TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Voices Carry Child Advocacy Center 5529 S Timberline Road Fort Collins, CO 80528

Prepared By:

Brock and Company, CPAs, P.C. 3711 JFK Parkway, Suite 315 Fort Collins, CO 80525

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

FEDERAL INFORMATIONAL FORMS

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

84-1324009

2019

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
8 HOURS OF HOPE/K99 RADIO	101,972.	54,505
tal Excess Contributions to Schedule A, Part II, Line 5		54,505

Form 8879-EO	IRS e-file Signature Authorization	ŀ	OMB No. 1545-1878
	For calendar year 2019, or fiscal year beginning, 2019, and ending,	20	2010
Department of the Treasury Internal Revenue Service	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		2019
Name of exempt organization		Employer in	dentification number
VOICES CARRY	CHILD ADVOCACY CENTER	84-13	24009
Name and title of officer ROBERT FALLBE EXECUTIVE DIR			
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, fro a , below, and the amount on that line for the return being filed with this form was blank, t ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	hen leave lir	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	561,538.
2a Form 990-EZ check he	ere b Total revenue, if any (Form 990-EZ, line 9)	2b _	
3a Form 1120-POL check	s here ▶ b Total tax (Form 1120-POL, line 22)	3b _	
4a Form 990-PF check he			
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b _	
Part II Declarat	ion and Signature Authorization of Officer		

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the

Officer's PIN: check one box only

organization's consent to electronic funds withdrawal.

X lauthorize BROCK AND COMPANY, CPAS, P.C.	to enter my PIN 21893
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have inc is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State pro- enter my PIN on the return's disclosure consent screen.	
As an officer of the organization, I will enter my PIN as my signature on the organization's indicated within this return that a copy of the return is being filed with a state agency(ies) program, I will enter my PIN on the return's disclosure consent screen.	
Officer's signature ***** THIS IS NOT A FILEABLE COPY ***	Date
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	32621893 ot enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically file confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Modern <i>e-file</i> Providers for Business Returns.	
ERO's signature	Date ►
ERO Must Retain This Form - See Instruc Do Not Submit This Form to the IRS Unless Reque	

LHA **For Paperwork Reduction Act Notice, see instructions.** 923051 10-03-19 Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 16, 2020 Return of Organization Exempt From Income Tax

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.



B Check if applicable: C Name of organization D Employer identified Address Change VOICES CARRY CHILD ADVOCACY CENTER 84–1324 Change Doing business as 84–1324 Initial return S529 S TIMBERLINE ROAD Room/suite E Telephone num (970)40 City or town, state or province, country, and ZIP or foreign postal code return G Gross receipts \$ H(a) Is this a group for subordinate Application F Name and address of principal officer: ROBERT FALLBECK H(a) Is this a group for subordinate	009 ber 7-9739 619,064. return es? Yes X No
Image Change Doing business as 84-1324 Initial Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone num (970) 40 Final 5529 S TIMBERLINE ROAD City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended FORT COLLINS, CO 80528 H(a) Is this a group for subordinate Applica- F Name and address of principal officer: ROBERT FALLBECK for subordinate	oer 7-9739 619,064. return es? Yes X No
Imitial Initial Initial Initial Teturn/ Doing business as 64-1324 Initial Initia Initial Initia InitiInitia InitiInitia Initia Initia Initia Initia Initia	oer 7-9739 619,064. return es? Yes X No
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terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return FORT COLLINS, CO 80528 H(a) Is this a group Moplication F Name and address of principal officer: ROBERT FALLBECK for subordination	619,064. return es? Yes X No
ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended FORT COLLINS, CO 80528 H(a) Is this a group	es? Yes X No
Applica- tion F Name and address of principal officer: ROBERT FALLBECK for subordinat	es? Yes X No
Lion F Name and address of principal officer: ROBERT FALLBECK for subordinat	
pending	sincluded? Yes No
SAME AS C ABOVE H(b) Are all subordinate	
	a list. (see instructions)
J Website: ► WWW.VOICESCARRYCAC.ORG	
	M State of legal domicile: CO
1 Briefly describe the organization's mission or most significant activities: TO REDUCE THE TRAUMA	
OF CHILD ABUSE AND THEIR FAMILIES THROUGH A COMPREHENSIVE	
OF CHILD ABUSE AND THEIR FAMILIES THROUGH A COMPREHENSIVE 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net a 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 Total unrelated business revenue from Part VIII, column (C), line 12	1
3 Number of voting members of the governing body (Part VI, line 1a)	$\frac{14}{4}$
5 4 Number of independent voting members of the governing body (Part VI, line 1b)	<u>14</u> 5 19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	
6 Total number of volunteers (estimate if necessary)	
7 a Total unrelated business revenue from Part VIII, column (C), line 12	a 0. b 0.
b Net unrelated business taxable income from Form 990-T, line 39 Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) 414,772	
9 Program service revenue (Part VIII, line 2g) 3,985	
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
Image: Second	,
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·
14 Benefits paid to or for members (Part IX, column (A), line 4)	. 0.
45 Colorise other completion ampletion benefits (Part IV, column (A), lines 5 (A)	. 332,628.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 321,133 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) > 33,401. 17 Other expenses (Part IX, column (A), lines 11a,11d, 11f,24e) 179,289	
b Total fundraising expenses (Part IX, column (D), line 25) > 33,401.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	. 182,147.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	
19 Revenue less expenses. Subtract line 18 from line 12	. 46,763.
පසු Beginning of Current Yea	
ଞ୍ଚିଙ୍କୁ 20 Total assets (Part X, line 16)	
20Total assets (Part X, line 16)644,18821Total liabilities (Part X, line 26)392,26222Net assets or fund balances. Subtract line 21 from line 20251,926	
251,926	. 298,689.

