

**IRS e-file Signature Authorization
for a Tax Exempt Entity**

For calendar year 2021, or fiscal year beginning 07-01, 2021, and ending 06-30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer **SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC** EIN or SSN **26-3208123**

Name and title of officer or person subject to tax
MARIE FORDNEY, EXEC DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,766,987</u>
2a	Form 990-EZ check here . . ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here . ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here . . ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here . . . ▶	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here . . . ▶	<input type="checkbox"/>	b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here . . . ▶	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here . . . ▶	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here . ▶	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Scott R. Meyer, CPA P.C. to enter my PIN 08123 as my signature
ERO firm name **Enter five numbers, but do not enter all zeros**

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ _____ Date ▶ 12-12-2022

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. XXXXXX 04611
Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ 06-30-2023

**ERO Must Retain This Form - See Instructions
Don't Submit This Form to the IRS Unless Requested To Do So**

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2021

Name(s) as shown on return

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

Employer Identification Number

-*8123

Entity address

2329 E AJO WAY

TUCSON, AZ 85713-6215

Thank you for participating in IRS e-file.

1. 2021 990 income tax return for Federal was filed electronically.
The electronic filing services were provided by Scott R. Meyer, CPA P.C.

2. 990 income tax return was accepted on 12-14-2022 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is XXXXXX2022348pqbhmr

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Client Copy

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC	Taxpayer identification number (TIN) 26-3208123
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 2329 E AJO WAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TUCSON AZ 85713-6215	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

• The books are in the care of ▶ **MARIE FORDNEY, 2329 E AJO WAY TUCSON AZ 85713-6215**

Telephone No. ▶ **520-724-6600** FAX No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **05-15**, 20 **23**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20 ____ or

▶ tax year beginning **07-01**, 20 **21**, and ending **06-30**, 20 **22**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2021

Name(s) as shown on return

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

Employer Identification Number

**** - ***8123**

Entity address

2329 E AJO WAY

TUCSON, AZ 85713-6215

Thank you for participating in IRS e-file.

1. 2021 8868-01 income tax return for Federal was filed electronically.
The electronic filing services were provided by Scott R. Meyer, CPA P.C.

2. 8868-01 income tax return was accepted on 11-15-2022 using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is XXXXXX2022319dwhhtnz

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Client Copy

Return of Organization Exempt From Income Tax

2021

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

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

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2021** calendar year, or tax year beginning **07-01**, 2021, and ending **06-30**, 2022

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

C Name of organization: **SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC**
 Doing business as **CHILDRENS ADVOCACY CENTER OF SO AZ**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2329 E AJO WAY
 City or town, state or province, country, and ZIP or foreign postal code
TUCSON, AZ 85713-6215

D Employer identification number
26-3208123

E Telephone number
(520) 724-6600

G Gross receipts
\$ **1,787,458**

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.SOAZADVOCACY.ORG**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1996** **M** State of legal domicile: **AZ**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE CHIDREN'S ADVOCACY CENTER OF SOUTHERN ARIZONA IS TO PROVIDE A SAFE, COMPASSIONATE, HEALING ENVIRONMENT FOR CHILDREN WHO HAVE BEEN A VICTIM OR WITNESSED A CRIME. VISION: PROVIDE EACH CHILD WITH THE SAFETY THEY NEED TO TELL THEIR STORY; (CONTINUE SCH O)		
	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	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	35
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,607,870	Current Year 1,371,152
	9	Program service revenue (Part VIII, line 2g)	335,988	369,452
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,974	2,819
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		23,564
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,946,832	1,766,987
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,133,671	1,217,160
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	74,074	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	567,466	545,417
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,701,137	1,762,577	
19	Revenue less expenses. Subtract line 18 from line 12	245,695	4,410	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,301,744	End of Year 1,298,893
	21	Total liabilities (Part X, line 26)	104,613	100,672
	22	Net assets or fund balances. Subtract line 21 from line 20	1,197,131	1,198,221

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: **MARIE FORDNEY** Date: _____
 Type or print name and title: **MARIE FORDNEY, EXEC DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **Scott R Meyer CPA** Preparer's signature: *Scott R Meyer CPA* Date: **11/22/22**
 Check if self-employed PTIN: **XXXXXXXXXX**
 Firm's name: **Scott R. Meyer, CPA P.C.** Firm's EIN: _____
 Firm's address: **1700 East Fort Lowell Rd Ste 105 Tucson AZ 85719** Phone no.: **520-881-3734**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE MISSION OF THE CHILDREN'S ADVOCACY CENTER OF SOUTHERN ARIZONA IS TO PROVIDE A SAFE, COMPASSIONATE, HEALING ENVIRONMENT FOR CHILDREN WHO HAVE BEEN A VICTIM OR WITNESSED A CRIME. VISION: PROVIDE EACH CHILD WITH THE SAFETY THEY NEED TO TELL THEIR STORY; (CONTINUE SCH O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,628,299 including grants of \$) (Revenue \$ 1,466,999)
See SERVICES page for a description of this program service.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 1,628,299

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 22 through 38 regarding financial reporting, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and backup withholding rules.

