

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

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
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

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

C Name of organization
COLLIER CHILD CARE RESOURCES INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2400 TAMIAMI TRAIL NORTH STE 300

City or town, state or province, country, and ZIP or foreign postal code
NAPLES, FL 34103

D Employer identification number
26-2646032

E Telephone number
(239) 643-3908

F Name and address of principal officer
MELISSA BLAZIER
3295 TAMIAMI TRAIL E
NAPLES, FL 34112

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW COLLIERCHILDCARE ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2008

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CCCCR'S MISSION IS TO PROVIDE HIGH QUALITY EARLY CHILDHOOD CARE, EDUCATION AND RESOURCES TO CHILDREN, FAMILIES AND EARLY LEARNING PROFESSIONALS IN COLLIER COUNTY OUR VISION IS TO BE THE LEADING AUTHORITY AND TRUSTED RESOURCE FOR QUALITY EARLY CHILDHOOD CARE AND EDUCATION IN COLLIER COUNTY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	9
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	68
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	601,314	667,192
9 Program service revenue (Part VIII, line 2g)	1,649,378	1,520,946
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,701	3,503
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,988	-21,795
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,260,381	2,169,846
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	153,521	209,732
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	77,584	125,000
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,429		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,905,021	1,918,067
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,136,126	2,252,799
19 Revenue less expenses Subtract line 18 from line 12	124,255	-82,953
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,210,845	1,126,535
21 Total liabilities (Part X, line 26)	547,512	538,123
22 Net assets or fund balances Subtract line 21 from line 20	663,333	588,412

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-05-10

NICCOLE HOWARD EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JOHN STROEMER CPA CFST CAM GRI	Preparer's signature JOHN STROEMER CPA CFST CAM GRI	Date 2018-05-14	Check <input type="checkbox"/> if self-employed	PTIN P00102391
Firm's name ▶ STROEMER & COMPANY			Firm's EIN ▶ 32-0394930	
Firm's address ▶ 14030 METROPOLIS AVE STE 200 FORT MYERS, FL 33912			Phone no (239) 433-1002	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CCCR'S MISSION IS TO PROVIDE HIGH QUALITY EARLY CHILDHOOD CARE, EDUCATION AND RESOURCES TO CHILDREN, FAMILIES AND EARLY LEARNING PROFESSIONALS IN COLLIER COUNTY OUR VISION IS TO BE THE LEADING AUTHORITY AND TRUSTED RESOURCE FOR QUALITY EARLY CHILDHOOD CARE AND EDUCATION IN COLLIER COUNTY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 639,823 including grants of \$) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 766,571 including grants of \$ 147,460) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 388,609 including grants of \$ 62,272) (Revenue \$)
See Additional Data

(Code) (Expenses \$ including grants of \$) (Revenue \$)
PROFESSIONAL DEVELOPMENT 400 EARLY LEARNING PROFESSIONALS ATTENDED A CCCR SYMPOSIUM FOR PROFESSIONAL DEVELOPMENT 98% OF THE ATTENDEES SURVEYED AT OUR 2016-2017 SYMPOSIUMS REPORTED HAVING LEARNED NEW CONCEPTS AND GREATLY ENJOYED THE SYMPOSIUM

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

4e Total program service expenses ▶ 1,795,003

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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 "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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 "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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? <i>If "Yes," complete Schedule J</i>		No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NICCOLE HOWARD EXECUTIVE DI	40 00	X						97,022	0	4,200
(2) DOROTHY C FERGUSON SECRETARY	1 00	X		X				0	0	0
(3) JOSEPH DAVIDOW DIRECTOR	1 00	X						0	0	0
(4) MARTHA SAMPSELL DIRECTOR	1 00	X						0	0	0
(5) NICOLE MIHELICH DIRECTOR	1 00	X						0	0	0
(6) STEPHANIE SPELL CHAIRPERSON-	1 00	X		X				0	0	0
(7) MELISSA BLAZIER CHAIRPERSON	1 00	X		X				0	0	0
(8) MIKAEL GRONDAHL DIRECTOR	1 00	X						0	0	0
(9) HOWARD ISSACSON TREASURER	1 00	X		X				0	0	0
(10) NEFTALI ESPINOSA DIRECTOR	1 00	X						0	0	0
(11) TAMARA NICOLA VICE CHAIRPE	1 00	X		X				0	0	0
(12) ROBIN CLARK DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total		
c Total from continuation sheets to Part VII, Section A		
d Total (add lines 1b and 1c)	97,022	4,200

