Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

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

Depa	rtment of	the Treasury		er social security numbers or	-	-		Open to Public					
		ue Service		ww.irs.gov/Form990 for instr	uctions and the lates	t informatior	າ.	Inspection					
Α	For the	2022 calend	2022 calendar year, or tax year beginning , 2022, and ending										
B	Check if a	applicable:	C Name of organization Ch	nild Advocacy Center	, Inc		D Emp	loyer identification number					
	Address o	change	Doing business as			-		31-1705396					
	Name cha	ange	Number and street (or P.O. b	ox if mail is not delivered to street addres	s)	Room/suite	E Telep	phone number					
	Initial retu	ırn	PO BOX 13454					(352)376-9161					
	Final retu	rn/terminated	City or town, state or province	e, country, and ZIP or foreign postal code			G Gros	ss receipts					
Ē.	Amended	l return	Gainesville,	FL 32604			\$	1,545,451					
=		on pending	F Name and address of principa		ens	H(a)		for subordinates? Yes X No					
			Same as C abo	-			Are all subordina						
	Tox oxom	npt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527			st. See instructions					
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01 527		Group exemption						
	Website:			ntergainesville.org		1							
				sociation Other	L Year of forma	tion: ∠000	M State of le	gal domicile: FL					
Pa	rt I	Summar											
	1			sion or most significant activities									
e				nforcement, medical,									
Governance		collabor	ate to meet the :	individual needs of	child victims a	and break	the cycl	e of abuse.					
rna			<u> </u>										
Š	2	Check this b	ox 🗌 if the organization	discontinued its operations or di	sposed of more than 2	5% of its net a	assets.						
ŏ	3	Number of v	oting members of the gov	erning body (Part VI, line 1a)			3	18					
οδ ω	4	Number of ir	ndependent voting membe	rs of the governing body (Part \	/I, line 1b)		4	18					
itie	5			n calendar year 2022 (Part V, li				21					
Activities &	6		er of volunteers (estimate if					212					
¥	7a		· · ·	Part VIII, column (C), line 12				0					
				e from Form 990-T, Part I, line 1				0					
		Not unrelate					or Year	Current Year					
		Contribution	a and granta (Dart)/III line	(1b)									
	8			e 1h)			,564,503	1,427,306					
Revenue	9			e 2g)				94,693					
ş	10			A), lines 3, 4, and 7d)			32	52					
Ř	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			14,740	(4,609)					
	12			(must equal Part VIII, column (A		1	,579,275	1,517,442					
	13	Grants and s	8,848										
	14	Benefits paid	d to or for members (Part I	X, column (A), line 4)				0					
	15	Salaries, oth	er compensation, employe	e benefits (Part IX, column (A),	lines 5-10)		787,371	948,996					
ses	16a	Professional	fundraising fees (Part IX,	column (A), line 11e)				0					
pense	b	Total fundrai	ising expenses (Part IX, co	olumn (D), line 25)	107,589								
Ä	17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)		-	500,378	519,159					
	18	Total expens	ses. Add lines 13-17 (mus	t equal Part IX, column (A), line	25)	1	,300,645	1,477,003					
	19	•		18 from line 12	,		278,630	40,439					
. (1			Beginning	of Current Year	End of Year					
Net Assets or	20 a	Total assets	(Part X, line 16)	•			,418,130	1,483,721					
sset	21						78,150	103,302					
etA						1							
	rt II		ire Block	t line 21 from line 20		_ _	,339,980	1,380,419					
				urn, including accompanying schedules a	nd statements and to the hes	t of my knowledge	and belief it is						
				ficer) is based on all information of which		t of my knowledge	and belief, it is						
e:~	n		ry Kitchens				L						
Sig		Signature of office	ber				Da	ate					
Her	re		ry Kitchens, Pres	sident									
		Type or print nar	me and title										
		Print/Type pre	eparer's name	Preparer's signature	Date		Check if	PTIN					
Pai	d	Stepher	n H Kattell	Stephen H Kattell	05-22-20	023	self-employed	P01278226					
Pre	parer	_		and Company, P.L.		Firm's E	EIN						
	e Only			N 16th Ave		Phone r							
				ille FL 32601				395-6565					
Mav	the IRS	S discuss this		hown above? See instructions				Yes X No					

Form	990 (2022) Child Advocacy Center, Inc	31-1705396	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		🗌
1	Briefly describe the organization's mission:		
	A comprehensive, child-friendly facility where professionals from law enforce		
	protection and therapeutic services collaborate to meet the individual needs	of child vio	ctims and
	break the cycle of abuse.		
2	Did the exercited in undertake any eignificant program convices during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	🗌 Yes 🛛	No
	If "Yes," describe these new services on Schedule O.	<u> </u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	services?	🗌 Yes 🛛	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,307,811 including grants of \$ 8,848) (Revenue	\$94,	693)
	See SERVICES page for a description of this program service.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
	See Schedule O		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
		·	/
1-1	Other program convices (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.))	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,307,811)	
4e	Total program service expenses 1,307,811		

Form	990 (2022) Child Advocacy Center, Inc 31-17053	96	F	age 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		
7	"Yes," complete Schedule D, Part I	6		x
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		v
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
0	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			•
5	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		
h	Schedule D, Parts XI and XII	12a	x	
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

	1990 (2022) Child Advocacy Center, Inc 31-170	15396	1	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22	x	+
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	22		
24-	employees? If "Yes," complete Schedule J.	. 23	-	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		
	through 24d and complete Schedule K. If "No," go to line 25a			x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?			-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 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	. <u>25</u> a		х
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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	. 26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	. 27		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			
	"Yes," complete Schedule L, Part IV	. 28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV.	. 280		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M.</i>		-	x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		-	
50	conservation contributions? If "Yes," complete Schedule M.	. 30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		-	x
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	. 31		
32		22		
22	complete Schedule N, Part II	. 32	-	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		
~ ~	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			x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. 35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	. 35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		х
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	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	. 1c		
			- 000	(2022)

Form	990 (2022) Child Advocacy Center, Inc 31-1705	396	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2	L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a 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).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0		
	organization solicit any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or cifte were not toy deductible?	6b		
7	gifts were not tax deductible?	do		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	x	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	x	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	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		x
	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		x
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