Part 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	35		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	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 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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
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	7d			
e	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			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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.				
a	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:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	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 1041?	12a			
b	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.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
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			
c	Enter the amount of reserves on hand	13c			
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 O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 1a (19), 1b (18), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

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

MARIE FORDNEY (520) 724-6600, 2329 E AJO WAY, TUCSON, AZ 85713-6215

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations W-2/1099-MISC/1099-NEC	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARIE FORDNEY EXECUTIVE DIRECTOR	40.00				X			91,073	0	0
(2) MICHELLE HAMILTON DIRECTOR	1.00	X					0	0	0	0
(3) LT LUIS CORDONIZ DIRECTOR	1.00	X					0	0	0	0
(4) GILBERT ROBLES DIRECTOR	1.00	X					0	0	0	0
(5) DEBORAH NANCE DIRECTOR	1.00	X					0	0	0	0
(6) JENNIFER HOLT DIRECTOR	1.00	X					0	0	0	0
(7) KATHY WINGER DIRECTOR	1.00	X					0	0	0	0
(8) MATT KOPEC DIRECTOR	1.00	X					0	0	0	0
(9) JILLIAN AJA DIRECTOR	1.00	X					0	0	0	0
(10) MORGAN MATCHETT DIRECTOR	1.00	X					0	0	0	0
(11) PAT WIEDHOPF DIRECTOR	1.00	X					0	0	0	0
(12) JAYNE HENNINGER DIRECTOR	1.00	X					0	0	0	0
(13) CARRIE KUBE DIRECTOR	1.00	X					0	0	0	0
(14) LT MARK JIMENEZ DIRECTOR	1.00	X					0	0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ALAN SCHULTZ PRESIDENT	3.00	X		X				0	0	0
(16) SCOTT LOWING VICE PRESIDENT	2.00	X		X				0	0	0
(17) REBECCA MANEOLAS SECRETARY	1.00	X		X				0	0	0
(18) TODD DIDIER TREASURER	2.00	X		X				0	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							91,073	0	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions) . .	1e	1,097,547		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	273,605		
	g Noncash contributions included in lines 1a-1f	1g	\$ 16,696		
	h Total. Add lines 1a-1f ▶		1,371,152		
Program Service Revenue	2a FEEES FOR SERVICES	Business Code			
	b	900099	369,452	369,452	
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f ▶		369,452		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,819		2,819
	4 Income from investment of tax-exempt bond proceeds . . . ▶				
	5 Royalties ▶				
	6a Gross rents	6a	(i) Real	(ii) Personal	
	b Less: rental expenses	6b			
	c Rental income or (loss)	6c			
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other	
	b Less: cost or other basis and sales expenses	7b			
	c Gain or (loss)	7c			
	d Net gain or (loss) ▶				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	44,035		
	b Less: direct expenses	8b	20,471		
	c Net income or (loss) from fundraising events ▶		23,564		23,564
9a Gross income from gaming activities, See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities ▶					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory ▶					
Miscellaneous Revenue	11a	Business Code			
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d ▶				
12 Total revenue. See instructions ▶		1,766,987	369,452	0	26,383

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	91,073	54,643	18,215	18,215
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	937,080	894,033	21,472	21,575
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,544	6,960	292	292
9 Other employee benefits	95,938	88,522	3,703	3,713
10 Payroll taxes	85,525	78,914	3,301	3,310
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	46,611	41,086	2,759	2,766
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	143,910	143,910		
12 Advertising and promotion	16,629	1,843	642	14,144
13 Office expenses	16,289	15,030	629	630
14 Information technology				
15 Royalties				
16 Occupancy	70,000	64,589	2,702	2,709
17 Travel	13,258	12,233	512	513
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,574	25,473	942	1,159
23 Insurance	24,519	22,624	946	949
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 O.)				
a STAFF TRAINING	37,948	35,014	1,465	1,469
b SMALL EQUIPMENT	38,424	35,454	1,483	1,487
c CLINICAL AND PREV EXPENSES	80,702	80,702		
d POSTAGE AND PRINTING	14,582	13,455	563	564
e All other expenses	14,971	13,814	578	579
25 Total functional expenses. Add lines 1 through 24e	1,762,577	1,628,299	60,204	74,074
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

990

Overflow Statement

(This page is not filed with the return. It is for your records only.)