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	Signature of officer			Date		
Here	ROBERT FALLBECK, EXECU	TIVE DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	LEE P. ACKERMAN			self-employed P01224102		
Preparer	Firm's name BROCK AND COMPAN			Firm's EIN 🕨 84–0930288		
Use Only	Firm's address 🖕 3711 JFK PARKWAY	, SUITE 315				
	FORT COLLINS, CO	80525		Phone no. 970 - 223 - 7855		
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)					
932001 01-20	32001 01-20-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2019)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2019) VOICES CARRY CHILD ADVOCACY CENTER	84-1324009	Page 2
Par	t 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:		
	TO REDUCE THE TRAUMA TO VICTIMS OF CHILD ABUSE AND		
	THROUGH A COMPREHENSIVE RESPONSE TO CHILD ABUSE B	Y PROVIDING SUPPORT	
	SERVICES IN A SAFE AND COMPASSIONATE ENVIRONMENT.		
		and any the	
2	Did the organization undertake any significant program services during the year which were not list		XNo
	prior Form 990 or 990-EZ?		
~	If "Yes," describe these new services on Schedule O.		XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra		
	If "Yes," describe these changes on Schedule O.	continue of management by ownerpage	
4	Describe the organization's program service accomplishments for each of its three largest program $Section = 501(a)(4)$ and $S01(a)(4)$ exceptions are required to report the amount of graphs and allow		d
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca revenue, if any, for each program service reported.	ations to others, the total expenses, ar	ia
4a) (Revenue \$ 4 ,	662.)
чa	(Code:) (Expenses \$246,263. including grants of \$ TO REDUCE THE TRAUMA TO VICTIMS OF CHILD ABUSE AND)
	THROUGH A COMPREHENSIVE RESPONSE TO CHILD ABUSE B		
	SERVICES IN A SAFE AND COMPASSIONATE ENVIRONMENT.	I INOVIDING BUITONI	
	DERVICED IN A DATE AND COMPADDIONATE ENVIRONMENT:		
4b	(Code:) (Expenses \$ including grants of \$)
40	(code:) (Expenses \$ including grains of \$) (nevenue 3)
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 ► 246, 263.		
		9	

Form	aan	(2019)
FUIIII	330	(2013)

$H^{+} e_{s}^{+}$ complete Schedule A complete Schedule A. Schedule of Contributors? 1 1 X 2 X 3 Did the organization engage in direct or indirect policial campaign activities on behalf of or in opposition to candidates for public official campaies Schedule C, Part I 3 X 4 Section 50 (C)(0) organizations. Did the organization engage in tobbying activities, or have a section 501(fty election in effect of the organization section 501(fty). Since(0): or 501(ft) organization that receives membership dues, assessments, or smill arrowins as offend in Revenue Procedule S197 If Yes," complete Schedule C, Part II 4 X 5 Did the organization matrian or doit a conservation accessment, including cascenatis to provide advice on the distribution or investment of amounts in such funds or accurating threads or a provide to the accessment including cascenatis to proves (sen page. T) 7 X 8 Did the organization required na amount in Part X, line 21, for second or our cutodial account liability, serve as a cutodian for amount in Part X, line 21, for second or our cutodial account liability, serve as a cutodian for an anount for land, buildings, and equipment in Part X, line 107 If Yes, "complete Schedule D, Part V 10 X 10 Did the organization report an amount for insestments - order securities in Part X, line 127 If Yes, "complete Schedule D, Part V 11				Yes	No
2 Is the organization required to complete <i>Schedule B</i> , <i>Schedule and</i> page activities on behalf of or in opposition to candidates for public official if if Yes, "complete Schedule C, Part I 3 X 3 Did the organization regues in direct policial campaign activities on have a section 501(k) election in effect during the taxy end If Yes, "complete Schedule C, Part II 3 X 4 X Section 501(k)(k) organizations. Did the organization image in lobbying activities, or have a section 501(k) election in effect during the taxy end If Yes, "complete Schedule C, Part II 4 X 5 The organization matrian any doner advised funds or any similar funds or accounts for which donors have the right to provide advised. In the organization resolves of hold a conservation easement, including easements to preserve open space. 7 X 7 Did the organization resolve or hold a conservation assertion in location asserts? 7 X 8 Did the organization resolve or hold a conservation assertion in location services? 7 X 9 Did the organization resolve any of the following questions is Yes," then complete Schedule D, Part I 7 X 10 It the organization report an amount for interstement or securities in Part X, line 10? If Yes, "complete Schedule D, Part V 10 X 11 It the organization report an amount for interstements - of	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public official yr Yes, "complete Schedule C, Part I 4 X 4 Section 501(k) organizations. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year (II 'Yes, "complete Schedule C, Part II 5 Lis the organization associan 301(k) 501(k) 501(k					
a 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 Yres, "complete Schedule C, Part II 4 X 5 is the organization a section 501(c)(d),	2		2	<u> </u>	
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? // 'Yes,' complete Schedule C, Part // 4 X 5 Is the organization a section 501(h) 501(c)(h). 501(c)(h) organization that receives membership Ques, assessments, or similar amounts as distribution or investment of amounts in such funds or accounts? // *Yes,' complete Schedule D, Part I/ 5 X 0 Did the organization review any doore adviced mode searcent, including easements to preserve open space. 6 X 0 Did the organization review on thod a conservert, including easements to regard to preserve open space. 7 X 0 Did the organization report an amount in Part X, line 21, for secrow or custodial account fability, serve as a custodian for amounts not listed in Part X, or provide credit conselling, det management, credit regard conservers? 7 X 0 Did the organization report an amount for thong a neited organization, held assets in donor-restricted endowments or in quasi endowment? 7 X 0 Did the organization ascutto in the dy the following questions is 'Yes,' then complete Schedule D, Part V, UI, VII, UK, or X 10 X 11 If the organization report an amount for investments - ohner securities in Part X, line 12, thrue is 5% or more of its total assets reported in Part X, line 167 // 'Yes,' complete Schedule D, Part X 116 <th>3</th> <td></td> <td></td> <td></td> <td></td>	3				
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 is the organization a section S01(c)(d), S01			3		<u> </u>
5 Is the organization ascelor 501(cl(6) produced progeneration that neoveme membership dues, assessments, or similar amounts as defined in Revenue Procedure 89197 if Yes, "complete Schedule C, Part II 5 X Did the organization markating any domer advised funds or any similar indis or accounts for which domores have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, "complete Schedule D, Part II 6 X Did the organization markating and the accessment including easements in control 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 7 X Did the organization markating any domer advised granization, the second counseling debt management, credit repair, or debt negotiation services? If Yes," complete Schedule D, Part IV 7 X Did the organization report an amount for land, buildings, and equipment in Part X, line 10; If Yes, "complete Schedule D, Part V 7 X Did the organization report an amount for investments - other securities in Part X, line 10; If Yes, "complete Schedule D, Part V 11 X Did the organization report an amount for investments - other securities in Part X, line 13; If Yes, "complete Schedule D, Part V 11 X Did the organization report an amount for investments - other securities in Part X, line 13; If Yes, "complete Schedule D, Part V 11 X	4				37
similar amounts as defined in Revenue Procedure 96:99 // "Yes," complete Schedule C, Part // 5 X Old the organization maintain any donar 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to be structures? // */es, * complete Schedule D, Part // 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar asset? // */es, * complete Schedule D, Part // 7 X 8 Did the organization report an amount in Part X, line 21, for eacrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ves, * complete Schedule D, Part // 8 X 9 Did the organization, report an amount for land, buildings, and equipment in Part X, line 10? // *Yes, * complete Schedule D, Part // 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes, * complete Schedule D, Part X 11 X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // *Yes, * complete Schedule D, Part X 11 X 11 Did the organization report an amount for here sates in Part X, line 1	_		4		<u> </u>
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? <i>II "Yes," complete Schedule D, Part II</i> 6 X 7 Z Z 7 Z 8 Did the organization reside or hold a conservation casement, including essements to preserve open space, the environment, historic land areas, or historic structures? <i>II "Yes," complete Schedule D, Part II</i> 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II "Yes," complete Schedule D, Part II</i> 8 X 9 Did the organization, directly of through a related organization, need trepar, or doth negotiation services? 9 X 9 Did the organization, directly of through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>II "Yes," complete Schedule D, Part V</i> 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>II "Yes," complete Schedule D, Part V</i> 11a X 10 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 117 <i>II II II II II II II II</i>	5		_		37
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization resolve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 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 cardial courseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, provide cardial counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for lawstmetris - bries accurities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 X 12 Did the organization report an amount for investmetris - organize tastements for the tax year? 11 X 13 X Did the organization report an amount for investmetris - program related in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," co	-		5		
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 "kes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for Part IV. 10 X 10 X 11 If the organization services? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XI 11a X 11 Did the organization report an amount for investments- or bare securities 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 IX 11a X 11a Did the organization report an amount for other assets 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 X 11a X 11a Did the organization	6				v
the environment, historic at drags or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if "yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "yes," complete Schedule D, Part VIII 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "yes," complete Schedule D, Part X 11a X 14 Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "yes," complete Schedu	_		6		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes, 'complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes, 'complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if 'Yes, 'complete Schedule D, Part VIII 11a X 12 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 167 if 'Yes, 'complete Schedule D, Part VIII 11a X 13 Did the organization report an amount for other sabstin Part X, line 125, that is 5% or more of its total assets reported in Part X, line 167 if 'Yes, 'complete Schedule D, Part X 11d X 14 Did the organization obtain a mount for other tabelihities in Part X, line 25? If 'Yes, 'complete Schedule D, Part X 11e X 116 Did the organization included in consolidated financial statements for the tax year? 11t X </th <th>7</th> <th></th> <th>_</th> <th></th> <th>v</th>	7		_		v
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 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>It</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>It</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 17 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20b 20b 	10				
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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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
_	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
~-	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, errinnate, or dissorte and cease operations? <i>If 'res, 'complete Schedule N, Part 1</i>			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	1