		1705396		P	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and for a "	'No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in	structions.			
	Check if Schedule O contains a response or note to any line in this Part VI				х
Se	ction A. Governing Body and Management				
			Y	/es	No
1a	Enter the number of voting members of the governing body at the end of the tax year	18			
	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.				
L		10			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?	••••	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?	· · · 📑	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.		4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		х
6	Did the organization have members or stockholders?		6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
Ň	stockholders, or persons other than the governing body?		7b		v
	Did the organization contemporaneously document the meetings held or written actions undertaken during	••••			x
8					
	the year by the following:				
a	The governing body?			х	
b	Each committee with authority to act on behalf of the governing body?		3b		х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at				
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	!	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
			Y	/es	No
1 0 a	Did the organization have local chapters, branches, or affiliates?	1	0a		х
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?	1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		1a 🔅	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1	2a 🛛	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			x	
		•••	20	~	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done			х	
13	Did the organization have a written whistleblower policy?			х	
14	Did the organization have a written document retention and destruction policy?	[1	14	x	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	1	5a		х
b	Other officers or key employees of the organization	1	5b		х
	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 taxable entity during the year?	1	6a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	1	6b		
Sec	tion C. Disclosure	•••	50		
17	List the states with which a copy of this Form 990 is required to be filed Florida	<u>,</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c	;)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website Image: Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				

Sherry Kitchens (352)376-9161, PO Box 13454, Gainesville, FL 32604

Form 990 (2022) Child Advocacy Co Part VII Compensation of Officers, Dire			s. k	Kev	Er	nolov	ee	s. Highest Co	31-1705 mpensated Er	
Independent Contractors		10100	, .	,		inpicy		o, inghoot oo		nproyoco, and
Check if Schedule O contains a resp	onse or not	e to a	ıny l	ine i	n th	nis Part	t V	II		
Section A. Officers, Directors, Trustees, K	ey Emplo	yees	, an	nd H	igl	hest C	or	npensated Er	nployees	
1a Complete this table for all persons required to be list	ed. Report co	ompen	satic	on for	the	e calend	lar	year ending with c	or within the	
organization's tax year.										
 List all of the organization's current officers, directed 	ors, trustees (wheth	er in	divid	ual	s or orga	ani	zations), regardles	s of amount of	
compensation. Enter -0- in columns (D), (E), and (F) if no	compensatio	n was	paid.	•						
 List all of the organization's current key employees 	s, if any. See	the ins	struc	tions	for	definitio	on (of "key employee.'		
 List the organization's five current highest compen- 	sated employ	/ees (o	other	than	n an	officer,	di	rector, trustee, or l	(ey employee)	
who received reportable compensation (box 5 of Form W	-2, box 6 of F	orm 10	099-1	MISC	;, ar	nd/or bo	ox 1	of Form 1099-NE	C) of more than	
\$100,000 from the organization and any related organization	tions.									
 List all of the organization's former officers, key en 	nployees, and	l highe	est co	ompe	ensa	ated em	plo	yees who receive	d more than	
\$100,000 of reportable compensation from the organization	on and any re	lated c	orgar	nizatio	ons					
 List all of the organization's former directors or tree 						-			rustee of the	
organization, more than \$10,000 of reportable compensat	tion from the c	organiz	atior	n and	an	y related	d o	rganizations.		
See instructions for the order in which to list the persons a	bove.									
Check this box if neither the organization nor any rela	ted organizat	tion co	mper	nsate	d a	iny curre	ent	officer, director, or	trustee.	
				(0	C)					
(A)	(B)	(do r	not ch	Posi		han one		(D)	(E)	(F)
Name and title	Average	· ·				s both an		Reportable	Reportable	Estimated amount
	hours	offic	er and	d a dire	ector	r/trustee)		compensation from the	compensation from related	of other compensation
	per week (list any				-			organization (W-2/	organizations (W-2/	from the
	hours for	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Forme	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related	ector	ution	4	pldue	ost co	er	1099-INEC)	1033-1120)	Telated Organizations
	organizations below	trust	altru	\mathbf{M}	oyee	ompe				
	dotted line)	ee	stee			ensat				
						fed				
(1) Sherry Kitchens	40.00									
President/CEO				x				75,415	o	4,806
(2) Jamie Vascotto	1.00									
Director		x						0	0	0
(3) Bill White	1.00									
Director		x						0	0	0
(4) Christina Zeretzke	1.00									
Director		x						0	0	0
(5) Rob Deese	1.00									
Director		х						0	0	0
(6) Shirley Green-Brown	1.00									
Director		x						0	0	0
(7) Paige Lunger	1.00									
Director		x						0	0	0
(8) Lem Purcell	1.00							•		•
Director	1 00	x						0	0	0
(9) Jen Lesshafft	1.00	x						0	o	0
Director (10)Bob Krefting	1.00							0	0	0
Director		x						0	o	0
(11)Amber McClave	1.00							0	0	0
Director		x						0	o	0
(12)Donna Weseman	1.00			\vdash				0	V	<u> </u>
Director		x						0	o	0
(13)Jennifer Taylor	1.00							5		v
Director		x						0	o	0
(14)Will Halvosa	1.00									
Director		x						0	0	0
EEA										Form 990 (2022)

Form 990 (2022) Child Advocacy Ce			_							L-1705			age 8
Part VII Section A. Officers, Directors, T	rustees,	Key I	Emp			es, an	nd F	lighest Comp	ensated	Empl	oyees	(cont	inued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	cer and	Pos eck m ss per d a di	rson i rectoi	han one s both ar r/trustee)	n)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reporta compensa from rela organizatior 1099-MI 1099-NE	ible ation ited is (W-2/ SC/	co f orga	(F) nated am of other mpensat from the nization d organiz	ion and
(15)Linda_Shaw	1.00)				ă							
Director (16)Tim Roselle	1.00	x						0		0			0
Director		x						0		0			0
(17)Lynda Tealer	1.00												-
Director		x						0		0			0
(18)John Roberts	<u>1.00</u>			v									•
Vice Chair (19)Jeff Quigley	1.00	x		X				0		0			0
Chair		x		x				0		0			0
(20)Stacy Joyner	1.00												
Treasurer	1 00	x		x				0		0			0
(21)Tamelia Malcolm Secretary	<u>1.00</u>	x		x				0		0			0
(22)Joel Brown	1.00							, , , , , , , , , , , , , , , , , , ,		Ū			U
Treasurer		x		x				0		0			0
(23)													
(25)													
1b Subtotal c Total from continuation sheets to Part VII, Sect d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limit)								75,415 ore than \$100,000	of	0		4,8	806
reportable compensation from the organization												Yes	0 No
3 Did the organization list any former officer, direc	tor, trustee,	key er	nploy	vee,	or h	nighest	t con	npensated				100	
employee on line 1a? If "Yes," complete Schedu	le J for such	indivio	dual					•••••			3		x
4 For any individual listed on line 1a, is the sum of re organization and related organizations greater th	an \$150,000)? If "\	Yes,"	con	nple	te Sch	edul	le J for such					
 <i>individual</i>. Did any person listed on line 1a receive or accrue 	compensatio	on from	n any	unr	elate	ed orga	aniza	ation or individual			4		x
for services rendered to the organization? If "Yes Section B. Independent Contractors	s, complete	Schet	uie .	J 101	suc	in pers	ion .	• • • • • • • • • •	••••	• • • •	5		X
1 Complete this table for your five highest compensa	ted independ	dent co	ontra	ctors	s tha	t recei	ved	more than \$100,00	0 of				
compensation from the organization. Report comp	ensation for	the ca	lenda	ar ye	ear e	ending	with	or within the organ	nization's ta	ax year.			
(A)							(B)			(C)			
Name and business addres	S							Description of servic	es		Compens	sation	
2 Total number of independent contractors (includin	-			e lis	sted	above)) who	0					
received more than \$100,000 of compensation fro	m the organi	zation											