2021

Page 1

Name(s) as shown on return

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

FEIN

26-3208123

Description	Amount
MEDICAL CONTRACT FEES	\$ 123,032
INFO TECH PROF FEES	20,878
Total:	\$ 143,910

Description	Amount
DUES AND SUBS	\$ 9,067
MISCELLANEOUS	4,747
Total:	\$ 13,814

Description	Amount
DUES AND SUBS	\$ 379
MISCELLANEOUS	199
Total:	\$ 578

Description	Amount
DUES AND SUBS	\$ 380
MISCELLANEOUS	199
Total:	\$ 579

Client Copy

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	364,443	1	381,018
	2	Savings and temporary cash investments	450,057	2	414,879
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	338,981	4	325,188
	5	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	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,727	9	11,042
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	448,702		
	10b	Less: accumulated depreciation	294,351	10c	154,351
	11	Investments - publicly traded securities	12,006	11	12,415
	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 33)	1,301,744	16	1,298,893	
Liabilities	17	Accounts payable and accrued expenses	13,864	17	31,916
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	90,749	25	68,756
	26	Total liabilities. Add lines 17 through 25	104,613	26	100,672
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	1,175,865	27	1,145,806
	28	Net assets with donor restrictions	21,266	28	52,415
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	1,197,131	32	1,198,221	
33	Total liabilities and net assets/fund balances	1,301,744	33	1,298,893	

Part 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	1,766,987
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,762,577
3	Revenue less expenses. Subtract line 2 from line 1	3	4,410
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,197,131
5	Net unrealized gains (losses) on investments	5	(3,320)
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	1,198,221

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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.

**Open to Public
Inspection**

Name of the organization SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC	Employer identification number 26-3208123
--	---

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	792,867	934,616	998,480	1,607,870	1,371,152	5,704,985
2 Tax revenues levied for the organization'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	792,867	934,616	998,480	1,607,870	1,371,152	5,704,985
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)						45,851
6 Public support. Subtract line 5 from line 4						5,659,134

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	792,867	934,616	998,480	1,607,870	1,371,152	5,704,985
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,994	785	4,293	2,974	2,819	13,865
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						5,718,850
12 Gross receipts from related activities, etc. (see instructions)					12	1,477,802
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	98.96 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.71 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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 furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization▶

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .▶

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization: SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC
Employer identification number: 26-3208123

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).

Name of organization

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

Employer identification number

26-3208123

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AZ GOVERNORS OFFICE FOR CHILDREN 1700 W WASHINGTON STREET PHOENIX AZ 85007-2888	\$ 160,228	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JEWISH COMMUNITY FDN OF SO AZ 3718 E RIVER RD STE 118 TUCSON AZ 85718	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NATONAL CHILDRENS ALLIANCE 516 C STREET NE Washington DC 20002	\$ 94,794	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization

Employer identification number

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

26-3208123

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question number, Description, Amount. Includes questions 1a, 1b, 2, 2a, 2b regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, 1b Contributions, 1c Net investment earnings, gains, and losses, 1d Grants or scholarships, 1e Other expenditures for facilities and programs, 1f Administrative expenses, 1g End of year balance.

2 Provide the estimated percentage of the current 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 should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

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

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (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. (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 answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PAYROLL AND RELATED TAXES	35,008	
(3) ACCRUED VACATION PAY	32,648	
(4) DEFERRED REVENUE	1,100	
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	68,756	

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

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

Employer identification number

26-3208123

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>GOLF TRNMT</u> (event type)	(event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	44,035		44,035
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	44,035		44,035
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	20,471		20,471
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			20,471
11	Net income summary. Subtract line 10 from line 3, column (d) ▶			23,564	

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

		(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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

Employer identification number

26-3208123

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

THE 990 IS REVIEWED BY THE TREASURER AND AUDIT COMMITTEE ON BEHALF OF THE BOARD BEFORE
FILING.

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

BOARD MEMEBERS ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST THAT ARISE AT THE NEXT
BOARD MEETING.

03. CEO, executive director, top management comp (Part VI, line 15a)

EXECUTIVE DIRECTORS' SALARIES WERE APPROVED BY THE BOARD EMPLOYING COMPENSATION
INFORMATION FOR SIMILAR NONPROFIT ORGANIZATIONS IN THE TUCSON AREA.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND THE 990 AVAIALBLE TO THE PUBLIC AT ITS
OFFICE OR UPON WRITTEN REQUEST.

