Form **8868** 

(Rev. January 2022)

### Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

File a separate application for each return. Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) COLLIER COUNTY CHILD ADVOCACY print 65-0049492 COUNCIL, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1036 SIXTH AVE. N. return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions NAPLES, FL 34102 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) ROB WILKINSON The books are in the care of ► 1036 6TH AVENUE NORTH - NAPLES, FL 34102 Telephone No. ► 239-263-8383 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box 🕨 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until \_\_\_\_ MAY 15, 2023 to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year JUN 30, 2022 ► X tax year beginning JUL 1, 2021 and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions. LHA

Form 8868 (Rev. 1-2022)

instructions

#### \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

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

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

OMB No. 1545-0047

ΑF	or the	ء 2021 calendar year, or tax year beginning اكال $1$ , $2$ $2$ $1$ and enc	ل ding	UN 30, 2022					
<b>B</b> c	Check if applicable	COLLIER COUNTY CHILD ADVOCACY		D Employer identific	cation number				
	Addres change Name			65 00404	• •				
	_∫chang∈ ⊤Initial		/	65-00494					
	return _Final	Number and street (or P.O. box if mail is not delivered to street address)  1036 SIXTH AVE. N.	om/suite	E Telephone number 239-263-					
	⊥return/ termin ated			G Gross receipts \$	2,515,708.				
	Ameno			H(a) Is this a group re					
	Application	F Name and address of principal officer: JACQUELINE GRIFFITH	STEP	for subordinates					
	pendin	1036 OTH AVENUE NORTH, NAPLES, FL 34102		H(b) Are all subordinates in	cluded? Yes No				
		empt status: $X$ 501(c)(3) $D$ 501(c) ( ) $\Box$ (insert no.) $D$ 4947(a)(1) or $D$	527	If "No," attach a	list. See instructions				
		e: ▶ WWW.CACCOLLIER.ORG		H(c) Group exemptio					
		organization: X Corporation	<b>L</b> Year o	of formation: 1986 N	<b>1</b> State of legal domicile: ${f FL}$				
Po	art I	Summary	ינות פי		A DITCED				
ė	1	Briefly describe the organization's mission or most significant activities: <u>IMPROV</u> CHILDREN IN COLLIER COUNTY AND CREATE A COM							
Governance	2	Check this box  if the organization discontinued its operations or disposed							
veri	3	Number of voting members of the governing body (Part VI, line 1a)		1 1	6				
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			6				
م د		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			25				
iŧie		Total number of volunteers (estimate if necessary)			11				
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_ <b>⋖</b> 		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
Revenue	8	Contributions and grants (Part VIII, line 1h)		2,002,911.	2,401,654.				
	I	Program service revenue (Part VIII, line 2g)		56,719.	78,303.				
Şe,		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,129.	1,512.				
-	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35.	-35,340.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,061,794.	2,446,129.				
	I	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1 649 412	1 722 202				
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,648,412.	1,723,302.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  ▶ 131,721		0.	0.				
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		374,435.	476,835.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,022,847.	2,200,137.				
	I	Revenue less expenses. Subtract line 18 from line 12		38,947.	245,992.				
or es			Beg	inning of Current Year	End of Year				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,864,448.	2,086,678.				
ASS	21	Total liabilities (Part X, line 26)		252,792.	235,192.				
		Net assets or fund balances. Subtract line 21 from line 20		1,611,656.	1,851,486.				
	art II	Signature Block							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is				
true,	, correc	t, and complete. Dieckfallon of preparer (other than officer) is based on all information of which	preparer I	nas any knowledge. 5/15/202	73				
C:	_	Jacqueline Griffith Stephens		Date					
Sig: Her		Signature of officer  AAOA10A743FD4DD  JACQUELINE GRIFFITH STEPHENS, CEO		2410					
Hei	6	Type or print name and title							
	Print/Type preparer's name Preparer's signature Date Check PTIN								
Paid AMELIA COOPER AMELIA COOPER 05/12/23 self-employed P00437898									
Preparer Firm's name ► CLIFTONLARSONALLEN LLP Firm's EIN ► 41-0746749									
	Use Only Firm's address 4501 TAMIAMI TRAIL NORTH, SUITE 200								
		NAPLES, FL 34103-3548		Phone no. 23	9-262-8686				
Мау	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No				

