

## Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning **07/01/16** , and ending **06/30/17**

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

65-0007620

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>2,738,242</b></u>
<b>Revenue</b>		
Contributions	<u>3,492,395</u>	
Program service revenue	<u>13,402</u>	
Investment income	<u>593</u>	
Capital gain / loss	<u>973</u>	
Fundraising / Gaming:		
Gross revenue	<u>8,145</u>	
Direct expenses	<u>13,376</u>	
Net income	<u>-5,231</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u><b>3,502,132</b></u>
<b>Expenses</b>		
Program services	<u>2,915,978</u>	
Management and general	<u>401,101</u>	
Fundraising	<u>90,182</u>	
<b>Total expenses</b>		<u><b>3,407,261</b></u>
<b>Excess / (deficit)</b>		<u><b>94,871</b></u>
Changes		<u>                    </u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>2,833,113</b></u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>3,515,509</u>
Less:	
Unrealized gains	<u>                    </u>
Donated services	<u>                    </u>
Recoveries	<u>                    </u>
Other	<u>13,377</u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total revenue per return</b>	<u><u>3,502,132</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>3,420,638</u>
Less:	
Donated services	<u>                    </u>
Prior year adjustments	<u>                    </u>
Losses	<u>                    </u>
Other	<u>13,377</u>
Plus:	
Investment expenses	<u>                    </u>
Other	<u>                    </u>
<b>Total expenses per return</b>	<u><u>3,407,261</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>3,920,171</u>	<u>3,998,394</u>	
Liabilities	<u>1,181,929</u>	<u>1,165,281</u>	
Net assets	<u><u>2,738,242</u></u>	<u><u>2,833,113</u></u>	<u><u>94,871</u></u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 05/15/18  
Failure to file penalty \_\_\_\_\_

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

January 26, 2018

**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, 2017

**Date Due:** May 15, 2018

**Remittance:** None is required. Your Form 990 for the tax year ended 6/30/17 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

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

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

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

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027



Form **8879-EO**

**IRS e-file Signature Authorization for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning 7/01, 2016, and ending 6/30, 20 17

**2016**

Department of the Treasury  
Internal Revenue Service

**u Do not send to the IRS. Keep for your records.**  
**u Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

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

Employer identification number

**65-0007620**

Name and title of officer

**JILL TURNER  
CEO**

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

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

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<b>3,502,132</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c)	<b>5b</b>	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

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

on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } **01/11/17**

**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.

**60968133912**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature } **JOHN STROEMER, CPA, CFST, CAM, GRI** Date } **01/11/17**

**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** (2016)

Form **990**

Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**Do not enter social security numbers on this form as it may be made public.**  
**Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**  
**Open to Public Inspection**

**A For the 2016 calendar year, or tax year beginning 07/01/16, and ending 06/30/17**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLORIDA, INC</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3830 EVANS AVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>FORT MYERS FL 33901</b>	<b>D</b> Employer identification number <b>65-0007620</b> <b>E</b> Telephone number <b>239-939-2808</b> <b>G</b> Gross receipts \$ <b>3,515,508</b>
<b>F</b> Name and address of principal officer: <b>JILL TURNER</b> <b>3830 EVANS AVENUE</b> <b>FORT MYERS FL 33901</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <b>t</b> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number <b>u</b>
<b>J</b> Website: <b>u WWW.CAC-SWFL.ORG</b>		<b>L</b> Year of formation: <b>1984</b> <b>M</b> State of legal domicile: <b>FL</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>18</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>18</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<b>80</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>60</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year <b>2,684,840</b>	Current Year <b>3,492,395</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>742,271</b>	<b>13,402</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>189</b>	<b>1,566</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>-5,231</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>3,427,300</b>	<b>3,502,132</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>2,834,951</b>	<b>2,792,878</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>90,182</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>618,326</b>	<b>614,383</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,453,277</b>	<b>3,407,261</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-25,977</b>	<b>94,871</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year <b>3,920,171</b>	End of Year <b>3,998,394</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,181,929</b>	<b>1,165,281</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,738,242</b>	<b>2,833,113</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JILL TURNER</b>	Date
	Type or print name and title <b>CEO</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOHN STROEMER, CPA, CFST, CAM, GRI</b>	Preparer's signature <b>JOHN STROEMER, CPA, CFST, CAM, GRI</b>	Date <b>01/26/18</b>	Check <input type="checkbox"/> if self-employed PTIN <b>P00102391</b>
	Firm's name } <b>STROEMER &amp; COMPANY</b>			Firm's EIN } <b>32-0394930</b>
	Firm's address } <b>14030 METROPOLIS AVE STE 200 FORT MYERS, FL 33912</b>			Phone no. <b>239-433-1002</b>

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

For Paperwork Reduction Act Notice, see the separate instructions.