05. Part III, response or note to any other line in Part III

MISSION STATEMENT CONTINUED:

VISION: PROVIDE EACH FAMILY MEMBER WITH HEALING SERVICES; HOLD ABUSERS ACCOUNTABLE.

VALUES: COLLABORATION-WE WORK ACROSS SECTORS WITH PUBLIC AND PRIVATE PARTNERS TO PREVENT
AND ADDRESS ABUSE;

QUALITY- WE STRIVE FOR EXCELLENCE IN ALL WE DO, FOR THE SAKE OF THE CHILDREN AND FAMILIES
WE SERVE;

IMPACT- WE WORK TO CHANGE LIVES WE TOUCH FOR THE COMMUNITY WE CALL HOME.

Depreciation and Amortization

(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return SOUTHERN AZ CHILDREN'S ADVOCACY	Business or activity to which this form relates FORM 990 - 1	Identifying number 26-3208123
---	--	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	20,869

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2021	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	#567					6,705
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions	22	27,574
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Statement of Program Service Accomplishments**2021** PG01

Name(s) as shown on return

Your Social Security Number

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

26-3208123

**Form 990-Part III(a)
Statement of Service Accomplishment**

Statement #4

Program Service Code	
Program Service Expenses	\$1628299
Grants and allocations included in above expense	\$0
Program Services Revenue	\$1466999

Explanation

CHILDREN'S ADVOCACY CENTERS WERE DEVELOPED IN THE MID-1980S TO ADDRESS SYSTEMATIC PROBLEMS OF COORDINATION AND CARE FOR CHILD ABUSE CASES. RESEARCH CLEARLY SHOWS THAT ADVOCACY SERVICES ARE ESSENTIAL FOR THE FUTURE WELL BEING OF VICTIMS AND THEIR HEALING PROCESS. MINORS WHO DO NOT RECEIVE SERVICE AT CAC'S ARE LESS LIKELY TO RECEIVE MEDICAL AND MENTAL HEALTH ASSESSMENTS OR FOLLOW-UP, AND ARE LESS LIKELY TO PARTICIPATE IN THE PROSECUTION OF OFFENDERS. THE CAC MODEL ALSO ENCOURAGES THE INVOLVEMENT AND COMMITMENT OF THE VICTIM'S FAMILY IN THEIR LONG-TERM HEALING. SACAC PROVIDES PROFESSIONALLY COORDINATED, BILINGUAL SERVICES TO SUPPORT FAMILIES AND TO INVESTIGATE AND PROSECUTE CHILD ABUSE AND NEGLECT. FOLLOWING NATIONAL STANDARDS, SACAC'S DEDICATED, CERTIFIED PROFESSIONAL STAFF PROVIDES FORENSIC INTERVIEWS, CONNECTIONS TO RESOURCES, AND MEDICAL SERVICES IN A SINGLE YOUTH-FRIENDLY LOCATION. USE OF THIS MODEL REDUCES VICTIM STRESS WHILE ALSO NEARLY DOUBLING THE RATE OF PROSECUTION. OUR DEDICATED, PROFESSIONAL STAFF PROVIDE CRISIS INTERVENTION FOR IMMEDIATE SUPPORT AND STABILIZATION DURING THE INITIAL VISIT. CASE MANAGEMENT AND WRAPAROUND SERVICES FOR CHILDREN AND THEIR FAMILIES SUPPORT THEIR JOURNEY OF HEALING THROUGH THE CRIMINAL JUSTICE PROCESS. THIS MAY INCLUDE REFERRALS TO COMMUNITY RESOURCES AS WELL AS THERAPY, FAMILY SUPPORT GROUPS, SURVIVOR EMPOWERMENT PROGRAMMING, AND SIMPLE SUPPORTS LIKE GROCERIES, TOILETRIES, AND SCHOOL SUPPLIES. 100% OF OUR CLIENTS INDICATE THEIR CHILD FELT SAFE AT THE CENTER AND THAT THEY RECEIVED THE INFORMATION AND SUPPORT THEY NEEDED.