COUNCIL, INC. 65-0049492 Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: THE MISSION OF THE ORGANIZATION IS TO IMPROVE THE LIVES OF ABUSED CHILDREN IN COLLIER COUNTY AND THE VISION IS TO CREATE A COMMUNITY WHERE CHILD ABUSE IS NOT TOLERATED. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? \_\_\_\_\_\_\_ Yes X No If "Yes," describe these changes on Schedule O. 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. 1,798,984. including grants of \$ (Code: \_\_\_\_\_ ) (Expenses \$ \_\_\_\_ ) (Revenue \$ \_ THE CHILD PROTECTION TEAM IS A MEDICALLY DIRECTED TEAM DEDICATED TO EVALUATING ABUSE VICTIMS AND AIDING IN THE PROSECUTION OF PERPETRATORS. COUNSELING SERVICES PROVIDE THE ONLY COUNSELING SERVICES IN COLLIER COUNTY SPECIFICALLY DESIGNED FOR TREATING THE TRAUMA THAT IS BROUGHT ABOUT BY ABUSE. THE FAMILY SAFETY PROGRAM PROVIDES A SAFE PLACE FOR SUPERVISED EXCHANGES AND SAFE VISITS FOR VICTIMS OF DOMESTIC VIOLENCE FOCUSING ON THE SAFETY AND WELL BEING OF THE CHILDREN INVOLVED. (Code: ) (Expenses \$ including grants of \$ (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ Other program services (Describe on Schedule O.) including grants of \$

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1,798,984.

Form 990 (2021)

Form 990 (2021) Part IV | Checklist of Required Schedules

COUNCIL, INC. 65-0049492 Page 3

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A ..... 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 11d Part X, line 16? If "Yes," complete Schedule D, Part IX 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

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Form 990 (2021)

Form 990 (2021) COUNCIL, INC.

Part IV | Checklist of Required Schedules (c

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I a	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	000		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_^
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	· · ·	23	х	
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			۱
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	200		x
h	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			₩.
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	<sub> </sub> 30	- 22	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
b		_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
132004	4 12-09-21	Form	990	(2021

COUNCIL, INC. Form 990 (2021)
Part V Statements 65-0049492 Page 5

Par	Statements Regarding Other IRS Fillings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			7.7			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7.7			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		3,7			
	any contributions that were not tax deductible as charitable contributions?	6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
_	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).			37			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		3,7			
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year	7e					
e	, , , , , , , , , , , , , , , , , , , ,						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		_			
_	, , , , , , , , , , , , , , , , , , , ,						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
•	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.	00					
_	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a					
b 10		9b					
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
-	amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

COUNCIL. INC. 65-0049492 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 6 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 6 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a

#### **Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed ightharpoonup FL

exempt status with respect to such arrangements?

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website Upon request Uton request Other (explain on Schedule O)

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

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records ROB WILKINSON - 239-263-8383

1036 6TH AVENUE NORTH, NAPLES, FL 34102

Form **990** (2021)

16h

Form 990 (2021) COUNCIL, INC. 65-0049492

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

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

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

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

See the instructions for the order in which to list the persons above.

	r the organization nor any related organization compensa						sate					
(A)	(B)	verage Position (do not check more than one box, unless person is both an afficer and person is both and person is both an afficer and person is both an aff			C)			(D)	(E)	(F)		
Name and title	Average					one	Reportable	Reportable compensation	Estimated amount of			
	hours per				s both	n an	compensation					
	week		l a		l	ector/trustee)		from	from related	other		
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	Individual trustee or director	Institutional trustee		/ee	mpen		1099-NEC)	1033 (VEO)	and related		
	below	dualt	ution	<u></u>	Key employee	st co	-ie			organizations		
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			_		
(1) JACQUELINE GRIFFITH STEPHENS	40.00											
CEO				X				126,211.	0.	29,088.		
(2) PAMELA CARDEC	40.00											
CFO				Х				95,923.	0.	17,914.		
(3) BRAD BOAZ	3.00											
PRESIDENT		Х		X				0.	0.	0.		
(4) CHRIS ROBERTS	3.00											
VICE PRESIDENT		Х		Х				0.	0.	0.		
(5) MAURICE SHEA	3.00											
TREASURER		Х		Х				0.	0.	0.		
(6) TIM KUTZ	3.00											
SECRETARY		Х		Х				0.	0.	0.		
(7) DAVID GORDLEY	3.00											
DIRECTOR		Х						0.	0.	0.		
(8) TERRY KELLY	3.00											
DIRECTOR		Х						0.	0.	0.		
		1										
		-										
		-										
		-										
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										<b>– 000</b> (222 t)		