Otherskill Schedule C. constants a response or note to any line in the Part VIII (P) (P	Form 99		22) Child Advocacy Centor Statement of Revenue	er, inc			31-17053	96 Page
unspected appropriate control of the second process of the second proces of the second process of the second proces of the second p	Fail	VIII		ote to any line in thi	s Part \/III]
By Membership dives 10 b Membership dives 10 c Funding events 10 d Related organizations 11 d Related organizations 11 <th></th> <th></th> <th></th> <th></th> <th>(A)</th> <th>(B) Related or exempt</th> <th>(C) Unrelated</th> <th>(D) Revenue excluded</th>					(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
Big or generations 10 196,806 C Find and service included above and similar anounts included in included above in its fart 10 100,213 Big of the contributions of the control included above in its fart 10 100,213 100,213 Big of the control included above in its fart 10 100,213 100,213 Big of the control included above in its fart 10 100,213 100,213 Big of the control included above in its fart 10 100,213 100,213 C 10 10 100,213 100,014 C 10 10 100,014 100,014 C 10 100,014 100,014		1a	Federated campaigns 1a	73,885				
age 2a Therapy 90099 94,693 94,693 b c	<i>6 6</i>	b	Membership dues					
age 2a Therapy 90099 94,693 94,693 b c	unts	c	Fundraising events	196,806				
age 2a Therapy 90099 94,693 94,693 b c	°,G Amo		.					
age 2a Therapy 90099 94,693 94,693 b c	Gifts Iar A			756,402				
age 2a Therapy 90099 94,693 94,693 b c	ons, Simi	f						
age 2a Therapy 90099 94,693 94,693 b c	her			400,213				
age 2a Therapy 90099 94,693 94,693 b c	ğ	y y		\$				
Beariness Code Junctice	a So	h			1,427,306			
Bot Image: Section of the					1/11//000			
Bot Image: Section of the		2a	Therapy	900099	94,693	94,693		
g Total. Add lines 2a-2f 94,693 a Investment income (including divideds, interest, and other similar amounts) 52. 4 Income from investment of tax-exempt bond proceeds 52. 5 Royalties 52. 6 0 0.0000 6 Gross rents 0.0000 6 0.0000 0.0000 7 Gross amount from sales of assets other thas inventory 0.00000 7 Gross amount from sales of assets other than inventory 0.000000 8 Gross income from fundration events (not including \$ 196,8000 0.00000 7 7 7 8 Gross income from fundration events (not including \$ 196,8000 196,8000 9 0.000000 0.00000 8 Gross income from fundration events (not including \$ 196,8000 0.00000 9 0.000000 0.00000 9 0.0000000 0.000000 9 0.00000000 0.0000000 9 0.0000000000 0.00000000000 9 0.00000000000000000000000000000000000		b						
g Total. Add lines 2a-2f 94,693 a Investment income (including divideds, interest, and other similar amounts) 52. 4 Income from investment of tax-exempt bond proceeds 52. 5 Royalties 52. 6 0 0.0000 6 Gross rents 0.0000 6 0.0000 0.0000 7 Gross amount from sales of assets other thas inventory 0.00000 7 Gross amount from sales of assets other than inventory 0.000000 8 Gross income from fundration events (not including \$ 196,8000 0.00000 7 7 7 8 Gross income from fundration events (not including \$ 196,8000 196,8000 9 0.000000 0.00000 8 Gross income from fundration events (not including \$ 196,8000 0.00000 9 0.000000 0.00000 9 0.0000000 0.000000 9 0.00000000 0.0000000 9 0.0000000000 0.00000000000 9 0.00000000000000000000000000000000000	nue	c						
g Total. Add lines 2a-2f 94,693 a Investment income (including divideds, interest, and other similar amounts) 52. 4 Income from investment of tax-exempt bond proceeds 52. 5 Royalties 52. 6 0 0.0000 6 Gross rents 0.0000 6 0.0000 0.0000 7 Gross amount from sales of assets other thas inventory 0.00000 7 Gross amount from sales of assets other than inventory 0.000000 8 Gross income from fundration events (not including \$ 196,8000 0.00000 7 7 7 8 Gross income from fundration events (not including \$ 196,8000 196,8000 9 0.000000 0.00000 8 Gross income from fundration events (not including \$ 196,8000 0.00000 9 0.000000 0.00000 9 0.0000000 0.000000 9 0.00000000 0.0000000 9 0.0000000000 0.00000000000 9 0.00000000000000000000000000000000000	eve	d						
g Total. Add lines 2a-2f 94,693 a Investment income (including divideds, interest, and other similar amounts) 52. 4 Income from investment of tax-exempt bond proceeds 52. 5 Royalties 52. 6 0 0.0000 6 Gross rents 0.0000 6 0.0000 0.0000 7 Gross amount from sales of assets other thas inventory 0.00000 7 Gross amount from sales of assets other than inventory 0.000000 8 Gross income from fundration events (not including \$ 196,8000 0.00000 7 7 7 8 Gross income from fundration events (not including \$ 196,8000 196,8000 9 0.000000 0.00000 8 Gross income from fundration events (not including \$ 196,8000 0.00000 9 0.000000 0.00000 9 0.0000000 0.000000 9 0.00000000 0.0000000 9 0.0000000000 0.00000000000 9 0.00000000000000000000000000000000000	5°~	-						
3 Investment income (including dividends, interest, and other similar amounts) 52 53 4 Income from investment of tax-exempt bond proceeds 52 53 5 Royalties 52 53 6a Gross rents 56 56 56 7a Gross amount from sales of assets other than inventory 66 67 74 7a Gross amount from sales of assets other than inventory 74 76 77 77 8a Gross amount from sales of assets other than inventory 74 74 74 74 7a Gross amount from sales of assets other than inventory 75 74 74 74 7a Gross amount from sales of assets other than inventory 75 74 74 74 7a Gross allow expenses 75 75 74 74 74 7a Gross allow expenses 75 75 75 75 75 8a Gross income from fundratising events (not inciding \$1, 95, 80.0 75 75 75 75 7					04.000			
