

Form **990EZ**
Department of the Treasury
Internal Revenue Service

Short Form 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/Form990EZ for instructions and the latest information.

OMB No. 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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

C Name of organization
FLORIDA CONSUMER ACTION NETWORK INC

Number and street (or P. O. box, if mail is not delivered to street address) Room/suite
740 4th St North Box 236

City or town, state or province, country, and ZIP or foreign postal code
St Petersburg, FL 33701

D Employer identification number
59-2475292

E Telephone number
(727) 327-2400

F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.fcan.org
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 64,050**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	64,050
2	Program service revenue including government fees and contracts	2	0
3	Membership dues and assessments	3	0
4	Investment income	4	0
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
b	Gross income from fundraising events (not including \$ 0 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0
c	Less: direct expenses from gaming and fundraising events	6c	0
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	0
b	Less: cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,050

Expenses			
10	Grants and similar amounts paid (list in Schedule O)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	99,231
13	Professional fees and other payments to independent contractors	13	632
14	Occupancy, rent, utilities, and maintenance	14	5,212
15	Printing, publications, postage, and shipping	15	13
16	Other expenses (describe in Schedule O)	16	16,231
17	Total expenses. Add lines 10 through 16	17	121,319
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-57,269
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	23,533
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-33,736

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	83,775	22 64,707
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	119,474	24 51,758
25 Total assets	203,249	25 116,465
26 Total liabilities (describe in Schedule O).	179,716	26 150,201
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	23,533	27 -33,736

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 The Florida Consumer Action Network is a grassroots organization which empowers citizens to influence public policy by organizing and educating in areas where consumer voices are underrepresented. Community Organizing: Outreach to grassroots organizations and activists; coalition and membership meetings, leadership development, training, and research to support the Board's projects; maintenance of relationships with statewide media; contact with government bodies on FCAN issues. FCAN maintains ongoing communications with many allied organizations. Public Outreach: FCAN communicates with members in many ways including email alerts, web site, blog, Facebook page, and Twitter feed. FCAN mails updates to donors. FCAN does extensive media work to educate the public on consumer and environmental issues including press releases, media briefings, editorial board meetings, letters to the editor, and op eds.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	61,000

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Tom Walker President	2	0	0	0
Mark Ferrulo Secretary Treasurer	2	0	0	0
Wes Jones Vice President	1	0	0	0
Tom Zucco Director	1	0	0	0
Adam Rivera Director	1	0	0	0
Rev Charles McKenzie Director	1	0	0	0
Cathy Bowers Director	1	0	0	0
Nathan Proctor Director	1	0	0	0
WCFEOL AFL-CIO Cheryl Schroeder Organization member	1	0	0	0
Florida Justice Association Nicole Vinson Organization member	1	0	0	0
Susan McGrath Executive Director	45	40,000	7,130	0
Bill Newton Deputy Director	45	35,600	9,976	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

42a The organization's books are in care of Bill Newton Telephone no. (727) 324-2400
Located at 740 4th St North Box 236 St Petersburg, FL ZIP + 4 33701

Table with columns for question number, question text, and Yes/No columns. Rows include 42b and 42c.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46	No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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

Sign Here Signature of officer Tom Walker President <small>Type or print name and title</small>	2020-11-13 <small>Date</small>
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Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

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

Additional Data

Software ID: 19009572

Software Version: v1.00

EIN: 59-2475292

Name: FLORIDA CONSUMER ACTION NETWORK INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 Consumer Empowerment: FCAN worked to educate and empower consumers on issues including financial services, health care, transportation, and other critical issues through digital outreach and a door-to-door canvass. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	12,000

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 Community Organizing and Membership Development: Outreach to grassroots organizations; coalition meetings, town halls, other meetings; leadership development, training, and research to support FCAN projects; maintenance of relationships with statewide media; contact with government bodies on FCAN issues. FCAN maintains ongoing communications with allied organizations. Issue work includes solar power, expansion of the health insurance coverage, tax reforms, and transportation issues. Our Community Organizing includes work on the issues mentions as well as membership development efforts such as canvassing ontacts with members and the public. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	<p>15,000</p>

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>30 Auto Buying Consumer Education - FCAN used media and video to educate consumers for the car buying experience. We made insider tips available and explained concepts such as pricing the loan and how to accurately compare prices. A web page with a series of educational videos is available. (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>30a</p>	<p>24,000</p>

TY 2019 Reasonable Cause Explanation

Name: FLORIDA CONSUMER ACTION NETWORK INC

EIN: 59-2475292

Software ID: 19009572

Software Version: v1.00

Explanation: Information needed to complete the return was not available in time to meet the earlier deadline. An extension to Nov 15 was requested and granted.

SCHEDULE O
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury

Name of the organization

FLORIDA CONSUMER ACTION NETWORK INC

Employer identification number

59-2475292

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16	Description;Amount^Accounting and Payroll Processing;686 Travel;6890 Management consulting ;5716 Training;1497 Licenses and Fees;390 Depreciation;390 Information Technology;187 Dues and memberships;475^Total;16231^

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 24	Description;EOY Amount^Accounts Receivable;50490 Office Equipment;1268^Total;51758^

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26	Description;EOY Amount^Accounts Payable;148337 Payroll Liabilities;1864^Total;150201^