Form **990** (2021)

<u> Page</u> **7** 

65-0049492 Page 8 COUNCIL, INC. Form 990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C)				(D) (E)			(F)				
Name and title	Average	Position (do not check more than one		Reportable Reportable			Es	timate	d				
	hours per week	box	, unles	ss per	rson i	s both	an	compensation	compensatio	- 1		ount o	of
	(list any	tor						from the	from related organizations			ion	
	hours for	r direc	r direc			pe		organization	(W-2/1099-MIS			om the	
	related	stee o	truste			bensa		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations below	ual tru	tional		ploye	st com	_	1099-NEC)				d relate Inizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ıı ıızatıc	1113
		_	_		_								
1b Subtotal							<b>&gt;</b>	222,134.		0.	4	7,00	
c Total from continuation sheets to Part V							<b>&gt;</b>	0.		0.	4 '	7 00	0.
d Total (add lines 1b and 1c)							<b>▶</b>	222,134.	000 of reportable		4	7,00	14.
compensation from the organization	ot illilited to tri	ose	IISLE	u au	ove	;) vvi i	o re	ceived more than \$100,	ooo or reportable				1
compensation from the organization												Yes	No
3 Did the organization list any former officer	director, truste	ee, k	кеу е	mpl	oye	e, or	hig	hest compensated emp	oyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	•		•					•	•				
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a	•				•			· ·			5		х
rendered to the organization? If "Yes." con Section B. Independent Contractors	iplete Schedule	e <i>J f</i>	or su	ich ŗ	oers	on .					5		
Complete this table for your five highest co	mpensated ind	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
(A)				_				(B)			(C		
Name and business	address	N	ONE	<u> </u>				Description of s	ervices		omper	nsation	1
							$\dashv$						
2 Total number of independent contractors (i	ncludina but no	ot lin	nited	l to 1	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	•				(								
											_ (	aan 🔑	

Form **990** (2021)

Form 990 (2021)

COUNCIL, INC. 65-0049492

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 36,911. 1 a Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1b **b** Membership dues 89,862 c Fundraising events ..... 1c d Related organizations 1d 886,364. e Government grants (contributions) 1e f All other contributions, gifts, grants, and ,388,517 similar amounts not included above 1f 6,996. g Noncash contributions included in lines 1a-1f 2,401,654. h Total. Add lines 1a-1f **Business Code** 46,875. 46,875. 2 a COLLIER COUNTY 624100 Program Service b CRIMES COMPENSATION 624100 23,500. 23,500. 5,550. c SUPERVISED VISIT-CHILD 624100 5,550. 624100 1,668. 1,668. d PARTNERS IN PARENTING e THERAPEUTIC VISITATION 710. 710. 624100 f All other program service revenue 78,303. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1,223. 1,223. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 289. assets other than inventory 7a b Less: cost or other basis 0 Other Revenue and sales expenses ...... 7b 289. 7с c Gain or (loss) 289. 289. d Net gain or (loss) 8 a Gross income from fundraising events (not 89,<u>862.</u> of including \$ contributions reported on line 1c). See 28,296. Part IV, line 18 68.729. **b** Less: direct expenses ..... -40,433.-40,433. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 5,803. Part IV, line 19 850. 9b **b** Less: direct expenses 4,953. 4,953. c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a OTHER INCOME 900099 140. 140 b d All other revenue 140. e Total. Add lines 11a-11d 2,446,129. 78,303. -33,828. Total revenue. See instructions 12

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Form **990** (2021)

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Form 990 (2021) COUNCIL, INC.