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

26-3208123

Form 4562 - Line 19b

Statement #567

<u>Basis</u>	<u>RP</u>	<u>CV</u>	<u>Method</u>	<u>Deduction</u>
15,971	5	HY	SL	532
7,500	5	HY	SL	375
29,257	5	HY	SL	4,877
5,526	5	HY	SL	921
Total				<u><u>6,705</u></u>

Client Copy

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC
BOOK DEPRECIATION SCHEDULE

Tax Year End : 07-01-2021
ID Number : 26-3208123
Department Number: 1

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
COLPOSCOPE	03-01-2006	32,265	0	32,265		15	32,265	0	32,265
PROJECTOR AND COMPUTER	03-24-2006	2,967	0	2,967		5	2,967	0	2,967
SPEAKER MONITOR	05-10-2006	785	0	785		5	785	0	785
2 COMPUTERS	07-01-2006	1,091	0	1,091		5	1,091	0	1,091
TACT SOFTWARE	10-01-2006	6,000	0	6,000		5	6,000	0	6,000
COLPOSCOPE	10-01-2008	27,270	0	27,270	SL HY	15	23,115	1,818	24,933
COMPUTERS	10-01-2008	865	0	865		5	865	0	865
DISHWASHER	10-01-2008	2,040	0	2,040		5	2,040	0	2,040
EQUIPMENT	10-01-2008	1,962	0	1,962		5	1,962	0	1,962
KONICA 350 COPIER	10-01-2008	7,468	0	7,468		5	7,468	0	7,468
REFRIGERATOR	10-01-2008	751	0	751		5	751	0	751
SWAB FAST DRYER	10-01-2008	438	0	438		5	438	0	438
26" LCD TV	10-17-2008	754	0	754		5	754	0	754
PCS, PRINTERS	01-20-2009	2,453	0	2,453		5	2,453	0	2,453
COMPUTER TOWER	01-30-2009	454	0	454		5	454	0	454
DELL COMPUTER	08-31-2009	601	0	601		5	601	0	601
CONFERENCE ROOM EQUIPMENT	10-01-2009	18,018	0	18,018		5	18,018	0	18,018
DELL COMPUTER	10-30-2009	483	0	483		5	483	0	483
BEST BUY LAPTOP	03-31-2010	540	0	540		5	540	0	540
CONFERENCE ROOM PROJECTOR	04-05-2010	1,369	0	1,369		5	1,369	0	1,369
REFRIGERATOR	10-01-2010	540	0	540		5	540	0	540
DELL COMPUTER	01-18-2011	738	0	738		5	738	0	738
CONFERENCE ROOM-ROHS	03-04-2011	1,295	0	1,295		5	1,295	0	1,295
14 COPIES OF OFFICE 2010	06-21-2013	2,688	0	2,688		3	2,688	0	2,688
5 LENOVO LAPTOPS	06-21-2013	4,609	0	4,609		5	4,609	0	4,609
NCA SOFTWARE	07-09-2013	3,000	0	3,000		3	3,000	0	3,000
DIGITAL INTERVIEWER SYSTEM	08-06-2013	28,756	0	28,756	SL HY	10	22,768	2,876	25,644
58 DONATION BOXES	01-01-2017	7,000	0	7,000	SL HY	10	3,150	700	3,850
EVA SYSTEM	03-01-2017	1,675	0	1,675	SL HY	10	724	167	891
SERVER, 8 DESKTOPS, 6 LAPTOPS	08-17-2018	15,517	0	15,517	SL HY	5	9,496	3,103	12,599
METASCOPE	02-26-2020	15,559	0	15,559	SL MQ	10	2,075	1,556	3,631
LAPTOPS	03-24-2020	1,063	0	1,063	SL MQ	5	266	213	479
FORENSIC INTERVIEW EQUIPMENT	12-23-2020	5,750	0	5,750	SL MQ	10	238	575	813
INTERVIEW MANAGEMENT SYSTEM	05-08-2021	10,184	0	10,184	SL MQ	10	170	1,018	1,188
Total		206,948	0	206,948			156,176	12,026	168,202

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC
BOOK DEPRECIATION SCHEDULE

Tax Year End : 07-01-2021
ID Number : 26-3208123
Department Number: 2

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
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DONOR WALL	10-01-2008	8,874	0	8,874	5	8,874	0	8,874	0	8,874
ACOUSTIC PANELS	05-01-2020	12,968	0	12,968	10	1,513	0	1,513	1,297	2,810
CANVAS MURAL	06-26-2020	1,500	0	1,500	10	150	0	150	150	300
Total		23,342	0	23,342		10,537	0	10,537	1,447	11,984

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC
BOOK DEPRECIATION SCHEDULE