**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 \$ **1,561,267** including grants of \$ ) (Revenue \$ **598** )

**THE CHILD PROTECTION TEAM (CPT) PROVIDES CRISIS INTERVENTION TO SUSPECTED VICTIMS OF ABUSE OR VIOLENT CRIMES. SERVICES INCLUDE MEDICAL EXAMS AND EVALUATIONS, FORENSIC INTERVIEWS, FAMILY ASSESSMENTS, PSYCHOLOGICAL EVALUATIONS, EXPERT COURT TESTIMONY. STAFF IS ON CALL 24 HOURS A DAY/7DAYS A WEEK. ALL SERVICES ARE FREE OF CHARGE. CHILDREN ARE REFERRED TO CPT BY THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF), THE AGENCY RESPONSIBLE FOR ANSWERING THE ABUSE HOTLINE. FOLLOWING THE ASSESSMENT, STAFF MAKES A RECOMMENDATION TO DCF AND LAW ENFORCEMENT (IF INVOLVED), WHO DETERMINE WHAT HAPPENS NEXT. CPT MEDICAL SERVICES PROVIDES COMPREHENSIVE MEDICAL ASSESSMENTS FOR CHILDREN WHO HAVE SUFFERED SOME TYPE OF ABUSE OR NEGLECT. THE GOAL OF THE ASSESSMENT IS TO DETECT, DIAGNOSE, DOCUMENT AND TREAT ANY**

4b (Code: ) (Expenses \$ **698,618** including grants of \$ ) (Revenue \$ **18** )

**FAMILY ALLIANCE IS A CHILD-FRIENDLY OUTPATIENT COUNSELING PROGRAM THAT PROVIDES THERAPEUTIC TREATMENT TO CHILDREN WHO HAVE BEEN ABUSED OR NEGLECTED, CHILDREN WHO HAVE WITNESSED OR EXPERIENCED FAMILY VIOLENCE OR A VIOLENT CRIME, NON-OFFENDING PARENTS, ADULT SURVIVORS OF CHILD ABUSE. 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.**

4c (Code: ) (Expenses \$ **656,093** including grants of \$ ) (Revenue \$ **828** )

**THE PREVENTION PROGRAM IS A VOLUNTARY VIOLENCE PREVENTION AND INTERVENTION PROGRAM DESIGNED TO PROVIDE FAMILIES WITH THE KNOWLEDGE, SKILLS AND SUPPORT THEY NEED TO MANAGE RISK FACTORS ASSOCIATED WITH VIOLENCE AND ABUSE. THE PROGRAM IS OFFERED TO PARENTS WHOSE CHILDREN ATTEND ONE OF FOUR DESIGNATED DAYCARES IN LEE AND HENDRY COUNTIES OR THE PINE MANOR AFTER SCHOOL AND SUMMER PROGRAM. PARTNERS IN PARENTING IS A PARENT EDUCATION PROGRAM BASED ON THE "NURTURING PARENTING PROGRAM", AN EVIDENCE-BASED CURRICULUM DEVELOPED BY DR. STEPHEN BAVOLEK, PHD FOR THE TREATMENT AND PREVENTION OF CHILD ABUSE. THE PROGRAM CONSISTS OF WEEKLY CLASSES (DAY AND EVENING) IN ENGLISH AND SPANISH AT SEVERAL LEE COUNTY LOCATIONS, FREE CHILDCARE FOR INFANTS AND TODDLERS IS ALSO PROVIDED. PINE MANOR AFTER-SCHOOL AND SUMMER**

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

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

4e Total program service expenses **u 2,915,978**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X



**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions of questions, and Yes/No columns. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

**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 in Schedule O. See instructions.  
 Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>18</b>		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>18</b>		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>X</b>	

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>12c</b>		<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u** **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **u**

**JILL TURNER** **3830 EVANS AVENUE** **FL 33901** **239-939-2808**  
**FORT MYERS**

**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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours 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) JILL TURNER	40.00									
CEO	0.00	X					115,864	0	17,364	
(2) BRUCE SCHULTZ	1.00									
MEMBER	0.00	X					0	0	0	
(3) CYNTHIA SHAFER	1.00									
MEMBER	0.00	X					0	0	0	
(4) DR MARTHA VALIANT	1.00									
MEMBER	0.00	X					0	0	0	
(5) ELIZABETH PAUL	1.00									
MEMBER	0.00	X					0	0	0	
(6) PAUL MARTIN	1.00									
MEMBER	0.00	X					0	0	0	
(7) PETER SEIF	1.00									
MEMBER	0.00	X					0	0	0	
(8) ROSEMARY MEZA	1.00									
MEMBER	0.00	X					0	0	0	
(9) JEFF GRADY	1.00									
SECRETARY	0.00	X		X			0	0	0	
(10) ANNE HANSEN	1.00									
MEMBER	0.00	X					0	0	0	
(11) LARRY HART	1.00									
MEMBER	0.00	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 (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) <b>KELLIE BURNS</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
(13) <b>CHARLES IDELSON</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
(14) <b>NOELLE BRANNING</b> ..... <b>PRESIDENT</b>	1.00 0.00	X		X				0	0	0
(15) <b>ANITA DUENAS</b> ..... <b>V PRESIDENT</b>	1.00 0.00	X		X				0	0	0
(16) <b>CANDIS LOVING</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
(17) <b>COLE PEACOCK</b> ..... <b>TREASURER</b>	1.00 0.00	X		X				0	0	0
(18) <b>MATTHEW ROEPSTORFF</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
(19) <b>JAKE SPANBERGER</b> ..... <b>MEMBER</b>	1.00 0.00	X						0	0	0
<b>1b Sub-total</b> .....								<b>115,864</b>		<b>17,364</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>115,864</b>		<b>17,364</b>

