114	A/C Unit for Prevention	6/01/20	3,130	313	313
2115	Nemeth AC Unit - 20-8177-1	1/11/21	5,580	558	0
2116	Nemeth AC Unit - 21-8038-1	4/27/21	3,615	362	0
2117	Nemeth AC Unit - 521-2021	5/21/21	6,500	650	0
Total Other Depreciation			<u>413,113</u>	<u>13,384</u>	<u>538</u>
Total ACRS and Other Depreciation			<u>413,113</u>	<u>13,384</u>	<u>538</u>
Listed Property:					
2088	Chrysler Town & Country 2007	1/08/16	8,875	0	0
			<u>8,875</u>	<u>0</u>	<u>0</u>
Grand Totals			<u>3,602,988</u>	<u>93,088</u>	<u>80,242</u>

Form 990		Two Year Comparison Report		2019 & 2020	
Name		For calendar year 2020, or tax year beginning		, ending	
CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLORIDA, INC		07/01/20		06/30/21	
		Taxpayer Identification Number		65-0007620	
			2019	2020	Differences
Revenue	1. Contributions, gifts, grants	1.	954,020	1,597,933	643,913
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	2,814,520	2,416,972	-397,548
	4. Program service revenue	4.	15,385	22,830	7,445
	5. Investment income	5.	5,116	11,968	6,852
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.	12,847		-12,847
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.		270	270
	12. Total revenue. Add lines 1 through 11	12.	3,801,888	4,049,973	248,085
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	226,469	215,316	-11,153
	16. Salaries, other compensation, and employee benefits	16.	2,733,487	2,834,160	100,673
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	57,772	56,019	-1,753
	19. Occupancy, rent, utilities, and maintenance	19.	107,493	96,131	-11,362
	20. Depreciation and Depletion	20.	108,336	101,619	-6,717
	21. Other expenses	21.	341,580	414,037	72,457
	22. Total expenses. Add lines 13 through 21	22.	3,575,137	3,717,282	142,145
23. Excess or (Deficit). Subtract line 22 from line 12	23.	226,751	332,691	105,940	
Other Information	24. Total exempt revenue	24.	3,801,888	4,049,973	248,085
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	33,348	35,068	1,720
	27. Total assets	27.	4,679,892	4,932,873	252,981
	28. Total liabilities	28.	1,291,771	1,212,061	-79,710
	29. Retained earnings	29.	3,388,121	3,720,812	332,691
	30. Number of voting members of governing body	30.	13	12	
31. Number of independent voting members of governing body	31.	13	12		
32. Number of employees	32.	81	84		
33. Number of volunteers	33.	65	30		

Form	990	Tax Return History		2020
Name			Employer Identification Number	
CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLORIDA, INC			65-0007620	

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	3,492,395	3,670,638	3,671,269	3,768,540	4,014,905	
Membership dues						
Program service revenue	13,402	11,615	26,137	15,385	22,830	
Capital gain or loss	973	6	809			
Investment income	593	629	1,949	5,116	11,968	
Fundraising revenue (income/loss)	-4,152					
Gaming revenue (income/loss)	-1,079	1,588	11,759	12,847		
Other revenue					270	
Total revenue	3,502,132	3,684,476	3,711,923	3,801,888	4,049,973	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	130,724	132,194	223,626	226,469	215,316	
Other compensation	2,662,154	2,617,149	2,697,108	2,733,487	2,834,160	
Professional fees	71,581	65,221	46,846	57,772	56,019	
Occupancy costs	117,799	141,749	87,169	107,493	96,131	
Depreciation and depletion	110,724	111,869	117,667	108,336	101,619	
Other expenses	314,279	380,588	446,857	341,580	414,037	
Total expenses	3,407,261	3,448,770	3,619,273	3,575,137	3,717,282	
Excess or (Deficit)	94,871	235,706	92,650	226,751	332,691	
Total exempt revenue	3,502,132	3,684,476	3,711,923	3,801,888	4,049,973	
Total unrelated revenue						
Total excludable revenue	9,737	13,838	40,654	33,348	35,068	
Total Assets	3,998,394	4,078,708	3,930,887	4,679,892	4,932,873	
Total Liabilities	1,165,281	1,009,396	769,517	1,291,771	1,212,061	
Net Fund Balances	2,833,113	3,069,312	3,161,370	3,388,121	3,720,812	

