

Return of Organization Exempt From Income Tax

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2020 calendar year, or tax year beginning **JUL 01, 2020**, and ending **JUN 30, 2021**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization **EMERALD COAST CHILDRENS**
 Doing business as **ADVOCACY CENTER INC**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1237
 City or town State ZIP code
NICEVILLE FL 32588
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number
59-3454168

E Telephone number
850-833-9237

G Gross receipts \$ **2811559.**

F Name and address of principal officer: **JULIE PORTERFIELD**
PO BOX 1237 NICEVILLE FL 32588

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.ECCAC.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1997** **M** State of legal domicile: **FL**

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE EMERALD COAST CHILDRENS ADVOCACY CENTER IS A 501C3 NON-PROFIT AGENCY THAT, ALONG WITH OTHER CONTINUED ON PAGE 2</u>		
	2 Check this box <input type="checkbox"/> 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)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	28
	6 Total number of volunteers (estimate if necessary)	6	320
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	1334942.	1237392.
	9 Program service revenue (Part VIII, line 2g)	90123.	90582.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	145023.	189415.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	246083.	595433.
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1816171.	2112822.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	999368.	1106294.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 132287.		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	613319.	559737.	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1612687.	1666031.	
19 Revenue less expenses. Subtract line 18 from line 12	203484.	446791.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 6411318.	End of Year 7132462.
	21 Total liabilities (Part X, line 26)	235071.	225866.
	22 Net assets or fund balances. Subtract line 21 from line 20	6176247.	6906596.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: **JULIE PORTERFIELD** Date: **11/11/2021**
 Type or print name and title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name RUSSELL CASH III CPA	Preparer's signature RUSSELL CASH II	Date 11/11/2021	Check <input type="checkbox"/> if self-employed	PTIN P01635348
Firm's name ▶ COASTAL ACCOUNTING OF NW FL		Firm's EIN ▶ 20-3857349		
Firm's address ▶ 1150 AIRPORT RD UNIT DESTIN FL 32541		Phone no. 850-654-9235		

May the IRS discuss this return with the preparer shown above? See instructions Yes No