Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury

2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change ADAMS COUNTY CHILDREN'S ADVOCACY CENTER Name change 20-3372800 Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 717-337-9888 450 WEST MIDDLE STREET 761,910. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return GETTYSBURG, PA 17325 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DEBRA E. MURRAY for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.KIDSAGAINCAC.ORG **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Other > L Year of formation: 2005 M State of legal domicile: PA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: COMMUNITY BASED CENTER FOR THE **Activities & Governance** TREATMENT AND PREVENTION OF CHILD ABUSE. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 492,456. 695,722.Contributions and grants (Part VIII, line 1h) 8 Revenue 1,200. 12,542. Program service revenue (Part VIII, line 2g) 18,029. 31,333. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,975. 657. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 516,660. 740,254 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 362,466. 425,653. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 118,973. 111,684. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 537,337. 481,439. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 35,221. 202,917. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,210,609. 1,485,512. 20 Total assets (Part X, line 16) 65,256. 9,346. 21 Total liabilities (Part X, line 26) 三年 145,353. 476,166. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DEBRA E. MURRAY, EXECUTIVE DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00773661 DAVID J. MANBECK, CPA Paid self-employed Firm's name BOYER & RITTER, LLC Firm's EIN ▶ 23-1311005 Preparer Firm's address ▶ 211 HOUSE AVENUE Use Only Phone no. 717 - 761 - 7210CAMP HILL, PA 17011

No

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Page 2

) (Revenue \$

including grants of \$

402,856.

Total program service expenses ▶

			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?	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 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 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	Х	
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_V
45	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			_V
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16		4.		v
17	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,	47		x
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		 ^
18		18		X
19	1c and 8a? If "Yes," complete Schedule G, Part II	- ''		 ^ `
13	,	19		X
20a	complete Schedule G, Part III	20a		X
		20a 20b		 ^
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Form 990 (2020) ADAMS COUNTY CHILDREN'S ADVOCACY CENTER
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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 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 through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			1
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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		<u> X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
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		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

ADAMS COUNTY CHILDREN'S ADVOCACY CENTER

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

				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 8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•			l
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	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 Ad	, ,	_		v
5a			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a prohibited tax shelter transaction for a party to a party to a prohibited tax shelter transaction for a party to		5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?	•	6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		Ua		
b	were not tax deductible?	9	6b		
7	Organizations that may receive deductible contributions under section 170(c).	•••••	05		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b	tions and the second		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			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:	40-			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b	1		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	TOD	-		
''	Gross income from members or shareholders	11a			
h	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b	-		
С	Enter the amount of reserves on hand	13c			
14a	· · · · · · · · · · · · · · · · · · ·		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				,,
	excess parachute payment(s) during the year?		15		X
16	If "Yes," see instructions and file Form 4720, Schedule N.	in a a ma O	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		<u>Α</u>
	If "Yes," complete Form 4720, Schedule O.				

Form 990 (2020) ADAMS COUNTY CHILDREN'S ADVOCACY CENTER 20-35/2000 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