Part IX | Statement of Functional Expenses

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Part IX Statement of Functional Expenses								
Sect	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).				
	Check if Schedule O contains a respons			(0)	(D)			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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,	270 022	226 261	25 410	10 052			
_	trustees, and key employees	279,832.	226,361.	35,419.	18,052.			
6	Compensation not included above to disqualified							
	persons (as defined under section 4958(f)(1)) and							
-	persons described in section 4958(c)(3)(B)	1,156,402.	935,443.	146,365.	74,594.			
7	Other salaries and wages	1,130,404.	900,440•	140,303.	14,334•			
8	Pension plan accruals and contributions (include	30,926.	26,905.	2,598.	1 // 2			
•	section 401(k) and 403(b) employer contributions)	154,973.	133,227.	14,130.	1,423. 7,616.			
9	Other employee benefits	101,169.	82,143.	12,283.	6,743.			
10	Payroll taxes	101,109.	02,143.	12,203.	0,743.			
11	Fees for services (nonemployees):							
a	Management							
b	Legal	15,654.		15,654.				
	Accounting	13,034.		13,034.				
d	Lobbying Professional fundraising services. See Part IV, line 17							
•								
f	Other. (If line 11g amount exceeds 10% of line 25,							
g	column (A), amount, list line 11g expenses on Sch 0.)	108,683.	94,293.	13,764.	626.			
12	Advertising and promotion	39,619.	30,000.	200.	626. 9,419.			
13	Office expenses	526.	30,000.	526.	J, 41J.			
14	Information technology	3200		3201				
15	Royalties							
16	Occupancy	30,678.	28,194.	1,358.	1,126.			
17	Travel	10,796.	10,677.	119.				
18	Payments of travel or entertainment expenses							
.5	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings	14,540.	13,386.	1,154.				
20	Interest	9,059.	8,244.	453.	362.			
21	Payments to affiliates	,	,					
22	Depreciation, depletion, and amortization	84,053.	75,647.	4,203.	4,203.			
23	Insurance	31,885.	28,802.	1,817.	1,266.			
24	Other expenses. Itemize expenses not covered							
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A).							
	amount, list line 24e expenses on Schedule 0.)							
а	REPAIRS AND MAINTENANCE	45,725.	41,759.	2,316.	1,650.			
b	SUPPLIES	36,366.	27,637.	5,031.	3,698.			
С	DUES AND SUBSCRIPTIONS	33,802.	22,404.	11,021.	377.			
d	TELEPHONE	15,449.	13,862.	1,021.	566.			
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	2,200,137.	1,798,984.	269,432.	131,721.			
26	Joint costs. Complete this line only if the organization				<u> </u>			
	reported in column (B) joint costs from a combined							
	educational campaign and fundraising solicitation.							
	Check here if following SOP 98-2 (ASC 958-720)							
12201	) 12-09-21			-	Form <b>990</b> (2021)			

Form 990 (2021)
Part X | Balance Sheet

COUNCIL, INC.

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Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		712,191.	1	453,072	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		1,306.	3	1,306 409,951	
	4	Accounts receivable, net			289,740.	4	409,951
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	ontributor, or 35%				
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual	ified pers				
		under section 4958(f)(1)), and persons describe	ion 4958(c)(3)(B)		6		
ທ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
AS	9	Donatal distriction of the second			21,221.	9	16,524
	10a	Land, buildings, and equipment: cost or other			·		·
		basis. Complete Part VI of Schedule D	10a	1,791,664.			
	b	Less: accumulated depreciation	10b	1,791,664.	805,560.	10c	1,176,511
	11	Investments - publicly traded securities			34,430.	11	1,176,511 29,314
	12	Investments - other securities. See Part IV, line		·	12	•	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	l l		14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			1,864,448.	16	2,086,678
	17	Accounts payable and accrued expenses			28,208.	17	23,686
	18	Grants payable		-	18		
	19	Deferred revenue		58,676.	19	48,803	
	20	Tax-exempt bond liabilities		·	20	•	
	21	Escrow or custodial account liability. Complete				21	
,	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				22	
ן בֿ	23	Secured mortgages and notes payable to unrel	-		165,908.	23	162,703
	24	Unsecured notes and loans payable to unrelate			-	24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	-				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			252,792.	26	235,192
		Organizations that follow FASB ASC 958, che					
es		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			1,305,626.	27	1,763,718
	28	Net assets with donor restrictions			306,030.	28	87,768
<u> </u>		Organizations that do not follow FASB ASC 9					
2		and complete lines 29 through 33.					
ַ בַּ	29	Capital stock or trust principal, or current funds	;			29	
jer.	30	Paid-in or capital surplus, or land, building, or e				30	
Ä	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,611,656.	32	1,851,486
-	33	Total liabilities and net assets/fund balances			1,864,448.	33	2,086,678
							Form <b>990</b> (20