Form 990 (2019)				ADVOCACY	
Part V Statements	Regarding C	Other IRS	Filings ar	nd Tax Compl	iance (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	19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	О.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccour	nt)?	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 A	ccoun	ts (FBAR).			37
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter transaction tax shelter transaction tax shelter tax shelter tax shelter transaction tax shelter tax she			5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			6.		х
h	any contributions that were not tax deductible as charitable contributions?			6a		<u></u>
D			-	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	provided to the payor?	7a		х
b				7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				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:	I	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	11a	1			
a ⊾	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against					
D		11b				
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
	Did the entry institution of the entry of the institution of the data of the d			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					37
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

Form 990 (2019)

VOICES CARRY CHILD ADVOCACY CENTER

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

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	4					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	.4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
	officer, director, trustee, or key employee?		,		2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision	. –	_				
-					3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9						X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X		
6	Did the organization have members or stockholders?						X		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap			· –	-				
74	more members of the governing body?			7	a		х		
h	 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 								
	persons other than the governing body?								
8				. 7	-		X		
a	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:a The governing body?								
b	Each committee with authority to act on behalf of the governing body?					X X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			· –	<u> </u>				
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			ļ			х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	vonuo	Code)		<u> </u>				
		venue	0000.)			Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10			X		
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			· –					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		, , , , , , , , , , , , , , , , , , , ,	10	b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?		a	X			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		C C						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12	2a		Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12	2b				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y								
	in Schedule O how this was done	,		12	2c				
13	Did the organization have a written whistleblower policy?			1	3		Х		
14	Did the organization have a written document retention and destruction policy?				4		Х		
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			. 15	ia	Х			
b	Other officers or key employees of the organization			. 15	ib		Х		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a						
	taxable entity during the year?			16	ia i		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	's						
	exempt status with respect to such arrangements?			. 16	6b				
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (Section 501(c)	(3)s or	ly) a	availal	ble		
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain		,						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	of interest policy,	and fin	anci	al			
	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 boo	ks and	d records						
	THE ORGANIZATION $-(970)407-9739$								
	5529 S TIMBERLINE ROAD, FORT COLLINS, CO 80528								

	2019)					ADVOCACY		84-132
/	Cor	npensation	of Officers	s, Directo	ors, Truste	ees, Key Empl	loyees, Higł	nest Compensated
	Em	ployees, an	d Indepen	dent Con	tractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(B)				C)			(D)	(E) Reportable	(F) Estimated
Name and title	Average hours per week	box	not c , unle:	heck ss pei	more rson i	than o s both pr/trus	n an	Reportable compensation from	compensation from related	amount of other
	(list any hours for related organizations fine) unit in the function below highest compensated fine fine fine for the fine		Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) AMANDA MAHONEY	4.00	v		v				0.	0	0
PRESIDENT (2) JONATHAN ANDERSON	4.00	Х		X				U •	0.	0.
VICE PRESIDENT	4.00	x		x				0.	0.	0.
(3) HENRY STUCKY	2.00	^						0.	0.	0.
PAST PRESIDENT	2.00	x						0.	0.	0.
(4) JENNIFER LILLY	5.00	Δ								
TREASURER		х		x				0.	0.	0.
(5) DIANE GROSS	5.00									
SECRETARY		х		x				0.	0.	0.
(6) SUSAN FISCHER	3.00									
MEMBER		х						0.	0.	0.
(7) SUSAN BUTTERS	3.00									
MEMBER		Х						0.	0.	0.
(8) CARRIE GALYARDT	3.00									
MEMBER		Х						0.	0.	0.
(9) MITCH MURRAY	3.00									
MEMBER		Х						0.	0.	0.
(10) PATRICK MUSSELMAN	3.00									
MEMBER		Х						0.	0.	0.
(11) MIKE SHIRAZI	2.00									
MEMBER		Х						0.	0.	0.
(12) ALAN JONES	3.00									
MEMBER	2 00	Х	<u> </u>					0.	0.	0.
(13) COLETTE THOMPSON	3.00								<u> </u>	
MEMBER (14) JOSH ZUIEBACK	2 00	Х	-					0.	0.	0.
(14) JOSH ZUIEBACK MEMBER	3.00	x						0.	0.	0.
(15) ROBERT FALLBECK	40.00	^	-					0.	0.	· · ·
EXECUTIVE DIRECTOR	40.00			x				65,000.	0.	0.
				- 23				05,000.	0.	<u>v.</u>
		1								
	•	•	•		-	•				– 000 (aa.ta)