other similar amounts) 52 4 Income from investment of tax-exempt bond proceeds 52 5 Royalies					94,693			
4 Income from investment of tax-exempt bond proceeds		3			52			5
S Royalties Royalties <t< td=""><td></td><td>4</td><td></td><td></td><td>52</td><td></td><td></td><td>-</td></t<>		4			52			-
Bit Amount of the set								
Bull Less: rental expenses								
age of assets other than inventory iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		6a	Gross rents 6a					
a Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a (ii) Securities (iii) Other b Less: cost or other basis and sales expenses 7a 7a (iii) Securities (iii) Other c Gain or (loss) 7a 7a (iii) Securities (iii) Other (iii) Securities b Less: cost or other basis and sales expenses 7b (iii) Securities (iii) Securities (iii) Securities a Gross income from fundralising events (not including \$\$196,806 of contributions reported on line 136,806 of contributions reported on line (iii) Securities (iii) Securities b Less: direct expenses 136,806 of contributions reported on line (iii) Securities (iii) Securities (iii) Securities b Less: direct expenses 136,806 of contributions reported on line (iii) Securities (iii) Securities (iii) Securities b Less: direct expenses 9b		b	Less: rental expenses 6b					
7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses		c	Rental income or (loss) 6c					
and sales of assets other than inventory 7a b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) 7c d Net gain or (loss) 196, 806 of contributions reported on line 8a 1c). See Part IV. line 18 8a c Net income or (loss) from fundraising events 8a a Gross income from graming activities, See Part IV. line 18 8a a Gross income from graming activities, See Part IV. line 19 8a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9a ga 9b c Net income or (loss) from gaming activities		d	Net rental income or (loss)					
and sales expenses 7a rb Less: cost or other basis and sales expenses 7a rb C Gain or (loss) 7a rb C Gain or (loss) 7a rb Less: cost or other basis and sales expenses 7a rb C Gain or (loss)		7a		(ii) Other				
But Less: cost or other basis and sales expenses To Image: cost of cost cost of cost cost of cost of cost of cost cost of cost cost of cost of cost of cost cost of cost								
and sales expenses 7b		h	· · · · · · · · · · · · · · · · · · ·					
c Gain or (loss) 7c	a							
of contributions reported on line 8a 23,400 b Less: direct expenses 8b 28,009 c Net income or (loss) from fundraising events	nuə	c						
of contributions reported on line 8a 23,400 b Less: direct expenses 8b 28,009 c Net income or (loss) from fundraising events	Sev							
of contributions reported on line 8a 23,400 b Less: direct expenses 8b 28,009 c Net income or (loss) from fundraising events	l l							
1c). See Part IV, line 18 8a 23,400 b Less: direct expenses 8b 28,009 c Net income or (loss) from fundraising events (4,609) (4,6 9a 9a 9a a Gross income from gaming activities, See Part IV, line 19 9a (4,609) (4,6 b Less: direct expenses 9b (4,609) (4,6 b Less: direct expenses 9b (4,609) (4,6 (a Gross sales of inventory, less returns and allowances 9b (4,6 (4,6 10a 10a 10a (10a (ş		events (not including \$ 196,806					
b Less: direct expenses 8b 28,009 (4,609) (4,6 9a Gross income from gaming activities, See Part IV, line 19 9a 9a (4,609) (4,6 9b 9b 9b 9a 9a (4,609) (4,6 b Less: direct expenses 9b 9b (4,609) (4,6 c Net income or (loss) from gaming activities 9a (4,609) (4,609) (4,6 10a Gross sales of inventory, less returns and allowances 9b (10a (
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities, See Part IV, line 19 9a 9a b Less: direct expenses 9b				28,009				
activities, See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9b 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10a c Net income or (loss) from sales of inventory 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 10a 11a Business Code 10a b Business Code 10a c Image: Code Image: Code d All other revenue Image: Code Image: Code e Total. Add lines 11a-11d Image: Code Image: Code				••••	(4,609)	<u> </u>		(4,60
b Less: direct expenses 9b		9a						
c Net income or (loss) from gaming activities Image: constant of the second seco		h						
10a Gross sales of inventory, less returns and allowances 10a 10a 10a b Less: cost of goods sold 10b 0 0 0 c Net income or (loss) from sales of inventory 10b 0 0 0 b Business Code 0 0 0 0 0 11a Business Code 0 0 0 0 0 0 c C 0								
returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11a Business Code b C c C d All other revenue e Total. Add lines 11a-11d								
c Net income or (loss) from sales of inventory Image: Constraint of the second se								
11a Business Code Image: Code		b	Less: cost of goods sold	D				
11a		c	Net income or (loss) from sales of inventory					
				Business Code				
		11a						
	nue	b						
	eve							
	Ř							
							-	(4,55