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b> 343,850					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 13,159					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 2,553,185					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 582,201					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b> 3,492,395					
	<b>Program Service Revenue</b>	<b>2a</b> CLIENT AND AGENCY FEES	Busn. Code	13,402	13,402		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b> 13,402					
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b> 593				593
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	973				
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)	973					
	<b>d</b> Net gain or (loss)	<b>u</b> 973		973			
	<b>8a</b> Gross income from fundraising events (not including \$ 13,159 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b> 4,152				
<b>c</b> Net income or (loss) from fundraising events		<b>u</b> -4,152				-4,152	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b> 8,145						
	<b>b</b> Less: direct expenses	<b>b</b> 9,224					
	<b>c</b> Net income or (loss) from gaming activities	<b>u</b> -1,079				-1,079	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
Miscellaneous Revenue		Busn. Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>						
<b>12 Total revenue.</b> See instructions.	<b>u</b> 3,502,132		14,375	0		-4,638	

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**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	130,724	110,435	16,424	3,865
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	2,076,320	1,754,064	260,860	61,396
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	138,155	115,636	17,197	5,322
9 Other employee benefits	277,956	232,648	34,600	10,708
10 Payroll taxes	169,723	143,929	21,405	4,389
11 Fees for services (non-employees):				
a Management				
b Legal	10,800	10,800		
c Accounting	14,239	14,239		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	46,542	45,865	517	160
12 Advertising and promotion	6,814	6,473	341	
13 Office expenses	159,257	140,712	17,024	1,521
14 Information technology	49,830	47,339	2,491	
15 Royalties				
16 Occupancy	117,799	95,289	21,922	588
17 Travel	43,267	41,507	327	1,433
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	110,724	104,634	5,536	554
23 Insurance	49,143	46,440	2,457	246
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>TRAINING &amp; EDUCATION</b>	5,968	5,968		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,407,261	2,915,978	401,101	90,182
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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**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	
<b>Assets</b>	1	Cash—non-interest bearing	67,260	1	427,111
	2	Savings and temporary cash investments	656,036	2	477,527
	3	Pledges and grants receivable, net	278,460	3	257,370
	4	Accounts receivable, net	2,029	4	919
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	650
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	68,860	9	62,923
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,519,470		
	b	Less: accumulated depreciation	10b 824,512	10c	2,694,958
	11	Investments—publicly traded securities	9,982	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	13,718	14	10,060
	15	Other assets. See Part IV, line 11	64,708	15	66,876
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,920,171	16	3,998,394	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	60,947	17	100,852
	18	Grants payable		18	
	19	Deferred revenue	1,735	19	6,030
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	980,457	23	866,198
	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	138,790	25	192,201
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,181,929	26	1,165,281
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	2,604,998	27	2,698,880
	28	Temporarily restricted net assets	133,244	28	134,233
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	2,738,242	33	2,833,113	
34	<b>Total liabilities and net assets/fund balances</b>	3,920,171	34	3,998,394	



**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>3,502,132</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>3,407,261</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>94,871</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>2,738,242</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>2,833,113</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		<b>X</b>
<b>b</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	<b>X</b>	
<b>c</b> 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 in Schedule O.	<b>X</b>	
<b>3a</b> 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?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<b>X</b>	

Client Copy



**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.

**2016**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization <b>CHILDREN'S ADVOCACY CENTER OF SOUTHWEST FLORIDA, INC</b>	Employer identification number <b>65-0007620</b>
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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)						
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,203,879	2,119,241	2,657,977	2,684,840	3,492,395	13,158,332
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,203,879	2,119,241	2,657,977	2,684,840	3,492,395	13,158,332
<b>5</b> 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)						1,508,554
<b>6</b> Public support. Subtract line 5 from line 4.						11,649,778

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4	2,203,879	2,119,241	2,657,977	2,684,840	3,492,395	13,158,332
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,188	1,655	1,735	646	593	5,817
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					8,145	8,145
<b>11 Total support.</b> Add lines 7 through 10						13,172,294

**12** Gross receipts from related activities, etc. (see instructions) 12 13,402

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	88.44 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14	<b>15</b>	99.94 %

**16a 33 1/3% support test—2016.** 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 ▶

**b 33 1/3% support test—2015.** 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 ▶

**17a 10%-facts-and-circumstances test—2016.** 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 ▶

**b 10%-facts-and-circumstances test—2015.** 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 ▶

**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 ▶

**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) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

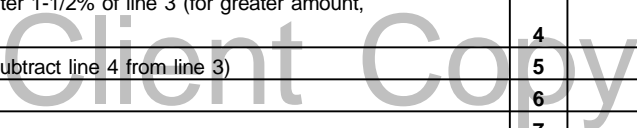
1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).





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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 .....			
d From 2014 .....			
e From 2015 .....			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 .....			
c Excess from 2014 .....			
d Excess from 2015 .....			
e Excess from 2016 .....			