Page 7

Form 99 Part V

	990 (2019)	VOICES CA	ARRY CHI	LD) A	DV	OC	AC	Y	CENTER	84-13	2400)9	Pag	je 8
Par	t VII Section A. Officers	s, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	e	(B) Average hours per week	box	not ch , unles cer an	s per	nore son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensatior from related	1	Estir amo	F) nated unt of her	
			(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	C)	compe fror organ	ensation n the nization related	n d
				-											
				-											
				-											
				-											
	Subtotal								_	65,000.		0.			0.
с	Total from continuation Total (add lines 1b and		I, Section A							<u> </u>		0.			0.
2	Total number of individua compensation from the o	lls (including but n							o re		000 of reportable				0
	•	5 F											Y	'es I	No
3	Did the organization list a	ny former officer,	director, truste	ee, k	key e	mpl	oyee	e, or	hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complet For any individual listed o											🗖	3	-	X
4	and related organizations												4	-	x
5	Did any person listed on l rendered to the organizat						-			-			5		х
Sec	tion B. Independent Cont	tractors		201	51 50		20130						-	1	
1	Complete this table for you the organization. Report of	-	-	-								ensatio	n from	l	
	Na	(A) ame and business	address	NC	ONE	2				(B) Description of s	ervices	Con	(C) npens	ation	
2	Total number of independ \$100,000 of compensation			ot lin	nited	l to t	thos 0		ted	above) who received mo	ore than				

		2019) VOICES CARRY	CHILD ADV	OCACY CEN	FER	84-1324	009 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a respons	se or note to any lin		(B)	(0)	
				(A) Total revenue	Related or exempt	(C) Unrelated	(D) Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a Membership dues 1b					
Dor:	D	• • • • • • • • • • • • • • • • • • • •	119,862.				
fts,	C h	• • • • • • • • • • • • • • • • • • •	119,002.				
, Git	a	· · · · · · · · · · · · · · · · · · ·	362,544.				
Sirr,	e f	Government grants (contributions) 1e All other contributions, gifts, grants, and	502,544.				
utic Jer		similar amounts not included above 1f	59,857.				
trib Ott			55,057.				
no	g	Total. Add lines 1a-1f		542,263.			
0.0		Total. Add lines fa fi	Business Code	542,205.			
•	2 2	MISC TRAININGS/WORKSHO		4,662.	4,662.		
vice	z a b			170020	1,0020		
Ser	c		-				
im (d						
Program Service Revenue	ц Б		-				
Pro	f	All other program service revenue	-				
	q	_ · · · · · · · ·		4,662.			
	3	Investment income (including dividends, inte		•			
		other similar amounts)		111.			111.
	4	Income from investment of tax-exempt bond					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities					
		assets other than inventory 7a	1,125.				
	b	Less: cost or other basis					
anı		and sales expenses 7b	187.				
svenue		Gain or (loss)	938.				
ъ		Net gain or (loss)	🕨	938.			938.
Other	8 a	Gross income from fundraising events (not					
ō		including \$119,862. of					
		contributions reported on line 1c). See	70 002				
			Ba 70,903. Bb 57,339.				
		· · · · · · · · · · · · · · · · · · ·		13,564.			13,564.
		Net income or (loss) from fundraising events	<u> </u>	13,304.			15,504.
	9 a	Gross income from gaming activities. See	9a				
	h	· · · · · · · · · · · · · · · · · · ·	9b				
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns	►				
	10 0	•	0a				
	h		0b				
		Net income or (loss) from sales of inventory					
			Business Code				
snc	11 a						
Miscellaneous Revenue	b						
ella eve	с						
lisc Bt	d	All other revenue					
2	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		561,538.	4,662.	0.	14,613.

VOICES CARRY CHILD ADVOCACY CENTER

Do r	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	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,	65 000	44 9 49		
	trustees, and key employees	65,000.	41,340.	23,660.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	001 011	150.005	<u> </u>	0 604
7	Other salaries and wages	231,011.	152,935.	69,392.	8,684
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10 070		10 070	
9	Other employee benefits	12,072. 24,545.		12,072. 24,545.	
0	Payroll taxes	24,545.		24,545.	
1	Fees for services (nonemployees):				
	• • • • • • • • • • • • • • • • • • •				
	Legal	21 606		21 606	
	Accounting	21,686.		21,686.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	14 420	12 660		
	column (A) amount, list line 11g expenses on Sch 0.)	14,438. 26,746.	13,660. 1,364.	778. 761.	
2	Advertising and promotion	26,746.	1,364.		24,621
3	Office expenses	10,668.	317.	10,340.	11
4	Information technology				
5	Royalties				
6	Occupancy	15 016	10.004	1 644	
7	Travel	15,046.	13,334.	1,644.	68
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	00.010			
0	Interest	22,013.		22,013.	
1	Payments to affiliates	00.000	4 - 0		
2	Depreciation, depletion, and amortization	22,999.	179.	22,820.	
3	Insurance	7,152.		7,152.	
4	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
~	amount, list line 24e expenses on Schedule 0.)	20,151.	20,151.		
d h	UTILITIES	9,054.	1,352.	7,702.	
b	DUES AND SUBSCRIPTIONS	4,123.	±,354•	4,123.	
ں ہہ	BANK FEES	2,828.	25.	2,797.	6
d		5,243.	1,606.	3,626.	11
	All other expenses	514,775.	246,263.	235,111.	33,401
5 6	Total functional expenses. Add lines 1 through 24e	JI4,//J•	240,203.	۵٫٫⊥⊥⊥۰	JJ,4UI
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

VOICES	CARRY	CHILD	ADVOCACY	CENTER
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84-1324009 Page 11