Г	arti	^	Sidle	ment o	Funci	lionari	zxpen	1562			

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

х Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Program service (A) Total expenses (C) Do not include amounts reported on lines 6b. 7b. Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 . . . Grants and other assistance to domestic 2 individuals. See Part IV. line 22 8,848 8,848 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 Compensation of current officers, directors, 5 84,031 8,014 54,901 21,116 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 23,908 7 Other salaries and wages 668,062 750,077 58,107 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 53,687 47,247 2,182 4,258 10 Payroll taxes 53,095 61,201 2,351 5,755 11 Fees for services (nonemployees): а Management b Legal..... . . 15,500 15,500 С d Professional fundraising services. See Part IV, line 17 . е f Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 275,458 275,458 12 Advertising and promotion Office expenses 13 17,363 13,961 1,743 1,659 14 Information technology 15,904 14,950 477 477 15 Royalties 16 Occupancy 48,812 46,204 1,765 . . . 843 . . 17 6,724 6,440 52 232 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 11,914 11,665 249 20 632 632 Payments to affiliates . . . 21 . . . 22 Depreciation, depletion, and amortization 52,672 50,039 1,317 1,316 23 Insurance 27,843 22,483 3,500 1,860 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A), amount, list line 24e expenses on Schedule O.) Dues and Fees 794 11,717 а 22,792 10,281 b Equipment 13,365 13,365 С Other 10,180 10,180 d е All other expenses 25 Total functional expenses. Add lines 1 through 24e. . 1,477,003 1,307,811 61,603 107,589 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form	990 (20	D22) Child Advocacy Center, 1	Inc		33	1-17	05396	Page 11
Par	t X	Balance Sheet						
		Check if Schedule O contains a response or note	e to ar	ny line in this Part X			<u></u>	
					(A)		(B))
					Beginning of year		End of	year
	1	Cash - non-interest-bearing			145,847	1	2	258,432
	2	Savings and temporary cash investments			115,953	2	1	110,581
	3	Pledges and grants receivable, net			210,172	3	1	193,911
	4	Accounts receivable, net				4		
	5	Loans and other receivables from any current or former	officer,	director,				
		trustee, key employee, creator or founder, substantial co	ntribut	or, or 35%				
		controlled entity or family member of any of these perso	ns			5		
	6	Loans and other receivables from other disqualified pers	ons (a	s defined				
		under section 4958(f)(1)), and persons described in sec	tion 49	58(c)(3)(B)		6		
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
As	9	Prepaid expenses and deferred charges			28,985	9		14,900
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	1,156,227				
	b	Less: accumulated depreciation	10b	250,330	917,173	10c	<u> </u>	905,897
	11	Investments - publicly traded securities				11		
	12	Investments - other securities. See Part IV, line 11 .		12				
	13	Investments - program-related. See Part IV, line 11 .				13		
	14	Intangible assets		14				
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line 3	33).		1,418,130	16	1,4	483,721
	17	Accounts payable and accrued expenses			78,150	17	1	103,302
	18	Grants payable				18		
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
	21	Escrow or custodial account liability. Complete Part IV of				21		
es	22	Loans and other payables to any current or former office						
iliti		trustee, key employee, creator or founder, substantial co		or, or 35%				
Liabilities		controlled entity or family member of any of these perso				22		
_	23	Secured mortgages and notes payable to unrelated thin				23		
	24	Unsecured notes and loans payable to unrelated third p				24		
	25	Other liabilities (including federal income tax, payables t						
		parties, and other liabilities not included on lines 17-24).						
		of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25	_		78,150	26]]	103,302
		Organizations that follow FASB ASC 958, check here	e X					
es		and complete lines 27, 28, 32, and 33.						
anc	27				1,222,415	27		264,249
Bala	28	Net assets with donor restrictions			117,565	28]]	116,170
P		Organizations that do not follow FASB ASC 958, che	eck ne	re 🗌				
E		and complete lines 29 through 33.						
sor	29	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipmen				29 30		
set	30 31					30 31		
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, o Total net assets or fund balances			1 220 000	31	1 -	200 410
Net	32 33	Total liabilities and net assets/fund balances			1,339,980	32		380,419
EEA	55		•••		1,418,130	55		483,721 990 (2022)
		•					1 0111	

EEA

Form 990 (2022)

	990 (2022) Child Advocacy Center, Inc	31-1705396		Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,51	7,442
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,47	7,003
3	Revenue less expenses. Subtract line 2 from line 1	3	4	0,439
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,980
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	1,380	0,419
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
			Ye	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x
	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:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b X	
	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			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
			2c x	
	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			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
EEA			Form 99	0 (2022)
				()
	-			
	$\overline{\mathbf{v}}$			

SCHEDULE	Α
(Form 990)	

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.

2022	
------	--

OMB No. 1545-0047

•	tment of the Treasu al Revenue Service		Attach to Form 990 or Form 990-EZ. www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
	of the organizatio	0010	o www.irs.gov/ror	Employer identifica				
	Ū							
Par		Center, Inc	rity Status (Al	Il organizations mus	t comple	te this n	31-170539	
				nes 1 through 12, check of				10110.
1	<u> </u>	•	,	hurches described in se		,		
2	_			ch Schedule E (Form 990		~/(· // · // · /	•	
3	_			ion described in section		(A)(iii)		
4	_		-	tion with a hospital desci			b)(1)(A)(iii). Enter the	2
•		ame, city, and state:	peratea in conjune					
5	•		enefit of a college o	r university owned or ope	erated by a	a aovernme	ental unit described in	
-		(b)(1)(A)(iv). (Comple	-					
6			,	I unit described in section	on 170(b)([,]	1)(A)(v).		
7	—			art of its support from a g			rom the general public	
	L 0	section 170(b)(1)(A)						
8				(vi). (Complete Part II.)				
9				ction 170(b)(1)(A)(ix) or	perated in	conjunctio	n with a land-grant co	llege
				(see instructions). Enter				-
	university:	-						
10	receipts fror support fron	n activities related to it gross investment inco	s exempt functions, ome and unrelated b	33 1/3% of its support fro subject to certain excep business taxable income e section 509(a)(2). (Co	tions; and ((less secti	(2) no mor on 511 tax	e than 33 1/3% of its	oss
11	An organiza	tion organized and op	erated exclusively t	to test for public safety.	See sectio	n 509(a)(4	4).	
12	🗌 An organiza	tion organized and ope	erated exclusively for	or the benefit of, to perform	n the funct	tions of, or	to carry out the purpo	ses of
	one or more	publicly supported or	ganizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)	(3). Check
	the box on li	nes 12a through 12d tl	nat describes the typ	pe of supporting organiza	ation and c	omplete lin	es 12e, 12f, and 12g.	
а	Type I.	A supporting organiza	tion operated, supe	ervised, or controlled by i	ts supporte	ed organiz	ation(s), typically by g	jiving
	the sup	oorted organization(s)	the power to regula	rly appoint or elect a ma	ority of the	e directors	or trustees of the	
	support	ng organization. You	must complete Pa	rt IV, Sections A and B				
b	Type II.	A supporting organiza	ation supervised or	controlled in connection	with its su	pported or	ganization(s), by havi	ng
	control	or management of the	supporting organiza	ation vested in the same p	persons that	at control o	r manage the support	ed
	organiza	ation(s). You must co	mplete Part IV, Se	ctions A and C.				
С				rganization operated in c				d with,
				ou must complete Par				
d				ing organization operate				
				n generally must satisfy a			ent and an attentivene	SS
				ete Part IV, Sections A				
е				en determination from the		51	I, Type II, Type III	
				integrated supporting of	rganization	1.		
f		ber of supported organ				• • • • •		•••
g		lowing information abo		ganization(s).				
	(i) Name of supported	dorganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	Ir governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Total								