800						X
Sec	tion A. Governing Body and Management					I
		1 1	4 7		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other				
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e 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		i i	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			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 a					
, ,	more members of the governing body?			7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			74		
b				7b		х
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year.			7.0		-25
8		-		0-	Х	
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read to the control of t			_		٦,
<u> </u>	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule</i> O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)				
			1		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the fo	rm?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes." describe				
	in Schedule O how this was done	,		12c	Х	
13	Did the organization have a written whistleblower policy?		- [13	Х	
14			- [14	Х	
15	Did the process for determining compensation of the following persons include a review and approv					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a				
104	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			IUa		
b						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?			16h		
Sec	exempt status with respect to such arrangements? tion C. Disclosure			16b		
17	List the states with which a copy of this Form 990 is required to be filed PA	1000 T (0 =	04 () (0)			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-1 (Section 5	υ1(c)(3)s	only)	availa	pie
	for public inspection. Indicate how you made these available. Check all that apply.					
	· ·	n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest pol	licy, and	financ	cial	
	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 bo	oks and records	-			
	JACKIE HENDRICKS - 717-337-9888					
	450 WEST MIDDLE STREET, GETTYSBURG, PA 17325					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	Jiga	IIIZA) (2)	ірсі	Jan	(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	one	Reportable	Reportable	Estimated
	hours per week	box,	, unles cer an	ss per d a d	son is	s both	an tee)	compensation from	compensation from related	amount of other
	l (list any	tor						the	organizations	compensation
	hours for	r direc				pa		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	ıal tru:	onal t		ployee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DEBRA E MURRAY	40.00									
EXECUTIVE DIRECTOR				Х				71,425.	0.	1,429.
(2) CAROLYN WAGAMAN	4.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) CINDY SMALL	4.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) ESTHER WAYBRIGHT	3.00									
SECRETARY		Х		Х				0.	0.	0.
(5) CATHY HARNER	3.00									
TREASURER		Х		X				0.	0.	0.
(6) HARRY HARTMAN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) SARAH FINKEY	2.00								_	•
DIRECTOR	2 00	Х						0.	0.	0.
(8) IRENE POWELL	2.00	7,7							_	0
DIRECTOR	2 00	Х						0.	0.	0.
(9) JEANETTE SLIMMER	2.00	Х						0.	0.	0
DIRECTOR	2.00	Λ						0.	0.	0.
(10) ANDREA SINGLEY DIRECTOR	2.00	Х						0.	0.	0.
(11) BRIAN SINNETT	2.00	Λ						0.	0.	<u> </u>
DIRECTOR	2.00	Х						0.	0.	0.
(12) STEPHEN HIGGS	2.00	25						•	•	•
DIRECTOR	2,00	х						0.	0.	0.
(13) CINDY KEENEY	2.00								•	•
DIRECTOR		х						0.	0.	0.
(14) WENDY HEIGES	2.00								<u> </u>	
DIRECTOR		Х						0.	0.	0.
(15) TOM FORTNUM	2.00									
DIRECTOR		Х						0.	0.	0.
(16) DAWN HEIGES HOFFMAN	2.00									
DIRECTOR		Х	L					0.	0.	0.
(17) CHRISTINE REDDING	2.00									
DIRECTOR		Х						0.	0.	0.

Form **990** (2020)

	T VII Section A. Officers, Directors, Trus	(B)	PiOy	ees,			grie	<i>.</i>					/ E\	
	(A)	Average			(C) Position				(D)	(E)		_	(F)	اد د
	Name and title	hours per	(do not check more than one						Reportable compensation	Reportable compensatio	n	l	stimate mount	
		week			nd a d				from	from related		اما	other	
		(list any	ctor						the	organizations		con	npensa	
		hours for	r dire				ped		organization	(W-2/1099-MIS	SC)	f	rom th	ie
		related	stee o	rustee			ensa		(W-2/1099-MISC)			1 `	ganizat	
		organizations below	al trus	onal t		loyee	comp					l	id relat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				org	anizati	ons
/10)	KELLY MARGETAS	2.00	=	Ë	5	Ş.	<u> </u>	요			\longrightarrow			
	CCTOR	2.00	X						0.		0.			0.
DIKE	SCIOR		^				-		0.		0.			<u> </u>
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			1											
				\vdash										
			1											
	Subtotal	1		I			<u> </u>		71,425.		0.		1,4	29.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								71,425.		0.		1,4	
2	Total number of individuals (including but							no re	· · · · · · · · · · · · · · · · · · ·	000 of reportable				
_	compensation from the organization		.000		, a an	,,,,	, ···	.0 .0	, societa more than pros,	ood of roportable				0
	oemponeation nom the organization												Yes	No
3	Did the organization list any former office	r. director. trust	ee. I	cev e	lame	ove	e. or	hic	hest compensated emp	ovee on				
	line 1a? If "Yes," complete Schedule J for											3		Х
4	For any individual listed on line 1a, is the s													
	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes." con	mplete Schedul	e J f	or su	uch i	oers	son					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fr	om	
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
	(A)								(B)				C)	
	Name and business	s address	N	INC	3				Description of s	ervices		ompe	ensatio	n
2	Total number of independent contractors (ot lir	nite	d to		_	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organ	ization >				()							