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 INCOME	\$ 11,968		14			
TOTAL	<u>\$ 11,968</u>					

Client Copy

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TRANSCRIPTION	\$ 10,216	\$ 10,216	\$	\$
XRAY & LAB	3,530	3,530		
PROFESSIONAL FEES	7,012	7,012		
PROFESSIONAL FEES	8,342	8,342		
PROFESSIONAL FEES	2,078	2,078		
PENSION ADMIN FEES	1,454	1,454		
PENSION ADMIN FEES	718	718		
PENSION ADMIN FEES	407	407		
TRANSLATION	7,374	7,374		
TOTAL	\$ 41,131	\$ 41,131	\$ 0	\$ 0

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36160000 Children's Advocacy Center of
65-0007620
FYE: 6/30/2021

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
FL DEPT OF CHILDREN & FAMILIES	\$
FL DMV	4,955
CENTERS VOLUNTARY CONTRIBUTION	889
CONTRIBUTIONS	667,183
U.S. DEPARTMENT OF HEALTH AND CASH CONTRIBUTION	733,269
FLORIDA DEPARTMENT OF HEALTH CASH CONTRIBUTION	904,890
UNITED WAY OF LEE COUNTY CASH CONTRIBUTION	362,100
FIDDLESTICKS FOUNDATION CASH CONTRIBUTION	500,000
OFFICE OF ATTORNEY GENERAL CASH CONTRIBUTION	469,078
FL STATE COURT SYSTEM CASH CONTRIBUTION	303,891
SOUTHWEST FLORIDA COMMUNITY FOUNDATI CASH CONTRIBUTION	16,000
ARNOLD SIMONSEN FAMILY CASH CONTRIBUTION	30,000
BROOKE EVANS CASH CONTRIBUTION	7,650
FINEMARK BANK CASH CONTRIBUTION	5,000
SILCON VALLEY COMMUNITY CASH CONTRIBUTION	5,000
DANIEL & ANNE CASH CONTRIBUTION	5,000
TOTAL	<u>\$ 4,014,905</u>

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BOBBY NICHOLS FIDDLESTICKS FOUNDATIO	\$	\$
AUTHOR B. MCBRIDE, SENIOR FAMILY		
HILLARD FAMILY FOUNDATION		
FRANK ADAMS		
JOHN E AND ALIESE PRICE FOUNDATION		
EDISON NATIONAL BANK		
LIGHTHOUSE BAY CHARITY		
VERANDAH FUND		
THE GEORGE AND MAYO FOUNDATION		
FIDDLESTICKS FOUNDATION	2,045,000	1,671,300
VERANDA COMMUNITY ASSOCIATION		
RONALD MCDONALD HOUSE		
KAPPA DELTA	34,523	
WILDCATE RUN CHARITABLE FOUNDATION		
FLORIDA BLUE FOUNDATION	5,000	
PARENT EDUCATION		
CHILDREN'S HOSPITAL OF SW FLORIDA	67,200	
FAMILY FIRST	146,452	
SOUTHWEST FLORIDA COMMUNITY FOUNDATI	59,000	
LEE COUNTY SHERIFF OFFICE	15,000	
ARBY'S FOUNDATION	14,000	
ARNOLD SIMONSEN FAMILY	30,000	
BROOKE EVANS	7,650	
FINEMARK BANK	5,000	
SILCON VALLEY COMMUNITY	5,000	
DANIEL & ANNE	5,000	
TOTAL	<u>\$ 2,438,825</u>	<u>\$ 1,671,300</u>

36160000 Children's Advocacy Center of
65-0007620
FYE: 6/30/2021

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 11,968
TOTAL	<u>\$ 11,968</u>

Schedule A, Part II, Line 9(e)

Description	Amount
SAVAGE 4X4	\$
TOTAL	<u>\$ 0</u>

Schedule A, Part II, Line 10(e)

Description	Amount
HANDBAG BINGO	\$
TOTAL	<u>\$ 0</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
CLIENT AND AGENCY FEES	\$ 22,830
OTHER INCOME	270
TOTAL	<u>\$ 23,100</u>