Part		cacy Center	ribed in Sect	ions 170(h)($1)(\Delta)(iv)$ and	31-170539 170(b)(1)(Δ)	
Fait	(Complete only if you checked t						
	Part III. If the organization fails t						inty under
	on A. Public Support	u quality unu		steu below, pi	ease comple	le Fait III.)	
	dar year (or fiscal year beginning in)	(2) 2019	(b) 2010	(a) 2020	(d) 2021	(a) 2022	(f) Total
		(a) 2018	(b) 2019	(c) 2020	(a) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.")	1 040 007	1 000 110	0.00 010	1 564 500	1 405 006	< 051 55
2	Tax revenues levied for the	1,048,007	1,833,119	978,618	1,564,503	1,427,306	6,851,553
2							
	organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1,048,007	1 022 110	079 619	1,564,503	1,427,306	6 951 553
- 5	The portion of total contributions by	1,048,007	1,033,119	978,018	1,564,503	1,427,300	6,851,553
3	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						6,851,553
	on B. Total Support						0,051,555
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,048,007	1,833,119		1,564,503	1,427,306	6,851,553
8	Gross income from interest, dividends,	1,010,007	1/035/115	3707010	1,501,505	1,12,,500	0,051,555
•	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	13,868	13,894	14,705	9,860	52	52,379
9	Net income from unrelated business						0_/0/2
	activities, whether or not the business						
	is regularly carried on		21,130		11,009		32,139
10	Other income. Do not include gain or				-		
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10		*				6,936,071
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	94,693
13	First 5 years. If the Form 990 is for the c					a section 501(d	
	organization, check this box and stop he	ere					[
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line	6, column (f), c	livided by line '	11, column (f))		14	98.78 %
15	Public support percentage from 2021 Sc	hedule A, Part	II, line 14			15	98.06 %
16a	33 1/3% support test - 2022. If the orga	nization did not	t check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	alifies as a pub	licly supported	organization .			<u>x</u>
b	33 1/3% support test - 2021. If the orga	nization did not	t check a box o	on line 13 or 16	a, and line 15	is 33 1/3% or n	nore, check
	this box and stop here. The organization	n qualifies as a	publicly suppo	rted organizati	on		[
17a	10%-facts-and-circumstances test - 20	022. If the organ	nization did not	t check a box o	on line 13, 16a,	, or 16b, and lin	e 14 is
	10% or more, and if the organization me	ets the facts-an	d-circumstanc	es test, check	this box and st	op here. Expla	iin in
	Part VI how the organization meets the fa	acts-and-circun	nstances test.	The organization	on qualifies as	a publicly supp	orted
	organization						[
b	10%-facts-and-circumstances test - 20	021. If the organ	nization did not	t check a box c	on line 13, 16a,	, 16b, or 17a, a	nd line
	15 is 10% or more, and if the organizatio	•					
	in Part VI how the organization meets the					-	-
	organization			-	=		· · _
18	Private foundation. If the organization of						
	instructions						
EA							A (Form 990) 202

Schedu	le A (Form 990) 2022 Child Advoc					31-1705	396 Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I of	or if the organ	ization failed	to qualify u	under Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part II	.)	
Secti	on A. Public Support				•	,	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
Ŭ	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5							
	furnished by a governmental unit to the						
~	organization without charge						
6	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .					·	
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
-	on B. Total Support				1		
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	· ·					
С	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						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 50	1(c)(3)
	organization, check this box and stop her	е					[]
Secti	on C. Computation of Public Suppor	rt Percentage	Э				
15	Public support percentage for 2022 (line 8	3, column (f), di	vided by line 1	3, column (f))		15	%
16	Public support percentage from 2021 Sch		•			16	%
Sect	on D. Computation of Investment In						
	Investment income percentage for 2022 (I		-	y line 13, colu	mn (f))	17	%
17				•		18	%
17	Investment income percentage from 2021	Schedule A, F	art III, line 17				
	Investment income percentage from 2021 33 1/3% support tests - 2022. If the orga					-	1/3%, and line
18	33 1/3% support tests - 2022. If the orga	nization did no	t check the bo	x on line 14, a	nd line 15 is mo	ore than 33	
18	33 1/3% support tests - 2022. If the orga 17 is not more than 33 1/3%, check this b	nization did no ox and stop he	t check the bo ere. The orgar	ox on line 14, an nization qualifie	nd line 15 is mo s as a publicly	ore than 33 supported of	organization
18 19a	33 1/3% support tests - 2022. If the orga	nization did no ox and stop he ion did not check	t check the bo ere. The organ a box on line 14	ox on line 14, an hization qualifie 4 or line 19a, and	nd line 15 is mo s as a publicly d line 16 is more	ore than 33 supported c than 33 1/3%	brganization

Page 4

	(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	I, cor	nplet	
Secti	on A. All Supporting Organizations		• • •	
			Yes	No
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.	1		
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer</i>	~		
Ja	lines 3b and 3c below.	3a		
h		Ja		
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	01-		
	organization made the determination.	3b		
С	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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	~~		
v	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	iva		
U	determine whether the organization had excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		
		.00		

Schedu	ule A (Form 990) 2022 Child Advocacy Center, Inc 31	L-1705396	P	Page 5
Part	IV Supporting Organizations (continued)			
			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		
c	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c	·,		
	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			

- 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.
- 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.

Section C. Type II Supporting Organizations

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

Section 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 in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes
- Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of a the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

2b

3a

3b

Yes No

Yes No

No

1

2

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	an	31-170 izations	5396 Page
1	Check here if the organization satisfied the Integral Part Test as a qualifying			lain in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organi			
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea
				(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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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		
Secti	on 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-functiona	lly ir	ntegrated Type III suppor	ting organization

(see instructions)

Schedule A (Form 990) 2022

Schedul	e A (Form 990) 2022 Child Advocacy Center, In V Type III Non-Functionally Integrated 509(a)(3		31-170 izations (continued))5396 Page 7
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ		
4	Amounts paid to acquire exempt-use assets	· · · · · · · · · · · · · · · · · · ·	4	
	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part		
6	Other distributions (describe in Part VI). See instructions.		6	
	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	i the organization is resp		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022

Schedule A (F	orm 990) 2022 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Schedule of Contributors

OMB No. 1545-0047

2022

Attach to Form 990 or Form 990-PF.

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

Internal Revenue Service Name of the organization Employer identification number Child Advocacy Center, Inc 31-1705396 Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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 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).