**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.)

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 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

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 foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub> % 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, 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	LEE COUNTY DEPARTMENT OF HUMAN SERVICES 2440 THOMPSON STREET FORT MYERS FL 33901	\$ 373,989	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES 200 INDEPENDENCE AVE, SW WASHINGTON DC 20201	\$ 635,986	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. DEPARTMENT OF JUSTICE 950 PENNSYLVANIA AVE, NW WASHINGTON DC 20530-0001	\$ 229,967	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNITED WAY OF LEE COUNTY 7275 CONCOURSE DRIVE FORT MYERS FL 33908	\$ 343,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FIDDLESTICKS FOUNDATION 15391 CANONGATE DRIVE FORT MYERS FL 33912	\$ 325,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FLORIDA DEPARTMENT OF HEALTH CHILD PROTECTION TEAM 4052 BALD CYPRESS WAY TALLAHASSEE FL 32399	\$ 684,893	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

Name of organization <b>CHILDREN'S ADVOCACY CENTER OF</b>	Employer identification number <b>65-0007620</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<b>FL STATE COURT SYSTEM</b> <b>FLORIDA NETWORK OF CHILDREN'S ADVOCA</b> <b>2940 EAST PARK AVENUE, STE 1A</b>  <b>TALLAHASSEE FL 32301</b>	\$ 393,898	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<b>FAMILY FIRST</b> <b>CHILD CARE OF SW FLORIDA, INC.</b> <b>6831 PALISADES PARK COURT, STE. 6</b>  <b>FORT MYERS FL 33912</b>	\$ 115,170	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<b>OFFICE OF ATTORNEY GENERAL</b> <b>BEREAU OF VICTIM COMPENSATION</b> <b>THE CAPITAL, PL-01</b>  <b>TALLAHASSEE FL 32399</b>	\$ 169,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Client Copy

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 Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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... Yes No, 6 Did the organization inform all grantees... Yes No.

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, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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 SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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 are a 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 programs
- 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
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**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
<b>1a</b> Beginning of year balance .....	9,982	12,939	12,999	11,571	10,542
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....	1,171	-171	236	1,723	1,299
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....		2,500			
<b>f</b> Administrative expenses .....	236	286	296	295	270
<b>g</b> End of year balance .....	10,917	9,982	12,939	12,999	11,571

**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** Temporarily restricted 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
<b>3a(i)</b>		<b>X</b>
<b>3a(ii)</b>		<b>X</b>
<b>3b</b>		

**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
<b>1a</b> Land .....		300,000		300,000
<b>b</b> Buildings .....		1,700,000	355,833	1,344,167
<b>c</b> Leasehold improvements .....		1,233,460	288,659	944,801
<b>d</b> Equipment .....		286,010	180,020	105,990
<b>e</b> Other .....				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u** **2,694,958**

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>COMPENSATED ABSENCES</b>	<b>98,623</b>
(3) <b>OTHER ACCRUED LIABILITIES</b>	<b>48,781</b>
(4) <b>ACCRUED SALARIES</b>	<b>44,797</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) <b>u</b>	<b>192,201</b>

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>3,515,509</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>13,377</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>13,377</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>3,502,132</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>3,502,132</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>3,420,638</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>13,377</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>13,377</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>3,407,261</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>3,407,261</b>

**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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**FUNDRASING EXPENSES** \$ **13,377**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**FUNDRASING EXPENSES** \$ **13,377**

**Part XIII** Supplemental Information *(continued)*

Client Copy

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public  
Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

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

Employer identification number

**65-0007620**

**FORM 990 - ORGANIZATION'S MISSION**

TO IMPROVE THE LIVES OF CHILDREN AND THEIR FAMILIES THROUGH A COORDINATED  
RESPONSE TO CHILD ABUSE AND NEGLECT. CAC OFFERS ABUSE DETERMINATION  
SERVICES AS WELL AS THERAPEUTIC COUNSELING, PARENTING EDUCATION, AND  
PREVENTION PROGRAMS IN LEE, HENDRY, GLADES, AND CHARLOTTE COUNTIES. IT IS  
THE ONLY CHILDREN'S ADVOCACY CENTER IN THE FOUR-COUNTY AREA ACCREDITED BY  
THE NATIONAL CHILDREN'S ALLIANCE, AND ONE OF THE LARGEST IN THE STATE.

**FORM 990, PART I, LINE 6**

BOARD OF DIRECTORS: 15 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.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

INJURIES OR CONDITIONS THAT MAY HAVE RESULTED FROM SUSPECTED ABUSE OR  
NEGLECT.

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

PROGRAM IS A PREVENTION-BASED PROGRAM WHICH PROVIDES CURRICULUM-BASED  
ACTIVITIES FOR CHILDREN AGES 5-12 WHO RESIDE IN PINE MANOR. THE GOALS OF

Name of the organization

Employer identification number

CHILDREN'S ADVOCACY CENTER OF

65-0007620

THE PROGRAM ARE TO KEEP CLIENTS SAFE AND HELP THEM REACH THEIR FULL POTENTIAL BY TEACHING THEM LITERACY SKILLS, SOCIAL SKILLS AND CHARACTER-BUILDING SKILLS. THE EAST UNITED WAY HOUSE IS A MULTI-AGENCY OUTREACH CENTER OFFERING SOCIAL SERVICES WHICH REFLECT THE NEEDS OF THE EAST FORT MYERS COMMUNITY.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT

ADOLESCENT RELAPSE PREVENTION PROGRAM - PROVIDES TREATMENT SERVICES FOR JUVENILE SEX OFFENDERS THROUGH GROUP THERAPY.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

