

#### Florida Department of Agriculture and Consumer Services Division of Consumer Services

### SOLICITATION OF CONTRIBUTIONS ANNUAL FINANCIAL REPORTING FORM

Chapter 496, Florida Statutes Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • (850) 410-3800

Remit completed form to: charities@FDACS.gov

or

FDACS Solicitation of Contributions 2005 Apalachee Pkwy. Tallahassee. FL 32399-6500

CHILDREAL S DREAM ADVENTURES Organization Name	CH# 68939 DTN 3779565  (Registration #) (as listed on the preprinted renewal application)
Organization Physical Address Cit	MPA FL 33603 ty State Zip
FISCAL YEAR ENDING 12 131 12027	
☐ Yes No Is this a proposed budget? (newly formed o	rganizations only)
☐ Yes No Is this a consolidated financial statement for	chapters, branches and affiliates?
REVEN	UE
1. Federated campaigns:	1
2. All Fundraising events:	2
3. Related Organizations:	3
4. Government Grants:	4
5. All other contributions, gifts, grants & similar amounts:	5. <u>2803.3</u> (
6. In-kind contributions (non- cash contributions):	6: <u>6113.34</u> 6093.17
7. Program service revenue:	7
8. Income from gaming activities:	8. <u>100,00</u>
9. Sales of inventory revenue:	9.
10. Misc./Other revenue	10
11. Membership Dues and assessments	11.
12. TOTAL REVENUE	12. 9,016.65 8996.48
EXPENSES	
	, 5
Program services (including payments to affiliates)     Management and general	2 116461
3. Fundraising	3 /02.9.20
4. TOTAL EXPENSES (add lines 1 through 3)	4. 2193.81

# Statement of Functional Expenses for CHILDITEN'S DREAM ADVENTURES CH 689.39 (Organization Name) (Renewals Only)

ITEMS	(A) Program Services	(B)Management & General	(C) Fundraising	TOTAL for A, B, C
Grants & allocations				
(cash				
Non cash	OX			0
Attach schedule Assistance to individuals	- N	-		0
Benefits to or for members	8	0	-0	~
Compensation to officers, etc.	9	8	a	0
Other salaries, wages, etc.	D D	.6	2	7
Fees for service non employees	8	8	-0-	2
Other benefits, pensions, etc.	Ø	8	.0	6
Payroll taxes	0	9	0	0
Professional fundraising fees	- TØ	a	0	8
Investment management fees	D	8	0	0
Accounting fees	Ø	.0	D	0
Management	Ø	8	æ.	.0
Legal fees	0	.0	25	.0
Lobbying	A)	0	0	0
Office supplies	8	R	45	00
Telephone	IN-KIND DONATH			
Postage & shipping	0	8	25	-0-
Equipment rental	D	Ø	D	8
Occupancy	Ð	D	0	2
Printing	0	-0	0	8
Travel	8	-0	-0-	6
Conferences & meetings	Ø	0	-0-	<del>-</del>
Interest	Ø	6	0	0
Insurance	B	0	0	0
Advertising & promotions	-0-	0	1025,20	1025.20
Information technology	Ø	50.00	0	50.00
Royalties	Ø	Ø	0	0
Payments to affiliates	0	0	-6	0
Depreciation, depletion & amortization	0	0	6	0
Other (List Item)	B	1054.73	9	1054.73
Other (List Item) WEBS 175	-6	59.88	0	59.88
Other (List Item) CC Pacessin	( D	-0	4,00	4.00
TOTAL EXPENSES FEES	(A)	1164.61	1029.20	Z193.8/

BALANCE SHEET:	(A) BEGINNING OF YEAR	(B) END OF YEAR
CASH, SAVINGS AND INVESTMENTS	.0	2903.31
TOTAL ASSETS	Ð	6113.34 6093.17
EXCESS (OR DEFICIT) FOR THE YEAR		18.5586.
		6802.67

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#### SUPPLEMENTAL CONSOLIDATED FINANCIAL STATEMENT

You must submit financial statements for the parent organization and each chapter, branch, or affiliate listed in question 4 on the Registration Application. However, if all contributions received by the chapters, branches, or affiliates are remitted directly into a depository account which feeds directly into the parent organization's centralized accounting system from which all disbursements are made, the parent organization may submit one consolidated financial statement and IRS form 990 with all attachments, or form 990-EZ and Schedule O, for the parent organization and each chapter, branch, or affiliate that is required to file such forms. If submitting one consolidated financial statement, financial information for all branches should be combined into the amounts requested below. Please note: this form is required and may be reproduced to accommodate all affiliate locations. Additional pages using the same format may be attached if more space is needed.

be attached if filore space is fleeded.	. 11.	
Chapter, Branch, or Affiliate Name:	N/A	
Street Address:	City/State/Zip:	
Telephone Number:	Email:	
Total contributions received in the name of the	Chapter, Branch or Affillate	s_N/A
Total administrative costs assessed by Parent t	o Chapter, Branch or Affiliate	sN/4
Total payments to Chapter, Branch or Affiliate		s <u>N/4</u>
If a professional fundraising consultant, professions reporting period, please provide the following	sional solicitor, or commercial co-ventuing information for each contract entere	rer was utilized during any portion of d:
☐ Professional Fundraising Consultant	☐ Professional Solicitor	☐ Commercial Co-Venturer
Name:	4	
Street Address:	City/State/Zip:	
Amount Received following the campaign, fund	raiser, promotion or event: \$	NA
PLEASE NOTE: Financial statements from org contributions must be <u>audited or reviewed</u> b organizations that receive \$1 million or more accountant. If this applies to your organization	y an independent certified public acc in annual contributions must be audite	ountant. Financial statements from d by an independent certified public
I am authorized to complete this financial repor	ting form.	
MassSleck	MARK	S. PECK Printed Name
Signature	(100	
		7023 Date
727-701-0909	Markos.	efforteda.org
Telephone Number	11141162	Email Address

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## IN-KIND DONATIONS ZOZZ

DONOR ITEM VALUE  ZOO TAMPA TICKETS (16) \$\frac{1}{4}735.ZO (\$\frac{1}{2}45.\$)  PAID PERSONALLY LITTLE GRENLIGHT  BY DE ADDITION OF THE GRENLIGHT	
PAID PERSONALLY LITTLE GRENLIGHT	
BY DR ATTILA LENKEY CRM SUBSCRIPTION \$ 270° (\$45)	,
PAID PERSONALLY BY  CONSTRUCTION OF OUR \$ 3500°  NEW LEGACY, LLC  NAMPA, ID	
DEVIN LENKEY 6MOXZ \$36400 (\$182	
PAID FERSONALLY BY KAYAK TRIP  MARK FECK  KAYAK TRIP  DTYJY KS & ICE  KAYAK TRIP  DTYJY KS & ICE  KAYAK TRIP  LUNCHES  JERSEY MIKES  200 LUNCHES  200 TAMPA  200 DRINKS & ICE  GO DADDY  DOMAIN RECISTRATION  X 2 (15-94 EMIN)  (10-17 EACH)  GOOGLE G SUITE  FHONE IFILM 1/100 X 11.99 - \$ 131.	+ 10.84)