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

COUNCIL, INC. 65-0049492 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 2,446,129. Total revenue (must equal Part VIII, column (A), line 12) 1 2,200,137. Total expenses (must equal Part IX, column (A), line 25) 2 2 245,992. Revenue less expenses. Subtract line 2 from line 1 3 3 1,611,656. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -6,162 5 5 Net unrealized gains (losses) on investments Donated services and use of facilities 6 6 7 7 Investment expenses 8 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 1,851,486. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes Nο X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a 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: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b 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: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? Х b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

132012 12-09-21

Form 990 (2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

**Employer identification number** Name of the organization COLLIER COUNTY CHILD ADVOCACY COUNCIL INC. 65-0049492 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990) 2021

COUNCIL, INC.

65-0049492 Page 2

#### 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.)

Sec	ction A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and				, ,		
	membership fees received. (Do not						
	include any "unusual grants.")	2070082.	1904176.	2100205.	2002911.	2401654.	10479028.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		10011-0				
4	Total. Add lines 1 through 3	2070082.	1904176.	2100205.	2002911.	2401654.	10479028.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1045000
	Public support. Subtract line 5 from line 4.						10479028.
	etion B. Total Support	( ) 22/2	(1) 22.12	( ) 22/2	( , , , , , , ,		
	ndar year (or fiscal year beginning in)	(a) 2017 2070082.	(b) 2018 1904176.	(c) 2019 2100205.	(d) 2020 2002911.	(e) 2021	(f) Total 10479028.
	Amounts from line 4	2070002.	1904170.	2100203.	2002911.	2401034.	104/9020.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1,271.	5,299.	6,459.	1,532.	1,223.	15,784.
_	and income from similar sources	1,2/1.	3,433.	0,433.	1,332.	1,223.	13,704.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on  Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	33,612.	44,613.	403.	35.	140.	78,803.
11	Total support. Add lines 7 through 10	3370121	11/0131	1031	33.		10573615.
	Gross receipts from related activities,	etc (see instructio	ne)			12	271,169.
	First 5 years. If the Form 990 is for th	•					
	organization, check this box and <b>stop</b>	_					
Sec	ction C. Computation of Public						
	Public support percentage for 2021 (li			olumn (f))		14	99.11 %
	Public support percentage from 2020					15	97.54 %
	33 1/3% support test - 2021. If the o					ore, check this bo	•
	stop here. The organization qualifies a	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition			<b>&gt;</b>
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part '	VI how the organiz	zation
	meets the facts-and-circumstances tes	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	ck this box and st	<b>op here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	▶∐
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u>s</u>

Schedule A (Form 990) 2021

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COUNCIL, INC.

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#### 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 be Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and			,		,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to						
the organization without charge					+	<del>                                     </del>
6 Total. Add lines 1 through 5						<del> </del>
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6			, ,		,	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
Section C. Computation of Public	Support Per	rcentage				
15 Public support percentage for 2021 (lin	ne 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>21</b> (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an <b>b 33 1/3% support tests - 2020.</b> If the						
line 18 is not more than 33 1/3%, chec						
20 Private foundation. If the organization						

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COUNCIL, INC.

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#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Vac	No
	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
r.		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
.00		
10b		
le A (Forn	n 990)	2021

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Pai	t IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? <i>If</i> "Yes." <i>describe in</i> <b>Part VI</b> <i>the role the organization's</i>			
	· · · · · · · · · · · · · · · · · · ·	2		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
	· · · · · · · · · · · · · · · · · · ·		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		NI.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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</i> "Yes," <i>then in</i> <b>Part VI identify</b>			
	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	y
1	Check here if the organization satisfied the Integral Part Test as a qualify	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see
	instructions).			

Schedule A (Form 990) 2021

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Pa	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ıed)	
Sect	ion D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3	
_4_	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(:)	(::\	10	/:::\
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
<u>d</u>	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.  Excess distributions carryover to 2022. Add lines 3j				
7	and 4c.				
_8_	Breakdown of line 7:				
<u>a</u>	Excess from 2017				
<u>b</u>	Excess from 2018				
c	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	COUNCIL,	INC.	65-0049492 Page
Part VI	Supplemental Information Part IV, Section A, lines 1 line 1; Part IV, Section D,	<b>mation.</b> Provide 1, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanations required by Part II, line 10; Part II, line 17a o 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part tion E, lines 2, 5, and 6. Also complete this part for any addition	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

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Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

COLLIER COUNTY CHILD ADVOCACY COUNCIL, INC.