BRUCE SCHULTZ

12670 CREEKSIDE LANE, SUITE 101

FORT MYERS, FL 33919

Client Copy

CYNTHIA SHAFER

15054 BONAIRE CIRCLE

FORT MYERS, FL 33908

ELIZABETH PAUL

13823 LILY PAD CIRCLE

FORT MYERS, FL 33907

PAUL MARTIN

12201 RIVER VILLAGE WAY

FORT MYERS, FL 33905

Name of the organization

Employer identification number

CHILDREN'S ADVOCACY CENTER OF

65-0007620

PETER SEIF

10970 S CLEVELAND AVE, 406

FORT MYERS, FL 33907

ROSEMARY MEZA

10501 FGCU BLVD SOUTH

FORT MYERS, FL 33965

JEFF GRADDY

19309 PINE GLEN DRIVE

FORT MYERS, FL 33967

ANNE HANSEN

5646 SOLERA COURT

FORT MYERS, FL 33919

Client Copy

LARRY HART

2480 THOMPSON STREET

FORT MYERS, FL 33901

RICHARD DURNWALD

8191 COLLEGE PARKWAY #206

FORT MYERS, FL 33919

KELLIE BURNS

3719 CENTRAL AVENUE

FORT MYERS, FL 33901

Name of the organization

Employer identification number

CHILDREN'S ADVOCACY CENTER OF

65-0007620

CHARLES IDELSON

12800 UNIVERSITY DR, SUITE 125

FORT MYERS, FL 33907

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.

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

GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FUNDRASING EXPENSES \$ 13,377

FUNDRASING EXPENSES \$ -13,377

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**

u Attach to your tax return.

u Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

OMB No. 1545-0172

**2016**

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	<b>500,000</b>
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	<b>2,010,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 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 2017. 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	<b>21,452</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**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 2016	17	<b>81,711</b>
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"/>		

**Section B—Assets Placed in Service During 2016 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		<b>21,451</b>	<b>5.0</b>	<b>HY</b>	<b>200DB</b>	<b>4,290</b>
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	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>1,420</b>
22	<b>Total.</b> 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	<b>108,873</b>
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, certain computers, 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
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (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: CHRYSLER TOWN & COUNTRY 2007 01/08/16 100.00% 8,875 4,438 5.0 200DBHY 1,420
27 Property used 50% or less in a qualified business use: S/L- S/L-
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 1,420
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.

30 Total business/investment miles driven during the year (don't include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6

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).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
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

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year (see instructions):
43 Amortization of costs that began before your 2016 tax year 43
44 Total. Add amounts in column (f). See the instructions for where to report 44



## 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
<b>5-year GDS Property:</b>									
2091	iRecord Universe Recording System	10/31/16	33,749		X	16,874	5 HY 200DB	0	20,249
2092	PowerEdge T430 Server	3/09/17	7,536		X	3,768	5 HY 200DB	0	4,522
2093	Dell Latitude 7280	5/08/17	1,618		X	809	5 HY 200DB	0	971
			<u>42,903</u>			<u>21,451</u>		<u>0</u>	<u>25,742</u>
<b>Prior MACRS:</b>									
2034	Building	4/27/09	1,700,000			1,700,000	39 MMS/L	361,966	43,590
2036	Shelving system	4/27/09	23,337			23,337	39 MMS/L	4,313	599
2037	Design Build	4/27/09	12,500			12,500	39 MMS/L	2,310	321
2038	Target Builders #1-9	4/27/09	878,776			878,776	39 MMS/L	162,423	22,533
2039	JPG Structural Group #1-2	4/27/09	10,510			10,510	39 MMS/L	1,943	269
2040	Gold Coast Fire #1-2	4/27/09	12,286			12,286	39 MMS/L	2,271	315
2041	Telco #1-3	4/27/09	24,352			24,352	39 MMS/L	4,501	624
2042	Weeks Landscaping	4/27/09	7,925		X	3,962	15 HY S/L	5,944	264
2043	Custom Signs	4/27/09	4,098			4,098	39 MMS/L	758	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 MMS/L	1,406	195
2063	Blinds	4/27/09	2,338		X	1,169	15 HY S/L	1,753	78
2064	Target builders #10-11	6/03/09	119,073			119,073	39 MMS/L	21,499	3,053
2065	Roofing	1/26/10	89,601		X	44,800	15 HY 150DB	67,115	2,646
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	6,420	1,427
2070	2 Ruud 13 SEER 5 ton A/C units	6/08/12	9,985		X	4,992	15 HY S/L	6,490	333
2071	Roofing	1/02/12	7,659		X	3,829	15 HY S/L	4,978	256
2072	Dell back-up drive	9/07/11	3,197		X	0	5 HY 200DB	3,197	0
2074	Dell Latitude Laptop 6JXCGS1	11/06/12	1,038		X	519	5 HY 200DB	948	60
2076	CRS project labor for new server	7/30/12	3,720		X	1,860	5 HY 200DB	3,399	214
2077	HP Networking Switch	7/15/12	643		X	322	5 HY 200DB	587	37
2078	Dell VMWare for server	7/15/12	509		X	254	5 HY 200DB	465	29
2079	PowerEdge R720	7/15/12	8,156		X	4,078	5 HY 200DB	7,451	470
2080	Dell Precision T1600 Base	7/15/12	1,214		X	607	5 HY 200DB	1,109	70
2081	Playground	5/13/13	31,576		X	15,788	15 HY S/L	19,472	1,053
2082	Windows Server 2012 R2 Essentials	12/10/13	1,200		X	600	5 HY 200DB	1,027	69
2083	Dell Sonic Wall - Server Upgrade	3/31/14	3,640		X	1,820	5 HY 200DB	3,116	210
2084	Windows Server 2012 R2 Standard	3/31/15	9,540		X	4,770	5 HY 200DB	7,250	916
2085	Office Professional Plus 2013	3/31/15	4,000		X	2,000	5 HY 200DB	3,040	384
2086	Closing costs First Citizens Bank	3/19/15	18,291		X	9,146	15 HY 150DB	10,471	782
2087	Dell - 898500364	11/05/15	3,372		X	1,686	5 HY 200DB	2,023	540
2089	Roof repairs - Crowther	12/14/15	2,485		X	1,242	15 HY S/L	1,284	83
2090	A/C RACA14060AJT000AA/F4215	2/09/16	5,588		X	2,794	15 HY S/L	2,887	186
2094	Miscellaneous asset	4/27/09	2,285		X	1,142	5 HY 200DB	2,285	0
			<u>3,153,939</u>			<u>2,978,170</u>		<u>848,140</u>	<u>81,711</u>
<b>Other Depreciation:</b>									
5	COLPOSCOPE	5/13/04	13,979			13,979	8 MO S/L	13,979	0
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