Fa	πΧ	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			35,694.	1	72,240.
	2	Savings and temporary cash investments			120,650.	2	138,757.
	3	Pledges and grants receivable, net			21,470.	3	34,318.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial co	ntributor, or 35%			
		controlled entity or family member of any of th	iese persor	าร		5	
	6	Loans and other receivables from other disqu	alified perso	ons (as defined			
Assets		under section 4958(f)(1)), and persons describ		6			
	7	Notes and loans receivable, net		7			
	8	Inventories for sale or use			8		
As	9				7,398.	9	4,227.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	. 10a	639,443.			
	b	Less: accumulated depreciation	10b	205,255.	453,416.	10c	434,188.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		5,560.	15	5,070.	
	16	Total assets. Add lines 1 through 15 (must ed			644,188.	16	688,800.
	17	Accounts payable and accrued expenses			22,109.	17	34,502.
	18	Grants payable			18		
	19	Deferred revenue	4,700.	19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet				21	
ŝ	22	Loans and other payables to any current or fo	rmer office	r, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial co	ntributor, or 35%			
abi		controlled entity or family member of any of th	iese persor	าร		22	
Ξ.	23	Secured mortgages and notes payable to unre	elated third	l parties	360,383.	23	350,539.
	24	Unsecured notes and loans payable to unrelation	ed third pa	arties		24	
	25	Other liabilities (including federal income tax,	payables to	o related third			
		parties, and other liabilities not included on lin	es 17-24). (Complete Part X			
		of Schedule D			5,070.	25	5,070.
	26				392,262.	26	390,111.
		Organizations that follow FASB ASC 958, c	heck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27				247,226.	27	293,689. 5,000.
Ba	28	Net assets with donor restrictions			4,700.	28	5,000.
pur		Organizations that do not follow FASB ASC	958, chec	k here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.					
o S	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or	equipment	fund		30	
t As	31	Retained earnings, endowment, accumulated				31	
Nei	32	Total net assets or fund balances			251,926.	32	298,689.
	33	Total liabilities and net assets/fund balances			644,188.	33	688,800.

Form **990** (2019)

Form 990 (2019) Part X Balance Sheet

Form	990	(2019)

	1990 (2019) VOICES CARRY CHILD ADVOCACY CENTER	84-132	4009	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.,5:	
2	Total expenses (must equal Part IX, column (A), line 25)	2	514	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>63.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	251	.,92	26.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	298	3,68	<u>39.</u>
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			I
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			_		

Form **990** (2019)

SCH	EDU	LE A
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Pul

SCHEDULE A (Form 990 or 990-EZ)		ULE A	Dublic Charity Status and Dublic Support	OMB No. 1545-0047				
		0 or 990-EZ)	Public Charity Status and Public Support	2010				
			Complete if the organization is a section 501(c)(3) organization or a section		ZU 19			
Depart	ment of	the Treasury	4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.		Open to Public			
		ue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection			
Nam	e of t	he organizati	on	Employer	identification number			
			VOICES CARRY CHILD ADVOCACY CENTER	8	4-1324009			
Par	τI	Reason	for Public Charity Status (All organizations must complete this part.) See instructions	3.				
The c	organi		private foundation because it is: (For lines 1 through 12, check only one box.)					
1 [nvention of churches, or association of churches described in section 170(b)(1)(A)(i).					
2			cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
4		=	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state	2:					
5		An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	nit describe	d in			
		section 170	(b)(1)(A)(iv). (Complete Part II.)					
6			te, or local government or governmental unit described in section 170(b)(1)(A)(v).					
7	Х	An organizati	on that normally receives a substantial part of its support from a governmental unit or from the	ne general p	oublic 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 agricultura	al 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 organizati	on that normally receives: (1) more than 33 1/3% of its support from contributions, membersl	hip fees, and	d gross receipts from			
			ted to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of i					
		income and u	inrelated business taxable income (less section 511 tax) from businesses acquired by the or	anization a	fter June 30, 1975.			
		See section	509(a)(2). (Complete Part III.)					
11		An organizati	on organized and operated exclusively to test for public safety. See section 509(a)(4).					
12			on organized and operated exclusively for the benefit of, to perform the functions of, or to ca	rry out the	ourposes of one or			
		more publicly	supported organizations described in section 509(a)(1) or section 509(a)(2). See section	5 09(a)(3). C	heck the box in			
		lines 12a thro	ugh 12d that describes the type of supporting organization and complete lines 12e, 12f, and	12g.				
а		Type I. A s	upporting organization operated, supervised, or controlled by its supported organization(s), t	pically by g	giving			
		the support	ed organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the su	pporting			
		organizatio	n. You must complete Part IV, Sections A and B.					
b		Type II. A s	supporting organization supervised or controlled in connection with its supported organizatio	n(s), by hav	ing			
		control or n	nanagement of the supporting organization vested in the same persons that control or mana	ge the supp	orted			
		organizatio	n(s). You must complete Part IV, Sections A and C.					
с] Type III fur	nctionally integrated. A supporting organization operated in connection with, and functional	ly integrate	d with,			
			ed organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	-				
d		7	n-functionally integrated. A supporting organization operated in connection with its support	ted organiz	ation(s)			
		that is not f	unctionally integrated. The organization generally must satisfy a distribution requirement and	an attentiv	eness			
			t (see instructions). You must complete Part IV, Sections A and D, and Part V.					
е		-	box if the organization received a written determination from the IRS that it is a Type I, Type	II, Type III				
			integrated, or Type III non-functionally integrated supporting organization.					
	F							

Enter the number of supported organizations f

g Provide the following information	g Provide the following information about the supported organization(s).					
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))				
Total						

Schedule A (Form 990 or 990-EZ) 2019 VOICES CARRY CHILD ADVOCACY CENTER 84-1324 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	tion A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	491,449.	475,588.	450,201.	413,376.	542,263.	2372877.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
4	Total. Add lines 1 through 3	491,449.	475,588.	450,201.	413,376.	542,263.	2372877.
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)						54,505.
6	Public support. Subtract line 5 from line 4.						2318372.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	491,449.	475,588.	450,201.	413,376.	542,263.	2372877.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	201.	85.	14.	58.	111.	469.
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						2373346.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	498,717.
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (li	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	<u>97.68</u> %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	<u>95.92 %</u>
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the	•
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio						
					<u> </u>		ar 000 EZ) 0010