Form 990 (2020) ADAMS C
Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c	6,187.				
Æ,		Related organizations 1d	0/10/1				
ij gi			540,311.				
ns, Sim		Government grants (contributions) 1e	340,311.				
e ti	Ť	All other contributions, gifts, grants, and	140 224				
듗됨		similar amounts not included above 1f	149,224.				
E Z	g			605 500			
<u>ğ</u> <u>ğ</u>	h	Total. Add lines 1a-1f	<u></u>	695,722.			
			Business Code	1.2 - 1.2	10 - 10		
e	2 a	FEES FOR SERVICES	900099	12,542.	12,542.		
ه ≧	b						
Se	С						
e a	d						
Bog	е						
Program Service Revenue	f	All other program service revenue					
	a	Total. Add lines 2a-2f		12,542.			
	3	Investment income (including dividends, inter		, -			
	•	other similar amounts)		25,696.			25,696.
	4	Income from investment of tax-exempt bond					
	5						
	3	Royalties(i) Real	(ii) Personal				
	_		(ii) i ersoriai				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 27,075					
	b	Less: cost or other basis					
ē		and sales expenses	,				
eu	С	Gain or (loss) 7c 5,637	,				
Revenue		Net gain or (loss)	•	5,637.			5,637.
ther		Gross income from fundraising events (not					•
₽		including \$6,187 of					
١		contributions reported on line 1c). See					
		Part IV, line 18	875.				
	L						
			710.	657.			657.
		Net income or (loss) from fundraising events	P	057.			057.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses 9)				
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances10	а				
	b	Less: cost of goods sold10	b				
	С	Net income or (loss) from sales of inventory	>				
,,			Business Code				
Sno (11 a						
in in	b						
Miscellaneous Revenue	С						
lsc R		All other revenue					
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		740,254.	12,542.	0.	31,990.

Part IX Statement of Functional Expenses

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

	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons			•	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			j	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	71,604.	56,567.	12,889.	2,148.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	278,217.	219,791.	50,079.	8,347.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	5,463. 42,859.	4,316. 33,858.	983.	164. 1,286. 826.
9	Other employee benefits	42,859.	33,858.	7,715.	1,286.
10	Payroll taxes	27,510.	21,733.	4,951.	826.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	10.050		10.050	
	Accounting	12,050.		12,050.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	10 252		10 252	
f	Investment management fees	10,252.		10,252.	
g	,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	9,803.	5,093.	4,710.	
13	Office expenses	9,003.	3,093.	4,710.	
14	Information technology				
15	Royalties	17,035.	13,402.	3,633.	
16 17	Occupancy	194.	13,402.	194.	
18	Payments of travel or entertainment expenses	174.		1710	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,589.	3,589.		
20	Interest	-,,,,,,,,	2,3031		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,740.	15,966.	1,774.	
23	Insurance	4,366.	3,056.	1,774. 1,310.	
24	Other expenses. Itemize expenses not covered	·		·	
-	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	20,584.	20,584.		
b	DUES & SUBSCRIPTIONS	8,508.		8,508.	
С	COMMUNICATIONS	5,445.	4,901.	544.	
d	BOARD DEVELOPMENT	1,643.		1,643.	
е	All other expenses	475.		475.	
25	Total functional expenses. Add lines 1 through 24e	537,337.	402,856.	121,710.	12,771.
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)				5 QQQ (2222)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 25,867. 2,064. 1 Cash - non-interest-bearing 177,276. 192,340. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 3 34,923. 36,226. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 Inventories for sale or use 8 1,822. 1,822. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 467,882. basis. Complete Part VI of Schedule D ______ 10a 227,118. 252,032. 240,764. b Less: accumulated depreciation 10b 10c 717,386. 1,013,599. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 1,210,609. 1,485,512. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16,756. 9,346. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 48,500. of Schedule D 65,256. 9,346. 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 1,118,929. 1,444,372. Net assets without donor restrictions 27 27 Net assets with donor restrictions 26,424. 31,794. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 1,145,353. 1,476,166. Total net assets or fund balances 32 32 1,210,609. 1,485,512. 33

33

Total liabilities and net assets/fund balances

	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				<u>54.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				37.
3	Revenue less expenses. Subtract line 2 from line 1	3		20	2,9	<u> 17.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,14	5,3	53.
5	Net unrealized gains (losses) on investments	5		12	7,8	96.
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		1,47	6,1	66.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
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 in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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	Х	
	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 the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C) .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