**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
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
<b>Total Other Depreciation</b>			<u>332,043</u>			<u>325,793</u>		<u>32,043</u>	<u>0</u>
<b>Total ACRS and Other Depreciation</b>			<u>332,043</u>			<u>325,793</u>		<u>32,043</u>	<u>0</u>
<b>Listed Property:</b>									
2088	Chrysler Town & Country 2007	1/08/16	8,875		X	4,438	5 HY 200DB	5,325	1,420
			<u>8,875</u>			<u>4,438</u>		<u>5,325</u>	<u>1,420</u>
<b>Grand Totals</b>			3,537,760			3,329,852		885,508	108,873
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>3,537,760</u>			<u>3,329,852</u>		<u>885,508</u>	<u>108,873</u>

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Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>									
2091	iRecord Universe Recording System	10/31/16	33,749		X	16,874	5 HY 200DB	0	20,249
2092	PowerEdge T430 Server	3/09/17	7,536		X	3,768	5 HY 200DB	0	4,522
2093	Dell Latitude 7280	5/08/17	1,618		X	809	5 HY 200DB	0	971
			<u>42,903</u>			<u>21,451</u>		<u>0</u>	<u>25,742</u>
<b>Prior MACRS:</b>									
2034	Building	4/27/09	1,700,000			1,700,000	39 MMS/L	361,966	43,590
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2040	Gold Coast Fire #1-2	4/27/09	12,286			12,286	39 MMS/L	2,271	315
2041	Telco #1-3	4/27/09	24,352			24,352	39 MMS/L	4,501	624
2042	Weeks Landscaping	4/27/09	7,925		X	3,962	15 HY S/L	5,944	264
2043	Custom Signs	4/27/09	4,098			4,098	39 MMS/L	758	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 MMS/L	1,406	195
2063	Blinds	4/27/09	2,338		X	1,169	15 HY S/L	1,753	78
2064	Target builders #10-11	6/03/09	119,073			119,073	39 MMS/L	21,499	3,053
2065	Roofing	1/26/10	89,601		X	44,800	15 HY 150DB	67,115	2,646
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	6,420	1,427
2070	2 Ruud 13 SEER 5 ton A/C units	6/08/12	9,985		X	4,992	15 HY S/L	6,490	333
2071	Roofing	1/02/12	7,659		X	3,829	15 HY S/L	4,978	256
2072	Dell back-up drive	9/07/11	3,197		X	0	5 HY 200DB	3,197	0
2074	Dell Latitude Laptop 6JXCGS1	11/06/12	1,038		X	519	5 HY 200DB	948	60
2076	CRS project labor for new server	7/30/12	3,720		X	1,860	5 HY 200DB	3,399	214
2077	HP Networking Switch	7/15/12	643		X	322	5 HY 200DB	587	37
2078	Dell VMWare for server	7/15/12	509		X	254	5 HY 200DB	465	29
2079	PowerEdge R720	7/15/12	8,156		X	4,078	5 HY 200DB	7,451	470
2080	Dell Precision T1600 Base	7/15/12	1,214		X	607	5 HY 200DB	1,109	70
2081	Playground	5/13/13	31,576		X	15,788	15 HY S/L	19,472	1,053
2082	Windows Server 2012 R2 Essentials	12/10/13	1,200		X	600	5 HY 200DB	1,027	69
2083	Dell Sonic Wall - Server Upgrade	3/31/14	3,640		X	1,820	5 HY 200DB	3,116	210
2084	Windows Server 2012 R2 Standard	3/31/15	9,540		X	4,770	5 HY 200DB	7,250	916
2085	Office Professional Plus 2013	3/31/15	4,000		X	2,000	5 HY 200DB	3,040	384
2086	Closing costs First Citizens Bank	3/19/15	18,291		X	9,146	15 HY 150DB	10,471	782
2087	Dell - 898500364	11/05/15	3,372		X	1,686	5 HY 200DB	2,023	540
2089	Roof repairs - Crowther	12/14/15	2,485		X	1,242	15 HY S/L	1,284	83
2090	A/C RACA14060AJT000AA/F4215	2/09/16	5,588		X	2,794	15 HY S/L	2,887	186
2094	Miscellaneous asset	4/27/09	2,285		X	1,142	5 HY 200DB	2,285	0
			<u>3,153,939</u>			<u>2,978,170</u>		<u>848,140</u>	<u>81,711</u>