Tax Year End : 07-01-2021

ID Number : 26-3208123

Department Number: 3

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
MEDICAL SUITE FURNISHINGS	09-23-2008	4,138	0	4,138		5	4,138	0	4,138
2 TABLES	10-01-2008	735	0	735	SL MQ	5	735	0	735
4 ANDERSON CHAIRS	10-01-2008	1,050	0	1,050	SL MQ	5	1,050	0	1,050
4 CHAIRS	10-01-2008	216	0	216		5	216	0	216
6 CHAIRS	10-01-2008	1,429	0	1,429		5	1,429	0	1,429
BASKET LINERS	10-01-2008	271	0	271		5	271	0	271
BOOKCASE	10-01-2008	2,713	0	2,713		5	2,713	0	2,713
BOOKCASE	10-01-2008	346	0	346		5	346	0	346
CLOSET, ROCKER	10-01-2008	643	0	643		5	643	0	643
CONFERENCE TABLE	10-01-2008	2,000	0	2,000		5	2,000	0	2,000
DESK	10-01-2008	324	0	324		5	324	0	324
DESK SETS	10-01-2008	18,300	0	18,300		5	18,300	0	18,300
FURNITUE-LEVITZ	10-01-2008	7,524	0	7,524		5	7,524	0	7,524
PLAYROOM FURNITURE	10-01-2008	1,578	0	1,578		5	1,578	0	1,578
ROCKING CHAIR/OTTOMAN	10-01-2008	304	0	304		5	304	0	304
TABLE, CHAIR, DESK	10-01-2008	2,313	0	2,313		5	2,313	0	2,313
IKEA DRAWER W/ CASTOR	10-13-2008	240	0	240		5	240	0	240
DONOR PLACQUES	11-03-2008	1,686	0	1,686		5	1,686	0	1,686
MED SUITE EXAM TABLE	11-12-2008	2,419	0	2,419		5	2,419	0	2,419
STORAGE CABINET	11-19-2008	310	0	310		5	310	0	310
2 CABINETS	12-01-2008	649	0	649		5	649	0	649
2 SCREENS	12-01-2008	287	0	287		5	287	0	287
CHAIR	12-01-2008	488	0	488		5	488	0	488
NEW FRAMES	06-30-2009	510	0	510		5	510	0	510
BOOKCASES	07-30-2009	612	0	612		5	612	0	612
COAT RACK AND HOOKS	07-30-2009	741	0	741		5	741	0	741
WINDOW COVERINGS	07-30-2009	1,842	0	1,842		5	1,842	0	1,842
PLANTS	09-30-2009	384	0	384		5	384	0	384
QUIET ROOM FURNITURE	09-30-2009	1,881	0	1,881		5	1,881	0	1,881
FURNITURE	10-30-2009	1,477	0	1,477		5	1,477	0	1,477
FURNITURE AND PLANTS	12-31-2009	974	0	974		5	974	0	974
CONFERENCE CHAIRS	11-05-2010	5,261	0	5,261		5	5,261	0	5,261
PRINTS AND FRAMES	11-29-2010	1,131	0	1,131		5	1,131	0	1,131
KALAIDESCOPE	01-01-2011	20,000	0	20,000		10	20,000	0	20,000
CHAIR	01-18-2011	631	0	631		5	631	0	631
CHAIR	01-18-2011	614	0	614		5	614	0	614
DESK, CHAIR, FILE CABS	01-18-2011	1,044	0	1,044		5	1,044	0	1,044
FACILITY FURNITURE	11-01-2016	17,000	0	17,000	SL HY	10	7,650	1,700	9,350
ERGONOMIC CHAIRS	08-23-2019	12,916	0	12,916	SL MQ	10	2,368	1,292	3,660

	03-01-2020	2,685	0	2,685	SL	MQ	10	368	268	636
MEDICAL STAFF DESK										
FILING CABINETS	03-09-2020	2,609	0	2,609	SL	MQ	10	326	261	587
3 SWIVEL CHAIRS	03-13-2020	2,352	0	2,352	SL	MQ	10	294	235	529
DESKS	06-30-2020	14,529	0	14,529	SL	MQ	10	1,453	1,453	2,906
Total		139,156	0	139,156				99,524	5,209	104,733

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC
BOOK DEPRECIATION SCHEDULE

Tax Year End : 07-01-2021
ID Number : 26-3208123
Department Number: 4

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
2011 CARGO VAN	05-08-2021	17,500	0	17,500	SL	MQ	8	0	2,187
Total		17,500	0	17,500			0	2,187	2,187

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC
BOOK DEPRECIATION SCHEDULE

Tax Year End : 07-01-2021
ID Number : 26-3208123
Grand total for all departments

Description	Date Acq'd	Cost	Salvage Value	Depr. Basis	Method	Life	Prior Depr	CY Depr	Accum Depr
Grand Total		386,946	0	386,946			266,237	20,869	287,106

* Item is included in UBI/A for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