Employer identification number

65-0049492

Organization type (check one): Filers of: Section: X 501(c)( 3 ) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 2

Name of organization

COLLIER COUNTY CHILD ADVOCACY

COUNCIL, INC.

Employer identification number

65-0049492

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2021) Page **3** 

Name of organization

COLLIER COUNTY CHILD ADVOCACY

COUNCIL, INC.

Employer identification number

65-0049492

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4 Schedule B (Form 990) (2021) Name of organization **Employer identification number** COLLIER COUNTY CHILD ADVOCACY 65-0049492 COUNCIL, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Inspection

COLLIER COUNTY CHILD ADVOCACY Name of the organization COUNCTI.

**Employer identification number** 65-0049492

Par			Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			(1) = 1 1 1 1
		(a) Donor advise	ed funds	(b) Funds and other accounts
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			us also
5	Did the organization inform all donors and donor advisors in wr are the organization's property, subject to the organization's ex	~		
6	Did the organization inform all grantees, donors, and donor adv			
U	for charitable purposes and not for the benefit of the donor or of			
	impermissible private benefit?	•		
Par				
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreation	_	Preservation of a his	storically important land area
	Protection of natural habitat	,	¬	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contrib	ution in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic struc	ture included in (a)		2c
d	Number of conservation easements included in (c) acquired aft	er 7/25/06, and not or	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, release			nization during the tax
	year >			
4	Number of states where property subject to conservation ease	ment is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it h			
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, a	nd enforcing conserva	tion easements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and er	nforcing conservation e	easements during the year
	▶ \$ Does each conservation easement reported on line 2(d) above	action, the requiremen	to of postion 170/b)/4\/	D)(:)
8		·		···
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservation			
9	balance sheet, and include, if applicable, the text of the footno		•	
	organization's accounting for conservation easements.	te to the organization s	s ili lariciai staterrierits i	trial describes trie
Par		Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9		·	
1a	If the organization elected, as permitted under FASB ASC 958,		enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	•		
	service, provide in Part XIII the text of the footnote to its finance	*		
b	If the organization elected, as permitted under FASB ASC 958,			ce sheet works of
	art, historical treasures, or other similar assets held for public e	•		
	provide the following amounts relating to these items:			,
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB AS	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1	-		• \$
<u>b</u>	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions f			Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 COUNCIL					<u>65-00</u>	49492	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	ner Similaı	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that mak	e significant ι	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	xempt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	="	•	-				
	to be sold to raise funds rather than to be ma		•	•			Yes	☐ No
Par	t IV Escrow and Custodial Arrang					. Part IV. I		
	reported an amount on Form 990, Par		J			,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	s or other assets n	ot included			
	on Form 990, Part X?		•				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
		•	· ·				Amount	
С	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo						Yes	No
	If "Yes," explain the arrangement in Part XIII.				•		-	
Par								
		(a) Current year	(b) Prior year	(c) Two years bac		ears back	(e) Four y	years back
1a	Beginning of year balance	34,430.	26,529.	27,27	3.	26,586.		24,865.
b	Contributions							
С	Net investment earnings, gains, and losses	-4,746.	7,901.	-44'	7.	980.		2,023.
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	370.						
f	Administrative expenses			29	7.	293.		302.
g	End of year balance	29,314.	34,430.	26,52	9.	27,273.		26,586.
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1g. column (a)	) held as:		-		
а	Board designated or quasi-endowment	,	%	,				
b	Permanent endowment ► 100	%						
c	. · · · · · · · · · · · · · · · · · · ·	<u></u> , -						
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.						
За	Are there endowment funds not in the posses	•	tion that are held ar	nd administered fo	r the organiza	ation		
	by:				9		[·	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza						3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line 10.			
	Description of property	(a) Cost or ot basis (investm		or other (c	Accumulate	ed	(d) Book	value
1a	Land							
	Buildings		1,13	3,906.	443,3	97.	690	,509.
	Leasehold improvements			6,205.	30,1			,008.
	Equipment			1,553.	141,5			,994.
	Other			·	, -			
	. Add lines 1a through 1e. (Column (d) must ea		( column (R) line 1	Oc.)		<b>•</b>	1,176	,511.
. J.ui		<u>quai i Uiiii 330, FdIL /</u>	<u>, colullii (D), liile 1</u>	<i></i>			, 0	<u>,</u>