**Other Depreciation:**

5	COLPOSCOPE	5/13/04	0			0	0 HY	0	0
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

**AMT Asset Report****Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	Per Conv Meth	Prior	Current
	<b>Total Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Listed Property:</b>									
2088	Chrysler Town & Country 2007	1/08/16	8,875		X	4,438	5 HY 200DB	5,325	1,420
			<u>8,875</u>			<u>4,438</u>		<u>5,325</u>	<u>1,420</u>
	<b>Grand Totals</b>		3,205,717			3,004,059		853,465	108,873
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>3,205,717</u>			<u>3,004,059</u>		<u>853,465</u>	<u>108,873</u>

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**Bonus Depreciation Report**

FYE: 6/30/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<b>Activity: Form 990, Page 1</b>								
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
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
2081	Playground	5/13/13	31,576		0	0	15,788	15,788
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
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
2072	Dell back-up drive	9/07/11	3,197		0	0	3,197	0
2074	Dell Latitutde Laptop 6JXCGS1	11/06/12	1,038		0	0	519	519
2076	CRS project labor for new server	7/30/12	3,720		0	0	1,860	1,860
2077	HP Networking Switch	7/15/12	643		0	0	321	322
2078	Dell VMWare for server	7/15/12	509		0	0	255	254
2079	PowerEdge R720	7/15/12	8,156		0	0	4,078	4,078
2080	Dell Precision T1600 Base	7/15/12	1,214		0	0	607	607
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
2091	iRecord Universe Recording System	10/31/16	33,749		0	16,875	0	16,874
2092	PowerEdge T430 Server	3/09/17	7,536		0	3,768	0	3,768
2093	Dell Latitude 7280	5/08/17	1,618		0	809	0	809
2094	Miscellaneous asset	4/27/09	2,285		0	0	1,143	1,142
<b>Form 990, Page 1</b>			<u>404,279</u>		<u>0</u>	<u>21,452</u>	<u>186,456</u>	<u>196,371</u>
<b>Grand Total</b>			<u>404,279</u>		<u>0</u>	<u>21,452</u>	<u>186,456</u>	<u>196,371</u>

**Depreciation Adjustment Report****All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<b>MACRS Adjustments:</b>						
Page 1	1	2034	Building	43,590	43,590	0
Page 1	1	2036	Shelving system	599	599	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	624	624	0
Page 1	1	2042	Weeks Landscaping	264	264	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	2,646	2,646	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	1,427	1,427	0
Page 1	1	2070	2 Ruud 13 SEER 5 ton A/C units	333	333	0
Page 1	1	2071	Roofing	256	256	0
Page 1	1	2072	Dell back-up drive	0	0	0
Page 1	1	2074	Dell Latitude Laptop 6JXCGS1	60	60	0
Page 1	1	2076	CRS project labor for new server	214	214	0
Page 1	1	2077	HP Networking Switch	37	37	0
Page 1	1	2078	Dell VMWare for server	29	29	0
Page 1	1	2079	PowerEdge R720	470	470	0
Page 1	1	2080	Dell Precision T1600 Base	70	70	0
Page 1	1	2081	Playground	1,053	1,053	0
Page 1	1	2082	Windows Server 2012 R2 Essentials	69	69	0
Page 1	1	2083	Dell Sonic Wall - Server Upgrade	210	210	0
Page 1	1	2084	Windows Server 2012 R2 Standard	916	916	0
Page 1	1	2085	Office Professional Plus 2013	384	384	0
Page 1	1	2086	Closing costs First Citizens Bank	782	782	0
Page 1	1	2087	Dell - 898500364	540	540	0
Page 1	1	2088	Chrysler Town & Country 2007	1,420	1,420	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	20,249	20,249	0
Page 1	1	2092	PowerEdge T430 Server	4,522	4,522	0
Page 1	1	2093	Dell Latitude 7280	971	971	0
Page 1	1	2094	Miscellaneous asset	0	0	0
				<u>108,873</u>	<u>108,873</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
2034	Building	4/27/09	1,700,000	43,589	43,589
2036	Shelving system	4/27/09	23,337	598	598
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	625	625
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	3,054	3,054
2065	Roofing	1/26/10	89,601	2,645	2,645
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	1,426	1,426
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
2074	Dell Latitude Laptop 6JXCGS1	11/06/12	1,038	30	30
2076	CRS project labor for new server	7/30/12	3,720	107	107
2077	HP Networking Switch	7/15/12	643	19	19
2078	Dell VMWare for server	7/15/12	509	15	15
2079	PowerEdge R720	7/15/12	8,156	235	235
2080	Dell Precision T1600 Base	7/15/12	1,214	35	35
2081	Playground	5/13/13	31,576	1,052	1,052
2082	Windows Server 2012 R2 Essentials	12/10/13	1,200	69	69
2083	Dell Sonic Wall - Server Upgrade	3/31/14	3,640	210	210
2084	Windows Server 2012 R2 Standard	3/31/15	9,540	550	550
2085	Office Professional Plus 2013	3/31/15	4,000	230	230
2086	Closing costs First Citizens Bank	3/19/15	18,291	704	704
2087	Dell - 898500364	11/05/15	3,372	323	323
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	5,400	5,400
2092	PowerEdge T430 Server	3/09/17	7,536	1,205	1,205
2093	Dell Latitude 7280	5/08/17	1,618	258	258
2094	Miscellaneous asset	4/27/09	2,285	0	0
			<u>3,196,842</u>	<u>87,317</u>	<u>87,317</u>