Program Services

2021

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Name(s) as shown on return

Social security number/EIN

SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC

26-3208123

No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	COLPOSCOPE	03012006	32,265		100.00			32,265	15		0	32,265		32,265	
2	PROJECTOR AND COMPUTE	03242006	2,967		100.00			2,967	5		0	2,967		2,967	
3	2 COMPUTERS	07012006	1,091		100.00			1,091	5		0	1,091		1,091	
4	SPEAKER MONITOR	05102006	785		100.00			785	5		0	785		785	
5	TACT SOFTWARE	10012006	6,000		100.00			6,000	5		0	6,000		6,000	
6	DONOR WALL	10012008	8,874		100.00			8,874	5		0	8,874		8,874	
7	CONFERENCE TABLE	10012008	2,000		100.00			2,000	5		0	2,000		2,000	
8	COMPUTERS	10012008	865		100.00			865	5		0	865		865	
9	SWAB FAST DRYER	10012008	438		100.00			438	5		0	438		438	
10	BOOKCASE	10012008	2,713		100.00			2,713	5		0	2,713		2,713	
11	BASKET LINERS	10012008	271		100.00			271	5		0	271		271	
12	DESK	10012008	324		100.00			324	5		0	324		324	
13	4 CHAIRS	10012008	216		100.00			216	5		0	216		216	
14	2 TABLES	10012008	735		100.00			735	5		0	735		735	
15	PLAYROOM FURNITURE	10012008	1,578		100.00			1,578	5		0	1,578		1,578	
16	DISHWASHER	10012008	2,040		100.00			2,040	5		0	2,040		2,040	
17	BOOKCASE	10012008	346		100.00			346	5		0	346		346	
18	TABLE, CHAIR, DESK	10012008	2,313		100.00			2,313	5		0	2,313		2,313	
19	CLOSET, ROCKER	10012008	643		100.00			643	5		0	643		643	
20	REFRIGERATOR	10012008	751		100.00			751	5		0	751		751	
21	26" LCD TV	10172008	754		100.00			754	5		0	754		754	
22	6 CHAIRS	10012008	1,429		100.00			1,429	5		0	1,429		1,429	
23	4 ANDERSON CHAIRS	10012008	1,050		100.00			1,050	5		0	1,050		1,050	
24	ROCKING CHAIR/OTTOMAN	10012008	304		100.00			304	5		0	304		304	
25	IKEA DRAWER W/ CASTOR	10132008	240		100.00			240	5		0	240		240	
26	STORAGE CABINET	11192008	310		100.00			310	5		0	310		310	
27	2 CABINETS	12012008	649		100.00			649	5		0	649		649	
28	2 SCREENS	12012008	287		100.00			287	5		0	287		287	
29	CHAIR	12012008	488		100.00			488	5		0	488		488	
30	PCS, PRINTERS	01202009	2,453		100.00			2,453	5		0	2,453		2,453	

Depreciation Detail Listing

Program Services

2021

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SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC															
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
31	COMPUTER TOWER	01302009	454		100.00			454	5		0	454		454	
32	NEW FRAMES	06302009	510		100.00			510	5		0	510		510	
33	COLPOSCOPE	10012008	27,270		100.00			27,270	15	SL	6.667	23,115	1,818	24,933	1,818
34	KONICA 350 COPIER	10012008	7,468		100.00			7,468	5		0	7,468		7,468	
35	DESK SETS	10012008	18,300		100.00			18,300	5		0	18,300		18,300	
36	EQUIPMENT	10012008	1,962		100.00			1,962	5		0	1,962		1,962	
37	MEDICAL SUITE FURNISH	09232008	4,138		100.00			4,138	5		0	4,138		4,138	
38	DONOR PLACQUES	11032008	1,686		100.00			1,686	5		0	1,686		1,686	
39	MED SUITE EXAM TABLE	11122008	2,419		100.00			2,419	5		0	2,419		2,419	
40	FURNITURE-LEVITZ	10012008	7,524		100.00			7,524	5		0	7,524		7,524	
41	CONFERENCE ROOM EQUIP	10012009	18,018		100.00			18,018	5		0	18,018		18,018	
42	CONFERENCE ROOM PROJ	04052010	1,369		100.00			1,369	5		0	1,369		1,369	
43	DELL COMPUTER	08312009	601		100.00			601	5		0	601		601	
44	DELL COMPUTER	10302009	483		100.00			483	5		0	483		483	
45	BEST BUY LAPTOP	03312010	540		100.00			540	5		0	540		540	
46	WINDOW COVERINGS	07302009	1,842		100.00			1,842	5		0	1,842		1,842	
47	PLANTS	09302009	384		100.00			384	5		0	384		384	
48	QUIET ROOM FURNITURE	09302009	1,881		100.00			1,881	5		0	1,881		1,881	
49	FURNITURE	10302009	1,477		100.00			1,477	5		0	1,477		1,477	
50	FURNITURE AND PLANTS	12312009	974		100.00			974	5		0	974		974	
51	COAT RACK AND HOOKS	07302009	741		100.00			741	5		0	741		741	
52	BOOKCASES	07302009	612		100.00			612	5		0	612		612	
53	REFRIGERATOR	10012010	540		100.00			540	5		0	540		540	
54	DELL COMPUTER	01182011	738		100.00			738	5		0	738		738	
55	CONFERENCE ROOM-ROH'S	03042011	1,295		100.00			1,295	5		0	1,295		1,295	
56	CHAIR	01182011	631		100.00			631	5		0	631		631	
57	CONFERENCE CHAIRS	11052010	5,261		100.00			5,261	5		0	5,261		5,261	
58	PRINTS AND FRAMES	11292010	1,131		100.00			1,131	5		0	1,131		1,131	
59	CHAIR	01182011	614		100.00			614	5		0	614		614	
60	DESK, CHAIR, FILE CAB	01182011	1,044		100.00			1,044	5		0	1,044		1,044	