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 VOICES CARRY CHILD ADVOCACY CENTER 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	Amounts included on lines 1, 2, and						
10	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	(4) 2010		(0) 2011			
	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						
	Net income from unrelated business activities not included in 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.)	L					
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) orga	inization,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20)19 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from		'			18	%
	33 1/3% support tests - 2019. If the					· · · ·	
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2018. If the						······ •
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
_							

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 VOICES CARRY CHILD ADVOCACY CENTER

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

Section A. All Supporting Organizations

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

Yes

No

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Schedule A (Form 990 or 990-EZ) 2019 VOICES CARRY CHILD ADVOCACY CENTER Part IV Supporting Organizations (continued)

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

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 VOICES CARRY CHILD ADVC			84-1324009 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ted Type III supporting or	janization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 VOICES CARRY CHILD ADVOCACY CENTER

ια	Type in Non-Functionally integrated 509	a)(s) supporting orga	(continued)	
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	•	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	1	1	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 VOICES CARRY CHILD ADVOCACY CENTER 84-1324009 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

VOICES	CARRY	CHILD	ADVOCACY	CENTER	84-1324009
ck 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 or 990-EZ), 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, 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions.

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

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

Name of organization

Employer identification number

84-1324009

VOICES CARRY CHILD ADVOCACY CENTER

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

	-		
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4 LARIMER COUNTY DEPARTMENT OF HUMAN	Total contributions	Type of contribution
1	SERVICES 2601 MIDPOINT DRIVE, SUITE 112 FORT COLLINS, CO 80525	\$ <u>15,450.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	COLORADO DIVISION OF CRIMINAL JUSTICE (VOCA) 700 KIPLING STREET, SUITE 1000 DENVER, CO 80215	\$109,425.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>	VICTIM ASSISTANCE AND LAW ENFORCEMENT		
3	(VALE) <u>201 LAPORTE AVENUE</u> FORT COLLINS, CO 80521	\$54,375.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4 COLORADO CHILDREN'S ALLIANCE (CCA) 1050 CHEROKEE #412		Type of contribution Person X Payroll
No.	(b) Name, address, and ZIP + 4 COLORADO CHILDREN'S ALLIANCE (CCA)	Total contributions	Type of contribution Person X Payroll
No.	(b) Name, address, and ZIP + 4 COLORADO CHILDREN'S ALLIANCE (CCA) 1050 CHEROKEE #412	Total contributions	Type of contribution Person X Payroll
<u>No.</u> 4 (a) No.	(b) Name, address, and ZIP + 4 <u>COLORADO CHILDREN'S ALLIANCE (CCA)</u> <u>1050 CHEROKEE #412</u> <u>DENVER, CO 80204</u> (b) Name, address, and ZIP + 4	Total contributions \$61,170. (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
<u>No.</u> <u>4</u> (a)	(b) Name, address, and ZIP + 4 <u>COLORADO CHILDREN'S ALLIANCE (CCA)</u> <u>1050 CHEROKEE #412</u> <u>DENVER, CO 80204</u> (b)	Total contributions \$61,170. (c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
<u>No.</u> 4 (a) No.	(b) Name, address, and ZIP + 4 <u>COLORADO CHILDREN'S ALLIANCE (CCA)</u> <u>1050 CHEROKEE #412</u> <u>DENVER, CO 80204</u> (b) Name, address, and ZIP + 4 <u>CITY OF FORT COLLINS SUSTAINABILITY</u> <u>PO BOX 580</u>	Total contributions \$ 61,170. (c) Total contributions	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for Noncash Image: Complete Part II for Noncash (Complete Part II for Part II for Noncash Image: Complete Part II for Noncash
No. 4 (a) No. 5 (a) No.	(b) Name, address, and ZIP + 4 <u>COLORADO CHILDREN'S ALLIANCE (CCA)</u> <u>1050 CHEROKEE #412</u> <u>DENVER, CO 80204</u> (b) Name, address, and ZIP + 4 <u>CITY OF FORT COLLINS SUSTAINABILITY</u> <u>PO BOX 580</u> <u>FORT COLLINS, CO 80522</u> (b) Name, address, and ZIP + 4	Total contributions \$ 61,170. (c) Total contributions \$ 23,000. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contribution Person X Payroll Image: Complete Part II for noncash contribution Person X Payroll Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Type of contribution
<u>No.</u> <u>4</u> (a) <u>No.</u> <u>5</u> (a)	(b) Name, address, and ZIP + 4 <u>COLORADO CHILDREN'S ALLIANCE (CCA)</u> <u>1050 CHEROKEE #412</u> <u>DENVER, CO 80204</u> (b) Name, address, and ZIP + 4 <u>CITY OF FORT COLLINS SUSTAINABILITY</u> <u>PO BOX 580</u> <u>FORT COLLINS, CO 80522</u> (b)	Total contributions \$ 61,170. (c) Total contributions \$ 23,000. (c) (c)	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) X Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.) X

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

84-1324009

VOICES CARRY CHILD ADVOCACY CENTER

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

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	CITY OF FORT COLLINS POLICE DEPARTMENT 2221 S. TIMBERLINE ROAD FORT COLLINS, CO 80525	\$ <u>13,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	CITY OF LOVELAND POLICE DEPARTMENT 801 E 10TH STREET LOVELAND, CO 80537	\$ <u>15,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	STATE OF COLORADO DEPARTMENT OF HUMAN SERVICES1575 SHERMAN STREET, 6TH FLOORDENVER, CO 80302	\$32,370.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> 10</u>	HYDRO CONSTRUCTION CHARITABLE FUND 4745 WHEATON DRIVE FORT COLLINS, CO 80525	\$ <u>15,475.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

84-1324009

VOICES CARRY CHILD ADVOCACY CENTER

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of orgar	nization	Employer identification number				
VOICES	CARRY CHILD ADVOCACY C	ENTER	84-1324009			
Part III E		ons to organizations described in set through (e) and the following line ent haritable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.) \$			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift	t			
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I		(c) ose of gift				
-	(e) Transfer of gift					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
-		(e) Transfer of giff	 t			
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee			
-						