**Other Depreciation:**

5	COLPOSCOPE	5/13/04	13,979	0	0
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

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
	<b>Total Other Depreciation</b>		<u>332,043</u>	<u>0</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>332,043</u>	<u>0</u>	<u>0</u>
<b>Listed Property:</b>					
2088	Chrysler Town & Country 2007	1/08/16	<u>8,875</u>	<u>852</u>	<u>852</u>
			<u>8,875</u>	<u>852</u>	<u>852</u>
	<b>Grand Totals</b>		<u>3,537,760</u>	<u>88,169</u>	<u>88,169</u>

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**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 593		14			
TOTAL	<u>\$ 593</u>					

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**Federal Statements**

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TRANSCRIPTION	\$ 12,667	\$ 12,667	\$	\$
XRAY & LAB	3,235	3,235		
PSYCHOLOGICAL SERVICES	3,080	3,080		
PROFESSIONAL FEES	12,526	12,526		
PROFESSIONAL FEES	7,290	7,290		
PROFESSIONAL FEES	3,589	3,589		
PENSION ADMIN FEES	1,711	1,711		
PENSION ADMIN FEES	889	889		
PENSION ADMIN FEES	878	878		
	677		517	160
TOTAL	\$ <u>46,542</u>	\$ <u>45,865</u>	\$ <u>517</u>	\$ <u>160</u>

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Schedule A, Part II, Line 1(e)

Description	Amount
FL DEPT OF CHILDREN & FAMILIES	\$ 8,065
FL DMV	9,237
CONTRIBUTIONS	39,709
OTHER GRANTS	1,325
LEE COUNTY DEPARTMENT OF HUMAN CASH CONTRIBUTION	373,989
U.S. DEPARTMENT OF HEALTH AND CASH CONTRIBUTION	635,986
U.S. DEPARTMENT OF JUSTICE CASH CONTRIBUTION	229,967
UNITED WAY OF LEE COUNTY CASH CONTRIBUTION	343,850
VERANDAH FUND CASH CONTRIBUTION	12,000
THE GEORGE AND MAYO FOUNDATION CASH CONTRIBUTION	10,000
FIDDLESTICKS FOUNDATION CASH CONTRIBUTION	325,000
VERANDA COMMUNITY ASSOCIATION CASH CONTRIBUTION	5,576
RONALD MCDONALD HOUSE CASH CONTRIBUTION	5,500
KAPPA DELTA CASH CONTRIBUTION	16,237
WILDCATE RUN CHARITABLE FOUNDATION CASH CONTRIBUTION	10,000
FLORIDA DEPARTMENT OF HEALTH CASH CONTRIBUTION	684,893
FL STATE COURT SYSTEM CASH CONTRIBUTION	393,898
CHARLOTTE COUNTY HUMAN SERVICES DEPT CASH CONTRIBUTION	29,400
CHILDREN'S HOSPITAL OF SW FLORIDA CASH CONTRIBUTION	21,900
HENDRY COUNTY SOCIAL SERVICES CASH CONTRIBUTION	18,250
FAMILY FIRST CASH CONTRIBUTION	115,170

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

<u>Description</u>	<u>Amount</u>
OFFICE OF ATTORNEY GENERAL CASH CONTRIBUTION	\$ 169,500
HANDBAG BINGO CASH CONTRIBUTION	19,784
SAVAGE 4X4 CASH CONTRIBUTION	<u>13,159</u>
TOTAL	<u>\$ 3,492,395</u>

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**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BOBBY NICHOLS FOUNDATION	\$ 1,772,000	\$ 1,508,554
WILDCAT RUN	60,000	
TOTAL	<u>\$ 1,832,000</u>	<u>\$ 1,508,554</u>

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### Federal Statements

#### Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST INCOME	\$ 593
TOTAL	\$ 593

#### Schedule A, Part II, Line 9(e)

Description	Amount
SAVAGE 4X4	\$ -4,152
LESS: DEDUCTIONS	-1,000
TOTAL	\$ -5,152

#### Schedule A, Part II, Line 10(e)

Description	Amount
HANDBAG BINGO	\$ 8,145
TOTAL	\$ 8,145

#### Schedule A, Part II, Line 12 - Current year

Description	Amount
CLIENT AND AGENCY FEES	\$ 13,402
TOTAL	\$ 13,402