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

1		\$73,885	Person x Payroll Noncash (Complete Part II for
(a) No. 	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution Person X Payroll
(a)	(b)	\$154,346 (c)	Noncash (Complete Part II for noncash contributions.)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$ 673,547	Type of contribution Person x Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>82,855</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$50,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$40,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
EEA			Schedule B (Form 990) (2022

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

(b)

Name, address, and ZIP + 4

Name of organization

Part I (a)

No.

Child Advocacy Center, Inc

Employer identification number 31-1705396

(c)

Total contributions

Page **2**

(d) Type of contribution

No. Name, address, and ZIP + 4	\$ (c) Total contributions	Type of contribution Person
(a) (b) No. Name, address, and ZIP + 4		Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) No. Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
EEA	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

22)

Page 2

Schedule B (Form 990) (2022)

Name of organization

Part I

Child Advocacy Center, Inc

31-1705396

Employer identification number

SCHEDULE D)
(Form 990)	

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.

OMB No. 1545-0047 2022

Allach to Form 990.				
Go to	www.irs.gov/Form990 for instructions and the latest information.			

Open to Public Inspection

Name o	f the organization		Employer identification number
Child	Advocacy Center, Inc		31-1705396
Pa		Funds or Other Similar Funds or Ac	
	Complete if the organization answered "Yes"		
	· · · · ·	(a) Donor advised 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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	
	funds are the organization's property, subject to the organiz	ation's exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be us	ed
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, or for any other purpose	e
	conferring impermissible private benefit?	<u></u>	Yes 🗌 No
Par	t II Conservation Easements.		
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).	
	Preservation of land for public use (for example, recreati	on or education)	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	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 \ldots		
C	Number of conservation easements on a certified historic st		2c
d	Number of conservation easements included in (c) acquired		
	historic structure listed in the National Register		· · ·
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the c	organization during the
	tax year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the po		
~	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concentration	n casements during the year
'	Amount of expenses incurred in monitoring, inspecting, han	and enorcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170(h	a)(4)(B)(i)
Ŭ	and section $170(h)(4)(B)(ii)?$		
9	In Part XIII, describe how the organization reports conserva		
Ŭ	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 9	958, not to report in its revenue statement and	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	ublic exhibition, education, or research in furth	herance of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	958, to report in its revenue statement and ba	lance sheet works of
	art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in further	ance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tr	easures, or other similar assets for financial g	
	following amounts required to be reported under FASB ASC	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990 Part X		\$

	e D (Form 990) 2022 Child Advocacy				31-170	<u>v</u>	_
Part	III Organizations Maintaining	Collections of A	rt, Historical T	Freasures,	or Other Similar A	ssets (continued	1)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its						
	collection items (check all that apply):						
а	Public exhibition		d 🗌 Loan o	r exchange pr	ogram		
b	Scholarly research		e 🗌 Other				
с	Preservation for future generations						
4	Provide a description of the organization's of	ollections and explain	how they further the	e organization	's exempt purpose in Pa	rt	
	XIII.						
5	During the year, did the organization solicit of	or receive donations of	f art, historical treas	ures, or other	similar		
	assets to be sold to raise funds rather than	to be maintained as pa	art of the organizati	on's collection	?	. 🗌 Yes 🗌 No	,
Part							
	Complete if the organization	answered "Yes" of	on Form 990, P	art IV, line	9, or reported an ar	nount on Form	
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions	or other asset	s not		
	included on Form 990, Part X?					. 🗌 Yes 🗌 No	,
b	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing table:				
			Ū		A	mount	
С	Beginning balance				10		
d	Additions during the year				1d		
е	Distributions during the year						
f	Ending balance				. 1f.		
2a	Did the organization include an amount on F					. Yes No	,
b	If "Yes," explain the arrangement in Part XII						
Part							_
	Complete if the organization	answered "Yes" of	on Form 990, P	art IV, line	10.		
	1 0	(a) Current year	(b) Prior year	(c) Two years		(e) Four years back	
1a	Beginning of year balance						
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
e	Other expenditures for facilities and						
	programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g. column (a))) held as:			
a	Board designated or quasi-endowment	%	(,,,			
b	Permanent endowment %						
c	Term endowment %						
-	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the poss		tion that are held ar	nd administere	d for the		
	organization by:					Yes No	5
	(i) Unrelated organizations	, 				. 3a(i)	-
	(ii) Related organizations					. 3a(ii)	
b	If "Yes" on line 3a(ii), are the related organized						
4	Describe in Part XIII the intended uses of th	•					
Part							_
	Complete if the organization		on Form 990 P	art IV. line	11a. See Form 990	. Part X. line 10	
	Description of property	(a) Cost or other		or other basis	(c) Accumulated	(d) Book value	
	Description of property	(investmen		other)	depreciation	(a) Book value	
1a	Land		, ,	151,700		151,700)
b	Buildings			689,432	106,067	583,365	
С	Leasehold improvements			214,951	63,185	151,766	
d	Equipment			100,144	81,078	19,066	
e	Other				01,070	19,000	
	Add lines 1a through 1e. (Column (d) must		X column (R) line	10c)		905,897	,
			,			2007007	_

Schedule D (Form 990) 2022

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

31-1705396

Page 3

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

Investments - Program Related. Part VIII

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

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

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.).	

Part X Other Liabilities.		
Complete if the organization answere line 25.	ed "Yes" on Form 990, Part	IV, line 11e or 11f. See Form 990, Part X,
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.) .		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).

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

Schedul	le D (Form 990) 2022 Child Advocacy Center, Inc	31-1705396	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,519,192
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	0	
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	1,750
3	Subtract line 2e from line 1	. 3	1,517,442
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.)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		1,517,442
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,478,753
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 1,75	0	
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	1,750
3	Subtract line 2e from line 1	. 3	1,477,003
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,477,003
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.