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Nam	e of the organization VOICES CARRY CHILD	ADVOCACY CENTER	Employer identification number 84-1324009
Par			
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value of grants non (during year)		
5	Did the organization inform all donors and donor advisors in		d funds
5	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
Ŭ	for charitable purposes and not for the benefit of the donor of		
Par		manization answered "Yes" on Form 990 P	Part IV line 7
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea	· · · · ·	a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form c	f a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Year
а			
b			
c	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register	-	
3	Number of conservation easements modified, transferred, rel		
	year ►		0 0
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	ion easements in its revenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial stateme	nts that describes the
_	organization's accounting for conservation easements.		<u>.</u>
Par	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical tre		gain, provide
-	the following amounts required to be reported under FASB A	-	► €
a b	Revenue included on Form 990, Part VIII, line 1		
	ASSUSTICIUUCUTITI UTTI 330, FAILA		······ • •

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Schedule	D	Form	990	2019

Sche		CARRY CHILI						84-13			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Histe	orical Tre	easures, o	r Othe	r Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the t	following tha	t make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progr	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	how th	ey further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical treas	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod								_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing t	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance						. 1f				
	Did the organization include an amount on F						lity?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII	. Check here if the ex	planatio	n has been	provided on	Part XIII					
Fai	t V Endowment Funds. Complete								() [
4.	Designing of second states a	(a) Current year	(b) ⊦	rior year	(c) Two yea	Irs dack	(d) Three y	ears back	(e) Four	years	раск
1a	Beginning of year balance										
D	Contributions										
C	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the cur		lino 1a)) hold as:						
2	Board designated or quasi-endowment		%	y, column (a							
b	Permanent endowment										
	Term endowment	<u> </u>									
Ŭ	The percentages on lines 2a, 2b, and 2c sho	_^ _									
3a	Are there endowment funds not in the posse		tion that	t are held ar	nd administe	red for th	ne organiza	ation			
04	by:						ie erganize]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	•								I	
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990), Part IV	, line 11a. S	See Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		ccumulate	ed	(d) Boo	k value	•
1 a	Land			7	0,998.				7	0,99	98.
	Buildings				4,950.		136,4	08.		3,54	
	Leasehold improvements									-	
	Equipment			8	3,495.		68,8	47.	14	4,64	18.
	Other						· · ·				
-	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B), line 1	0c.)				43	4,18	38.

Schedule D (Form 990) 2019

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-vear market value
			you manot value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		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) lin	e 15)		
Part X Other Liabilities.	<u> </u>		
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) LEASE LIABILITY, NET			5,070.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			5,070.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	🕨	5,070.

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

X

VOICES CARRY CHILD ADVOCACY CENTER 84-1324009 Page 3 Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

~

(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)		
Tatal (Oal (h) must aqual Farma 000, Dant V, aal (D) line 10.		

(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	5,070
2. Lightly for upportain tay positions. In Dart VIII, provide the tayt of the feathers to the organization's financial statements the	hat raparta tha

Sche	dule D (Form 990) 2019 VOICES CARRY CHILD ADVOCACY	CENTER		84-13	24009	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Rev	enue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	571,	118.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	9,580.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,580.
3	Subtract line 2e from line 1			3	561,	538.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · · · · · · · · · · · · · · · ·		5	561,	538.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With Exp	benses per H	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				504	~
1	Total expenses and losses per audited financial statements			1	524,	355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1				
а	Donated services and use of facilities	2a	9,580.	-		
b	Prior year adjustments	2b		-		
С	Other losses	2c		-		
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e		580.
3	Subtract line 2e from line 1			3	514,	,775.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	514,	,775.
Pa	rt XIII Supplemental Information.					

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

PART X, LINE 2:

THE ORGANIZATION UTILIZES THE PROVISIONS OF ASC 740, PERTAINING TO							
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE PRONOUNCEMENT REQUIRES THE							
USE OF A MORE-LIKELY-THAN-NOT RECOGNITION CRITERIA BEFORE AND SEPARATE							
FROM THE MEASUREMENT OF A TAX POSITION. AN ENTITY SHALL INITIALLY							
RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION WHEN IT IS							
MORE LIKELY THAN NOT, BASED ON THE TECHNICAL MERITS, THAT THE POSITION							
WILL BE SUSTAINED UPON EXAMINATION. WITH RESPECT TO THE ORGANIZATION, THIS							
WOULD PRIMARILY RELATE TO THE DETERMINATION OF UNRELATED BUSINESS TAXABLE							
INCOME AND TO THE MAINTENANCE OF ITS TAX EXEMPT STATUS.							
MANAGEMENT HAS EVALUATED THE ADOPTED POLICIES AND PROCEDURES THAT HAVE							
BEEN IMPLEMENTED TO PROVIDE ASSURANCE THAT INCOME IS PROPERLY							

		ADVOCACY CENTE	ER 84-1324009	Page 5				
Part XIII Supplemental Information (cc	ntinued)							
CHARACTERIZED AND ACTIVITI	ES THAT JEOPA	ARDIZE ITS TAX	EXEMPT STATUS ARE					
WITHIN LIMITS ESTABLISHED	UNDER EXISTIN	IG TAX CODE AND	REGULATIONS.					
MANAGEMENT HAS DETERMINED	THE EFFECTS (OF UNCERTAIN TA	X POSITIONS ARE NOT	1				
MATERIAL TO THE ORGANIZATI	ON FOR RECOGN	NITION OR DISCL	OSURE IN THE					
ACCOMPANYING FINANCIAL STATEMENTS AND, ACCORDINGLY, NO INCOME TAX								
LIABILITY HAS BEEN RECORDE	D FOR UNCERTA	AIN INCOME TAX	POSITIONS IN THE					
ACCOMPANYING FINANCIAL STATEMENTS.								

SCHEDULE G	Suppleme	ntal Information Regardi	ing Fund	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" organization entered more thar				r 19,	or if the	2019
Department of the Treasury		Attach to Form			-			Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for in	nstructior	s and	the latest informati	on.		Inspection
Name of the organization				~				ntification number
Part I Fundrais		CARRY CHILD ADVO					84-1324	
	complete this part	Complete if the organization an	Iswered "I	'es" or	1 Form 990, Part IV, I	ine 1 <i>i</i>	'. Form 990-E2	filers are not
·	· · ·	ed funds through any of the follo	owing activ	/ities. (Check all that apply.			
a 📃 Mail solicitat	•		ů.		overnment grants			
b Internet and	email solicitations	f Soli	icitation of	gover	nment grants			
c Phone solicit		g 🔄 Spe	ecial fundra	aising	events			
d in-person sol		r and arrangement with any individ	dual (inclu	dina of	ficara directore truc	+	0.4	
•		r oral agreement with any individ art VII) or entity in connection wi	•	•		itees,	or Ves	Νο
		viduals or entities (fundraisers) pu			e	he fun		
compensated at le	ast \$5,000 by the	organization.		0				
			(iii	Did		(v)	Amount paid	
(i) Name and address		(ii) Activity	fund have o	Did raiser ustody	(iv) Gross receipts	tò (o	r retained by)	(vi) Amount paid to (or retained by)
or entity (fund	raiser)		or co	ntrol of utions?	from activity		ed in col. (i)	organization
			Yes	No				
				1				
Total	<u></u>	·····	<u></u>					
	ch the organizatio	n is registered or licensed to soli	icit contrib	utions	or has been notified	it is e	exempt from re	gistration
or licensing.								