ADAMS COUNTY CHILDREN'S ADVOCACY CENTER

Employer identification number 20-3372800

Pa	rt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	,	,	,	,	ινανί)		
	H						· //~//·/·		
2	\square	A school described in sect i		•			···		
3	Н	A hospital or a cooperative	•				=		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:							_
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	•				• •	nublic described in	
•		section 170(b)(1)(A)(vi). (C	•	itiai part of its support ii	om a gove	Jiiiiiontai	unit of from the general p	public described in	
_				4VAV-1) (Olate D					
8	\square	A community trust describe							
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college	
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or	
		university:							
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from	
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor		,			3	,	
11		An organization organized a		valy to test for public sa	faty Saa	section 50	10(a)(4)		
	H							numaces of one or	
12		An organization organized a	•		-		•	• •	
		more publicly supported or	-					check the box in	
		lines 12a through 12d that o	* *			-			
а			ınization operated, sı	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
		organization. You must o	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting org.	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	/ing	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted	
		organization(s). You mus			•				
С		Type III functionally inte			in connect	tion with a	and functionally integrate	ed with	
Ī		its supported organization					• •		
4		¬ ''		-				zation(a)	
d		☐ Type III non-functionally					· · · · · · · · · · · · · · · · · · ·		
		that is not functionally int		•	•		•	veness	
		requirement (see instructi	•	•	•				
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated supporti	ng organiz	ation.			-
f	Ente	er the number of supported o	organizations						-
g		vide the following information			L (iv) le the era	nization listed		T	_
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount of monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
									-
									-
	_								-
T -4 -	. 1							1	

Schedule A (Form 990 or 990-EZ) 2020 ADAMS COUNTY CHILDREN'S ADVOCACY CENTER 20-3372800 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	391,268.	354,691.	377,658.	492,456.	695,722.	2311795.					
2	Tax revenues levied for the organ-											
	ization's benefit and either paid to											
	or expended on its behalf											
3	The value of services or facilities											
	furnished by a governmental unit to											
	the organization without charge											
4	Total. Add lines 1 through 3	391,268.	354,691.	377,658.	492,456.	695,722.	2311795.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)											
	Public support. Subtract line 5 from line 4.						2311795.					
Sec	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
7	Amounts from line 4	391,268.	354,691.	377,658.	492,456.	695,722.	2311795.					
8	Gross income from interest,											
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	10,552.	12,040.	14,801.	17,892.	25,696.	80,981.					
9	Net income from unrelated business											
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10						2392776.					
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	346,223.					
13	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)						
	organization, check this box and stop						>					
Sec	ction C. Computation of Publi	c Support Per	centage									
	Public support percentage for 2020 (li		•			14	96.62 %					
15	Public support percentage from 2019	Schedule A, Part	I, line 14			15	97.15 %					
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box						
	stop here. The organization qualifies		-									
b	33 1/3% support test - 2019. If the o											
	and stop here. The organization quali											
17a	10% -facts-and-circumstances test	ū					•					
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization											
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
b	b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or											
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the											
	organization meets the facts-and-circu						▶∐					
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	: ▶ ∐					

Schedule A (Form 990 or 990-EZ) 2020 ADAMS COUNTY CHILDREN'S ADVOCACY CENTER 20-3372800 Page 3

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ļ					
	and income from similar sources	ļ					
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on	ļ					
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 th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3) organization	on,
	check this box and stop here						>
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20)20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	>
k	33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	ınd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	OI:		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10-		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2020

	edule A (Form 990 or 990-EZ) 2020 ADAMS COUNTY CHILDREN'S ADVOCACY CENTER 20-	337280	0 Pa	age 5
Pai	rt IV Supporting Organizations (continued)		V	
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
u	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	·		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
_	Many and the of the approximation to the above and the decimal to the above and the of the office of the office of the other states.		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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		
Sec	tion 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 instruction)	ons).		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instruction	1 '	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	, , , , , , , , , , , , , , , , , , , ,			
	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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
D	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 ADAMS COUNTY CHILDREN'S ADVOCACY CENTER 20-3372800 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 ADAMS COUNTY CHILDREN'S ADVOCACY CENTER 20-3372800 Page 7

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	<u> </u>
Sect	ion D - Distributions		•		Current Year
_1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI See instructions				

Schedule A (Form 990 or 990-EZ) 2020

and 4c.
 B Breakdown of line 7:
 Excess from 2016
 Excess from 2017
 Excess from 2018
 Excess from 2019
 Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Schedule A	(Form 990 or 990-EZ) 2020 ADAMS COUNTY CHILDREN'S ADVOCACY CENTER 20-3372800 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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ADAMS COUNTY CHILDREN'S ADVOCACY CENTER