SCHEDULE G (Form 990) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						OMB No. 1545-0047	
Department of the Treasury Internal Revenue Service		Att to to www.irs.gov/F	Open to Public Inspection				
Name of the organization						Employer identif	ication number
Child Advocacy C	enter, Inc					31-17	05396
	sing Activities.	•	-		vered "Yes" on	Form 990, Part I∖	/, line 17.
	the organization rais				ies. Check all that a	annly	
a Mail solicitatio	•		e	-	of non-government		
	mail solicitations		f [of government grai		
c Phone solicita			g [draising events		
d 🗌 In-person solio	citations		• -		C C		
2a Did the organizat	ion have a written or	oral agreement w	ith any indivi	dual (includir	ng officers, directors	s, trustees,	
or key employees	s listed in Form 990,	Part VII) or entity	in connectior	n with profess	sional fundraising s	ervices?	🗌 Yes 🗌 No
			indraisers) p	ursuant to ag	reements under wh	ich the fundraiser is to	be
compensated at	east \$5,000 by the o	rganization.					
			(iii) Did fur	draiser have		(v) Amount paid to	(vi) Amount paid to
(i) Name and addres or entity (fun		(ii) Activity	custody c	or control of outions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col. (i)	(or retained by) organization
1			Yes	No			
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		n is registered or I	icensed to so	blicit contribu	tions or has been n	otified it is exempt fror	n

Pa	rt II	(Form 990) 2022 Chi Fundraising Events. Com	.1d Advocacy Cente plete if the organization			-1705396 Page 2
	•••	than \$15,000 of fundraising gross receipts greater than	event contributions and			
		gross receipts greater than	(a) Event #1 GGNO	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	220,206			220,206
-	2	Less: Contributions	196,806			196,806
	3	Gross income (line 1 minus line 2)	23,400			23,400
	4	Cash prizes				
	5	Noncash prizes				
nses	6	Rent/facility costs	2,500			2,500
Direct Expenses	7	Food and beverages	10,603			10,603
Direc	8	Entertainment	3,600			3,600
	9	Other direct expenses	11,306			11,306
	10	Direct expense summary. Add lin				28,009
Do	11	Net income summary. Subtract lin	ne 10 from line 3, column (d)		(4,609)
ra	rt III	Gaming. Complete if the or \$15,000 on Form 990-EZ, li		es on Form 990, Part	iv, line 19, or reported	more than
enue		, , , , , , , , , , , , , , , , , , , ,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
S	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	Yes % No	□ Yes % □ No	□ Yes % □ No	
	7	Direct expense summary. Add lin	es 2 through 5 in column (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line 1, col	umn (d)		
9	En	ter the state(s) in which the organiz	zation conducts gaming acti	vities:		
á		the organization licensed to conduction No," explain:	t gaming activities in each o			Yes No
ł						

SCHEDUL (Form 990) Department of th Internal Revenue	ne Treasury e Service	Gove	ints and Other rnments, and li if the organization and Go to www.irs.go	ndividuals in	the United Stat m 990, Part IV, line 21	tes		OMB No. 1545-0047 2022 Open to Public Inspection
Name of the org	anization						Employer identifica	tion number
	ocacy Center, Inc						31-1705396	
	General Information on							
the sele	e organization maintain records to ction criteria used to award the g e in Part IV the organization's pro	rants or assistance?						. 🗌 Yes 🕱 No
Part II	Grants and Other Assistan Part IV, line 21, for any recip	ce to Domestic Org	anizations and Don	nestic Governmer	-	-	"Yes" on Form 99	0,
	e and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
2 Enter to	tal number of section 501(c)(3) a	nd government organiza	ations listed in the line 1	table				I

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2022) Child Advocacy Center, Inc

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (d) Amount of (b) Number of (c) Amount of (e) Method of valuation (book, (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) Client supplies and 1 Supplies 3,716 7,850 Cash Value assistance 2 Transportation 495 998 Cash Value Bus passes 3 4 5 6

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Page 2

31-1705396

7

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Den to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Child Advocacy Center, Inc

Employer identification number 31–1705396

OMB No. 1545-0047

2022

01. Committee meeting documentation (Part VI, line 8b)

There are no committees with authority to act on behalf of the governing body.

02. Form 990 governing body review (Part VI, line 11)

The Form 990 is reviewed by the Executive Committee and distributed to the full board

before filing.

03. Conflict of interest policy compliance (Part VI, line 12c)

If a director should have a conflict of interest, he or she will disclose the conflict to the Board of Directors and, if so directed by the Board of Directors, will abstain from voting with respect to matters involving the conflict. The Board of Directors will decide what action, if any, to take in light of a conflict of interest, which action may (but is not required to) include accepting the director's abstention, requiring the director to terminate the conflict of interest or causing the director's appointment to be terminated. Approval of an interested transaction may be given by a three-fourths vote of all directors, excluding interested directors, attending a regular or special meeting at which quorum is present. Notice and a description of the interested transaction will be given to each director at least ten days prior to the meeting at which approval of the transaction is decided. In the event of a transaction involving a significant expenditure of funds, it would be the duty of the Executive Committee to screen the transaction for any potential conflicts of interest and, if prudent, ask the vendor or service provider to disclose any relationship they may have with the Center's directors and staff.

04. Governing documents, etc, available to public (Part VI, line 19)

Governing documents are made available to the public upon request.

Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
Child Advocacy Center, Inc	31-1705396
05. List of other fees for services expenses (Part IX, line 11g)	
Contracted Therapists - \$275,458	
06. General explanation attachment	
The Center received 5,384 hours of volunteer services in 2022. At \$29.41	per hour, this
amounts to \$158,343 of additional contributions and program service exper	nses. This hourly
rate is the estimated value per hour of volunteer time for Florida as est	timated by
Independent Sector.	

Statement of Program Service Accom	olishments

2022 PG01 Your Social Security Number

Name(s) as shown on return

Child Advocacy Center, Inc

Form 990-Part III(a)

Statement of Service Accomplishment

Statement #4

31-1705396

Program Service Code	
Program Service Expenses	\$1307811
Grants and allocations included in above expense	\$8848
Program Services Revenue	\$94693

Explanation

Child Advocacy Center, Inc. (the Center) a Florida Not-for-Profit corporation located in Gainesville, Florida provided child-friendly, safe and supportive environment for abused, neglected, or trafficked children. The Center is a place where professionals - social workers, counselors, law enforcement officers, state attorneys, victim advocates, medical professionals and others - work as a team to coordinate investigations and interventions for each child abuse case. This multidisciplinary team collaboration expediates each child's time in the legal system and ensures that children are not re-victimized by the system, and that they and their families are provided the support and services needed to heal. In conjunction with this multi-disciplinary team approach, the Center offers a variety of trauma-informed services including specialized play therapy for child victims, their non-offending caregivers and siblings, forensic interviews, case management and tracking. In 2022, the Center provided these services to 2,219 child victims, providing 252 forensic interviews, and 5,527 therapy sessions. In total over 3,716 victims were helped and 27,969 victim advocate services were provided. The center is the only location in the area that is child-focused and utilizes the trauma-informed model adopted nationally by the National Children's Alliance as a best practice for treating children who have suffered abuse. All services at the Center are available free of charge to child victims for as long as they are needed.