Schedule D (Form 990) 2021

COLLIER COUNTY CHILD ADVOCACY COUNCIL, 65-0049492 Page 3 INC. Schedule D (Form 990) 2021 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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2) (3) (4)(5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Schedule D (Form 990) 2021

65-0049492 Page 4 COUNCIL, INC. Schedule D (Form 990) 2021

Pai	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,518,936.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-6,162.		
b	Donated services and use of facilities	2b	16,386.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	62,583.		
е	Add lines 2a through 2d			2e	72,807.
3	Subtract line 2e from line 1			3	2,446,129.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.			5	2 116 120
	Total Teveride. Add lines & and 40. (This must edual Form 990. Fart I, line 12.	<u>,)</u>			2,446,129.
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per R		n.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta Complete if the organization answered "Yes" on Form 990, Part IV, lin	atements With ne 12a.	Expenses per R	Returi	n.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Sta  Complete if the organization answered "Yes" on Form 990, Part IV, li  Total expenses and losses per audited financial statements	atements With ne 12a.	Expenses per R		2,440,123. n. 2,279,106.
1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:	atements With ne 12a.	Expenses per F	Returi	n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	atements With ne 12a.	Expenses per R	Returi	n.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Expenses per F	Returi	n.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities	2a   2b   2c	Expenses per F	Returi	n.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	16,386. 62,583.	Returi	n. 2,279,106.
Pa 1 2 a b c	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d	2a 2b 2c 2d	16,386. 62,583.	1 2e	78,969.
Pa 1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a 2b 2c 2d	16,386. 62,583.	1	n. 2,279,106.
1 2 a b c d	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, Iii  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	16,386. 62,583.	1 2e	78,969.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	16,386. 62,583.	1 2e	78,969.
1 2 a b c d e 3 4 a	Table 1 Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, Iii  Total expenses and losses per audited financial statements  Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities  Prior year adjustments  Other losses  Other (Describe in Part XIII.)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a   2b   2c   2d	16,386. 62,583.	1 2e	78,969. 2,200,137.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, ling Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d   4a   4b	16,386. 62,583.	1 2e	78,969.

| Part XIII| Supplemental Information.

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

#### PART X, LINE 2:

THE INTERNAL REVENUE SERVICE (IRS) HAS DETERMINED THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC). IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE IRS NOT TO BE PRIVATE FOUNDATIONS WITHIN THE MEANING OF SECTION 509(A) OF THE IRC. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THESE FINANCIAL STATEMENTS. THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ORGANIZATION'S FINANCIAL STATEMENTS. THE ORGANIZATION EVALUATED THEIR TAX POSITIONS AND

Schedule D (Form 990) 2021

DETERMINED THEY HAVE NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL

COUNCIL, INC. 65-0049492 Page 5 Schedule D (Form 990) 2021 Part XIII Supplemental Information (continued) IMPACT ON THE FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE THEIR TAX-EXEMPT STATUS. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME OR EXCISE OR OTHER TAXES. PART XI, LINE 2D - OTHER ADJUSTMENTS: SPECIAL EVENTS EXPENSES 62,583. PART XII, LINE 2D - OTHER ADJUSTMENTS: 62,583. SPECIAL EVENTS EXPENSES

Schedule D (Form 990) 2021

# SCHEDULE G (Form 990)

Department of the Treasury

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Internal Revenue Service

Name of the organization

tion COLLIER COUNTY CHILD ADVOCACY COUNCIL, INC.

Employer identification number

65-0049492 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021

COUNCIL, INC.