Employer identification number 20-3372800

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year	• •	1	
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 w	riting that the assets held in donor ac	dvised funds	
_	are the organization's property, subject to the organization's	_		
6	Did the organization inform all grantees, donors, and donor ac			
•	for charitable purposes and not for the benefit of the donor or			
	• •		ı — —	
Pa				
1	Purpose(s) of conservation easements held by the organization		,,	
	Preservation of land for public use (for example, recreat		n of a historically important land area	
	Protection of natural habitat	· —	n of a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the fo	rm of a conservation easement on the last	
_	day of the tax year.		Held at the End of the Tax Yea	
а			_	
b				
С	Number of conservation easements on a certified historic stru			
	Number of conservation easements included in (c) acquired at			
_	listed in the National Register	· ·		
3	Number of conservation easements modified, transferred, rele			
_	year >	, acca, e, aga.eca, e. 10acca e,	and organization dailing the talk	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	•	of	
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>	-	- ,	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conse	ervation easements during the year	
	▶ \$, ,	Ç ,	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	•	Yes No	
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial state	ements that describes the	
	organization's accounting for conservation easements.	•		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statemer	nt and balance sheet works	
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in	n furtherance of public	
	service, provide in Part XIII the text of the footnote to its financial	cial statements that describes these it	tems.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement ar	nd balance sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fo	urtherance of public service,	
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS			
	Revenue included on Form 990, Part VIII, line 1	_	Α	
а	nevenue included of Form 990, Fait viii, line F			

77,654.

Schedule D (Form 990) 2020

32,216

240,764

45,438.

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2020 ADAMS COUNT	Y CHILDREN'S	ADVOCACY CENTER	20-3372800 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)	,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	<u>l</u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
	·		, ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	<u> </u>		•
Part X Other Liabilities.	<u> </u>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(2)			
(3)			
(4)			
(5)			

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 ... ▼

(6) (7) (8) (9)

rai	neconciliation of nevertide per Addited Financial Statemen	IT2 AAITII	nevellue per ne	turri.	
	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	857,898.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	127,896.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	127,896.
3	Subtract line 2e from line 1			3	730,002.
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	10,252.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	10,252.
5				5	740,254.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per P	leturr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	527,085.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
	Other losses				
	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	527,085.
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	10,252.		
	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	10,252.

Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part XIII Supplemental Information.

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

PART X, LINE 2:

MANAGEMENT HAS ASSESSED THE ORGANIZATION'S EXPOSURE TO INCOME TAXES AT THE ENTITY LEVEL AS A RESULT OF UNCERTAIN TAX POSITIONS TAKEN IN CURRENT AND PREVIOUSLY FILED TAX RETURNS. EXAMPLES OF UNCERTAIN TAX POSITIONS TAKEN AT THE ENTITY LEVEL INCLUDE THE CONTINUING VALIDITY OF THE ORGANIZATION'S EXEMPT STATUS AND THE PROSPECT OF BEING SUBJECT TO THE FILING REQUIREMENT FOR UNRELATED BUSINESS INCOME. PRESENTLY, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE ORGANIZATION'S TAX POSITIONS WILL BE AND THAT SUSTAINED UPON EXAMINATION, INCLUDING ANY APPEALS AND LITIGATION, THE ORGANIZATION HAS NO EXPOSURE TO INCOME TAX LIABILITIES ARISING FROM THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY UNCERTAIN TAX POSITIONS. TAXING JURISDICTIONS; HOWEVER, NO AUDITS FOR ANY TAX PERIODS ARE CURRENTLY

537,337.

Schedule D (Form 990) 2020	ADAMS	COUNTY	CHILDREN'S	ADVOCACY	CENTER	20-3372800	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation _{(co}	ontinued)					
IN PROGRESS.							
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ADAMS COUNTY CHILDREN'S ADVOCACY CENTER

Employer identification number 20-3372800

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ABUSE.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION BOARD REVIEWS AND APPROVES THE FORM 990 BEFORE IT IS FILED
WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL BOARD MEMBERS MUST SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT
ANNUALLY. IN ADDITION, THROUGHOUT THE YEAR, IF ANY CONFLICTS ARISE, THEY
ARE TO BE DISCLOSED TO THE BOARD TREASURER.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS OF THE ORGANIZATION DETERMINED THE EXECUTIVE
DIRECTOR'S SALARY BASED ON COMPARABLE POSITIONS IN THE AREA WHEN INITALLY
HIRED. THE BOARD APPROVES ALL PAY INCREASES AND SALARIES ON AN ANNUAL
BASIS.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE NOT REQUIRED TO AND ARE NOT MADE AVAILABLE TO THE
PUBLIC.
FORM 990, SECTION XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.