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Schedule G (Form 990 or 990-EZ) 2019

84-1324009 Page 2 Schedule G (Form 990 or 990-EZ) 2019 VOICES CARRY CHILD ADVOCACY CENTER

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 FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BOCCE BALL		1	(add col. (a) through
			TOURNAMENT (event type)	AIM FOR HELP (event type)	(total number)	col. (c))
e			(event type)	(event type)	(lotal humber)	
Revenue	1	Gross receipts	65,120.	81,277.	44,368.	190,765.
	2	Less: Contributions	45,870.	43,192.	30,800.	119,862.
	3	Gross income (line 1 minus line 2)	19,250.	38,085.	13,568.	70,903.
	4	Cash prizes				
	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	2,800.			2,800.
	8	Entertainment				
	9	Other direct expenses		13,634.	21,384.	54,539.
		Direct expense summary. Add lines 4 through	.,			57,339. 13,564.
Pa		Net income summary. Subtract line 10 from li II Gaming. Complete if the organization		000 Dart IV line 10 or r		13,304.
1 4		\$15,000 on Form 990-EZ, line 6a.	answered tes offrom	1990, Fait IV, iiile 19, 011	eported more trian	
		••••••••••••••••••••••••••••••••••••••		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						
щ	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	└── Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	0	Not coming income summers. Outstant line 7	from line 1 octores (-1)		•	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		····· •	
9	Fnt	er the state(s) in which the organization condu	icts gaming activities.			
		he organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
		re any of the organization's gaming licenses re			ear?	Yes No
b	lf "	Yes," explain:				

932082 09-11-19

Sch	edule G (Form 990 or 990-EZ) 2019 VOICES CARRY CHILD ADVOCACY CENTER 84-1	3240	09	Page 3
	Does the organization conduct gaming activities with nonmembers?	· · ·	/es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	<u> </u>	105	No
12	Indicate the percentage of gaming activity conducted in:		163	
		13a		%
	a The organization's facility An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		/0
	Name			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	י 🗌 י	ſes	🗌 No
	 If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party: 			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <a> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
â	 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 		/es	🗌 No
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, line	es 9, 9	9b, 10b,

Schedule G (Form 990 or 990-EZ)	VOICES	CARRY	CHILD	ADVOCACY	CENTER	84-1324009	Page 4
Part IV Supplemental Infor	mation _{(cont}	tinued)					

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	10			
			20	IJ	1			
Depar	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction			
Nam	e of the organizatior	1		identificatio		nber		
		VOICES CARRY CHILD ADVOCACY CENTER	84-1	1324009	9			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c		nal use					
	Travel for companions Payments for business use of personal residence							
	_	ation and gross-up payments Health or social club dues or initiation fee						
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)					
b		on line 1a are checked, did the organization follow a written policy regarding payment or						
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	0	require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
•								
3		y, of the following the organization used to establish the compensation of the organization's						
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the OEO/Fuer time Directory but available in Det III	on to					
	·	tion of the CEO/Executive Director, but explain in Part III.						
	Compensation							
	·	ompensation consultant Compensation survey or study ther organizations X	ommittoo					
		her organizations	ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-	e payment or change-of-control payment?		4a		x		
		eive payment from, a supplemental nonqualified retirement plan?				X		
		ever payment from, an equity-based compensation arrangement?				x		
•		es 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the re							
а	The organization?			5a		X		
		ation?				X		
		r 5b, describe in Part III.						
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
		ation?				X		
		r 6b, describe in Part III.						
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i					
	not described on lir	es 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in						
	Regulations section	53.4958-6(c)?	<u></u>	9				
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2019		

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)() ⁻ (D)	reported as deferred on prior Form 990
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
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	") (i)							
	(i) (ii)							
	(i)							
	;i)							
	(i)							
	ii)							
	(i)							
	ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

2019 Open to Public Inspection Employer identification number

OMB No. 1545-0047

VOICES CARRY CHILD ADVOCACY CENTER 84-1324009

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO CHILD ABUSE BY PROVIDING SUPPORT SERVICES IN A SAFE AND

COMPASSIONATE ENVIRONMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

ORGANIZATION'S PROCESS IS TO REVIEW FORM 990 AND OBTAIN APPROVAL BY THE

GOVERNING BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 15A:

COMPENSATION PROCESS FOR TOP OFFICIAL BY DECISION OF BOARD OF DIRECTORS

AFTER REVIEW OF COMPARABLE DATA.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 IS AVAILABLE TO THE PUBLIC, UPON REQUEST, AT THE OFFICE. IN

ADDITION, THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE,

UPON REQUEST, TO ALL MEMBERS.

(Rev. January 2020)

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	Name of exempt organization or other filer, see instru	ctions		Taxnave	r identification numb	oer (TINI)					
print		талраус									
print	VOICES CARRY CHILD ADVOCACY CENTER 84-13240										
File by the due date for	by the										
filing your return. See	5529 S TIMBERLINE ROAD										
City, town or post office, state, and ZIP code. For a foreign address, see instructions. FORT COLLINS, CO 80528											
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01					
Applicat	ion	Return	Application			Return					
Is For		Code	Is For			Code					
Form 990	0 or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 99	D-BL	02	Form 1041-A			08					
Form 472	20 (individual)	03	Form 4720 (other than individual)			09					
Form 99)-PF	04	Form 5227			10					
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11					
Form 99	D-T (trust other than above) THE ORGANIZATIO	06	Form 8870			12					
 If the If this box 1 I return the 	 I request an automatic 6-month extension of time until <u>NOVEMBER 16, 2020</u>, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▼ and ending										
an	his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions. his application is for Forms 990-PF, 990-T, 4720, or 6069	3a	\$	0.							
	timated tax payments made. Include any prior year overp			3b	\$	0.					
	lance due. Subtract line 3b from line 3a. Include your pa										
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.					
	If you are going to make an electronic funds withdrawal			153-EO an	d Form 8879-EO for	payment					

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