65-0049492 Page 2

Pa	ırt I	<b>Fundraising Events.</b> Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
		<u> </u>	(a) Event #1 FOOD AND BEVERAGE BEA	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ā			(event type)	(event type)	(total number)	- COI. (C))
Revenue	1	Gross receipts	118,158.			118,158.
	2	Less: Contributions	89,862.			89,862.
	3	Gross income (line 1 minus line 2)	28,296.			28,296.
	4	Cash prizes				
ű	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	38,400.			38,400.
	8	Entertainment Other direct expenses	30,329.			30,329.
	10	Direct expense summary. Add lines 4 through			<b>•</b>	68,729.
	11	•				-40,433.
Pa	ırt l		answered "Yes" on Form	990, Part IV, line 19,	or reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bing	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes	% Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization conducted the organization licensed to conduct gaming and No," explain:	ctivities in each of these s	states?		Yes No
	_					
		ere any of the organization's gaming licenses re Yes," explain:			x year?	Yes No
	_					
13208	82 10	)-21-21			Sche	edule G (Form 990) 2021

Schedule (	G (Form 990) 2021	COUNCIL,	INC.	65-0049492 Page 3
11 Does	the organization conduct ga	ming activities with	nonmembers?	Yes No
			a trust, or a member of a partnership or other entity formed	
				Yes No
	ate the percentage of gaming			
				13a   %
			ares the organization's gaming/special events books and recor	
			ares the organization s gaming special events books and recor	
Addre	ess 🕨			
15a Does	the organization have a conf	tract with a third pa	rty from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Ye	es," enter the amount of gami	ing revenue receive	d by the organization 🕨 💲 and the am	ount
	ming revenue retained by the			
	es," enter name and address			
	,	,		
Name	e <b>&gt;</b>			
Addre	ess <b>&gt;</b>			
<b>16</b> Gami	ing manager information:			
Name	e <b>&gt;</b>			
Gami	ng manager compensation	<b>\$</b>		
Desc	rintion of services provided	_		
Desc	ription of services provided j			
	Director/officer	Employee	Independent contractor	
<b>17</b> Mano	datory distributions:			
	•	r state law to make	charitable distributions from the gaming proceeds to	
				Yes No
			e law to be distributed to other exempt organizations or spent	
	nization's own exempt activiti	•		iii tile
Part IV			the explanations required by Part I, line 2b, columns (iii) and (v	): and Part III lines 9 9h 10h
			rovide any additional information. See instructions.	), and r art III, III 63 5, 56, 166,
	100, 100, 10, and 170, ao	аррисавіс. 7 460 рі	ovide any additional information. God instructions.	
-				

		COLLIER COUN.	LA CHIPD VI	JVOCACY		
Schedule G	(Form 990) Supplemental Infor	COUNCIL, INC.	•		65-0049492	Page 4
Part IV	Supplemental Infor	mation <sub>(continued)</sub>				
		<u> </u>	·		 	

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

COLLIER COUNTY CHILD ADVOCACY

COUNCIL, INC.

Employer identification number 65-0049492

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
				l
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
		5a		X
b	, , , , , , , , , , , , , , , , , , , ,	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			l
	contingent on the net earnings of:			37
		6a		X
b	, , ,	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	- 1	i

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

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 COUNCIL, INC. 65-0049492 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) JACQUELINE GRIFFITH STEPHENS	126,	211.	0.	0.	5,398.	23,690.	155,299.	0.
CEO (i		0.	0.	0.	0.	0.	0.	0.
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Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also cor	mplete this part for any additional information	on.

**SCHEDULE 0** (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

COLLIER COUNTY CHILD ADVOCACY COUNCIL, INC.

**Employer identification number** 65-0049492

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
IS NOT TOLERATED.
FORM 990, PART VI, SECTION A, LINE 8B:
THERE ARE NO COMMITEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS A DRAFT OF THE TAX RETURN FOR ACCURACY AND
COMPLETENESS PRIOR TO SIGNING AND FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
OVERSIGHT IS PROVIDED BY THE FINANCE COMMITTEE AND AT THE BOARD OF
DIRECTORS MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15A:
THE OVERALL ORGANIZATION BUDGET, WHICH INCLUDES A SEPARATE LINE ITEM FOR
THE CEO'S SALARY, IS APPROVED BY THE BOARD OF DIRECTORS AT THE MEETING AT
WHICH MINUTES ARE PREPARED, COMPARISON OF SALARY PER SURVEYS PREPARED BY
COLLIER COUNTY COMMUNITY FOUNDATION AND NAPLES CHILDREN AND EDUCATIONAL
FOUNDATION.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE ON WEBSITE.

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

Schedule O (Form 990) 2021