Name(s) as shown on return

Social security number/EIN
26-3208123

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Depreciation Detail Listing

Program Services

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SOUTHERN AZ CHILDREN'S ADVOCACY CTR INC										Social security number/EIN 26-3208123					
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
61	KALAI DESCOPE	01012011	20,000		100.00			20,000	10		0	20,000		20,000	
62	14 COPIES OF OFFICE	06212013	2,688		100.00			2,688	3		0	2,688		2,688	
63	5 LENOVO LAPTOPS	06212013	4,609		100.00			4,609	5		0	4,609		4,609	
64	DIGITAL INTERVIEWER	08062013	28,756		100.00			28,756	10	SL	10	22,768	2,876	25,644	2,876
65	NCA SOFTWARE	07092013	3,000		100.00			3,000	3		0	3,000		3,000	
66	EVA SYSTEM	03012017	1,675		100.00			1,675	10	SL	10	724	167	891	167
67	58 DONATION BOXES	01012017	7,000		100.00			7,000	10	SL	10	3,150	700	3,850	700
68	FACILITY FURNITURE	11012016	17,000		100.00			17,000	10	SL	10	7,650	1,700	9,350	1,700
69	SERVER, 8 DESKTOPS,	08172018	15,878		100.00			15,878	5	SL	20	10,036	3,103	13,139	3,103
70	LAPTOPS	03242020	1,063		100.00			1,063	5	MQ	20	266	213	479	213
71	METASCOPE	02262020	15,559		100.00			15,559	10	SL	10	2,075	1,556	3,631	1,556
72	ACOUSTIC PANELS	05012020	12,968		100.00			12,968	10	SL	10	1,513	1,297	2,810	1,297
73	CANYAS MURAL	06262020	1,500		100.00			1,500	10	SL	10	150	150	300	150
74	ERGONOMIC CHAIRS	08232019	12,916		100.00			12,916	10	SL	10	2,368	1,292	3,660	1,292
75	MEDICAL STAFF DESK	03012020	2,685		100.00			2,685	10	SL	10	368	268	636	268
76	3 SWIVEL CHAIRS	03132020	2,352		100.00			2,352	10	SL	10	294	235	529	235
77	FILING CABINETS	03092020	2,609		100.00			2,609	10	SL	10	326	261	587	261
78	DESKS	06302020	14,529		100.00			14,529	10	SL	10	1,453	1,453	2,906	1,453
79	FORENSIC INTERVIEW EQ	12232020	5,750		100.00			5,750	10	SL	10	238	575	813	575
80	INTERVIEW MANAGEMENT	05082021	10,184		100.00			10,184	10	SL	10	170	1,018	1,188	1,018
81	2011 CARGO VAN	05082021	17,500		100.00			17,500	8	SL	12.5		2,187	2,187	2,187
82	VAN REFURBISHMENT	04302022	15,971		100.00			15,971	5	SL	10		532	532	532
83	METASCOPE SERVER MODU	03212022	7,500		100.00			7,500	5	SL	10		375	375	375
84	INTERROGATION/INTERV	09072021	29,257		100.00			29,257	5	SL	10		4,877	4,877	4,877
85	DELL T300 SERVER	08202021	5,526		100.00			5,526	5	SL	10		921	921	921
86	2-85" SAMSUNG TVS	06152022	3,141		100.00			3,141	5	SL	10		921	921	921
Totals			448,702					448,702				266,777	27,574	294,351	27,574

Land Amount
Net Depreciable Cost

448,702

CY 179 and CY Bonus
TOTAL CY Depr including 179/bonus

27,574

ST ADJ:

27,574