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	17,750				
	b Membership dues	1b					
	c Fundraising events	1c	84,037				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	565,405				
	g Noncash contributions included in lines 1a-1f \$ _____		85,819				
	h Total. Add lines 1a-1f		667,192				
Program Service Revenue		Business Code					
	2a TUITION		797,718	797,718			
	b DISTRICT SCHOOL BOARD COLLIER		428,400	428,400			
	c EARLY LEARNING COALITION		262,989	262,989			
	d FDOH		31,839	31,839			
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		1,520,946					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,419			3,419	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)		84			
		d Net gain or (loss)		84			84
	8a Gross income from fundraising events (not including \$ 84,037 of contributions reported on line 1c) See Part IV, line 18	a		19,230			
		b Less direct expenses	b	41,477			
		c Net income or (loss) from fundraising events		-22,247			
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS		452	452				
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d		452					
12 Total revenue. See Instructions		2,169,846	1,521,398		3,503		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	209,732	209,732		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	125,000	100,000	25,000	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (non-employees)				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,490,808	1,224,230	253,378	13,200
12 Advertising and promotion.	34,789	13,568	21,221	
13 Office expenses.	43,762	30,867	12,895	
14 Information technology.				
15 Royalties.				
16 Occupancy.	67,591	44,147	23,444	
17 Travel.	8,118	2,517	5,601	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	19,030	19,030		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	19,764	19,764		
23 Insurance.	46,219	34,697	9,293	2,229
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a IN KIND SUPPLIES	75,911	8,377	67,534	
b FOOD COSTS	44,897	44,897		
c INSTRUCTIONAL COSTS	34,848	26,484	8,364	
d SUPPLIES	19,916	9,361	10,555	
e All other expenses	12,414	7,332	5,082	
25 Total functional expenses. Add lines 1 through 24e.	2,252,799	1,795,003	442,367	15,429
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	515,431	2	443,457
	3 Pledges and grants receivable, net	43,821	3	30,005
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,935	9	10,450
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	677,889		
	b Less accumulated depreciation	48,743		
		623,658	10c	629,146
	11 Investments—publicly traded securities	9,091	11	10,203
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	3,909	15	3,274	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,210,845	16	1,126,535	
Liabilities	17 Accounts payable and accrued expenses	71,332	17	83,087
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	470,693	23	455,036
	24 Unsecured notes and loans payable to unrelated third parties	5,487	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	547,512	26	538,123
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	662,283	27	588,412
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	1,050	29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	663,333	33	588,412
	34 Total liabilities and net assets/fund balances	1,210,845	34	1,126,535

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,169,846
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,252,799
3	Revenue less expenses Subtract line 2 from line 1	3	-82,953
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	663,333
5	Net unrealized gains (losses) on investments	5	772
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 in Schedule O)	9	7,260
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	588,412

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 26-2646032

Name: COLLIER CHILD CARE RESOURCES INC

Form 990 (2016)

Form 990, Part III, Line 4a:

A STEP UP CHILD DEVELOPMENT CENTERS AT BOTH A STEP UP PROGRAMS, TEACHERS FOLLOW A COMPREHENSIVE, RESEARCH-BASED AND RESEARCH-PROVEN CURRICULUM CALLED CREATIVE CUURICULUM WE USE THE TEACHING STRATEGIES GOLD COMPREHENSIVE ASSESSMENT TO CREATE A DEVELOPMENT PORTFOLIO FOR EACH CHILD OUR TEACHERS DOCUMENT DAILY ACTIVITIES AND DEVELOPMENTAL MILESTONES THE PORTFOLIO CONTINUES WITH THE CHILD THROUGHOUT THEIR YEARS AT THEIR CHILD DEVELOPMENT CENTER THE ASSESSMENT ALLOWS TEACHERS AND PARENTS TO OBSERVE PROGRESS OVER THE YEARS AND DISCOVER WHERE EXTRA ATTENTION IS NEEDED CHILDREN ARE OBSERVED IN 7 AREAS LITERACY, MATHEMATICS, PHYSICAL-FINE MOTOR SKILLS, PHYSICAL-GROSS MOTOR SKILLS, LANGUAGE, COGNITIVE ABILITY, AND SOCIAL-EMOTIONAL SKILLS 98% OF THE CHILDREN AGES 6 TO 12 MONTHS WERE MEETING/EXCEEDING EXPECTATIONS IN ALL FOUR AREAS MEASURED CHILDREN FROM BIRTH TO 12 MONTHS ARE NOT ASSESSED ON LITERACY AND MATH EVERY CLASS IS MEETING/EXCEEDING EXPECTATIONS IN SOCIAL-EMOTIONAL, GROSS MOTOR AND FINE MOTOR SKILLS THE CENTER IS OPEN MONDAY THROUGH FRIDAY, FROM 6 30 A M TO 3 30 P M AND ADHERES TO THE COLLIER COUNTY SCHOOLS ACADEMIC CALENDAR BY OPERATING FROM MID-AUGUST THROUGH EARLY JUNE THE PROGRAM IS LICENSED TO SERVE UP 143 CHILDREN AT ANY POINT IN TIME DURING THE 2016-2017 FISCAL YEAR, THE PROGRAM SERVED 182 CHILDREN

Form 990, Part III, Line 4b:

NCEF EARLY CHILDHOOD DEVELOPMENT CENTER CHILD'S PATH AT CHILD'S PATH, OVER 75% OF THE CHILDREN WHO ATTEND ARE FROM LOW-INCOME FAMILIES THAT ARE WORKING BUT ARE AT 200% OF THE POVERTY LEVEL OR BELOW, AND RECEIVE PARTIAL TUITION ASSISTANCE THROUGH CCCR. THE CHILDREN IN THE PROGRAM ARE DIVERSE, WITH FAMILIES FROM VARIOUS SOCIO-ECONOMIC BACKGROUNDS AND INCOMES RANGING FROM BELOW POVERTY LEVEL TO NON-NEEDY. CHILD'S PATH PROVIDES A HANDS-ON APPROACH TO EDUCATION AND STRIVES TO MEET THE NEEDS OF THE WHOLE CHILD, WHICH INCLUDES A CHILD'S SOCIAL, EMOTIONAL, AND PHYSICAL WELL-BEING. THE CHILDREN ARE GIVEN THE OPPORTUNITY TO DISCOVER, LEARN, AND CREATE IN A SAFE, NURTURING AND POSITIVE ENVIRONMENT. FOR EACH CHILD THAT ATTENDS ANY OF OUR PROGRAMS, OUR HOPE IS TO INSTILL A LIFE-LONG LOVE OF LEARNING. CHILDREN ARE ENCOURAGED TO GROW THROUGH CURIOSITY. THE ENVIRONMENT IS RECOGNIZED FOR ITS POTENTIAL TO INSPIRE CHILDREN. WE PROVIDE AUTHENTIC ART EXPERIENCES DAILY BY GIVING CHILDREN RESOURCES AND MATERIALS TO ENCOURAGE THEIR CREATIVE PROCESS. CHILD'S PATH FOLLOWS A COMPREHENSIVE, RESEARCH-BASED CURRICULUM CALLED CREATIVE CURRICULUM. ALONGSIDE THE CURRICULUM, WE USE THE TEACHING STRATEGIES GOLD COMPREHENSIVE ASSESSMENT TO CREATE A DEVELOPMENTAL PORTFOLIO FOR EACH CHILD. OUR TEACHERS DOCUMENT DAILY ACTIVITIES AND DEVELOPMENTAL MILESTONES. THE PORTFOLIO CONTINUES WITH THE CHILD THROUGHOUT THEIR YEARS AT CHILD'S PATH. THE ASSESSMENT ALLOWS TEACHERS AND PARENTS TO OBSERVE PROGRESS OVER THE YEARS AND DISCOVER WHERE EXTRA ATTENTION IS NEEDED. ALL VPK CHILDREN ARE ASSESSED THROUGHOUT THE YEAR IN FOUR DEVELOPMENTAL AREAS: PRINT KNOWLEDGE, PHONOLOGICAL AWARENESS, ORAL LANGUAGE/VOCABULARY, AND MATHEMATICS. BOTH VPK CLASSES AT CHILD'S PATH SHOWED AN INCREASE IN KNOWLEDGE IN ALL FOUR AREAS THROUGHOUT THE 2016-2017 SCHOOL YEAR, AND 40 GRADUATED IN MAY 2017. 98% OF THOSE WHO GRADUATED TESTED "KINDERGARTEN READY". THE STATE ADMINISTERS A TEST TO ALL CHILDREN WITHIN 30 DAYS OF ENTERING KINDERGARTEN TO ASSESS "KINDERGARTEN READINESS". IN CONTRAST TO 98% OF CHILDREN GRADUATING FROM CHILD'S PATH DEEMED "KINDERGARTEN READY", ONLY 28% OF COLLIER COUNTY CHILDREN TESTED "KINDERGARTEN READY". IN THE 2016-2017 SCHOOL YEAR, CHILD'S PATH SERVED 100 CHILDREN.

Form 990, Part III, Line 4c:

AT LITTLE WONDERS, OVER 75% OF THE CHILDREN WHO ATTEND ARE FROM LOW-INCOME FAMILIES THAT ARE WORKING BUT ARE AT 200% OF THE POVERTY LEVEL OR BELOW AND RECEIVE PARTIAL TUITION ASSISTANCE THROUGH CCCR. THE CHILDREN IN THE PROGRAM ARE DIVERSE, WITH FAMILIES FROM VARIOUS SOCIO-ECONOMIC BACKGROUNDS AND INCOMES RANGING FROM BELOW POVERTY LEVEL TO NON-NEEDY. LITTLE WONDERS OFFERED CCCR THE OPPORTUNITY TO INTRODUCE A WHOLE NEW GROUP OF CHILDREN TO OUR MODEL OF LEARNING, REGGIO EMILIA. THE REGGIO EMILIA-INSPIRED METHODOLOGY ACKNOWLEDGES THAT CHILDREN HAVE THE RIGHT TO BE RECOGNIZED AS CONSTRUCTORS OF THEIR EXPERIENCES, AND THAT THEIR EDUCATION IS BASED ON INTERRELATIONSHIPS. CHILDREN ARE ENCOURAGED TO GROW THROUGH CURIOSITY. ALL CCCR EARLY LEARNING CENTERS USE CREATIVE CURRICULUM, WHICH INCLUDES DEVELOPMENTALLY APPROPRIATE GOALS AND OBJECTIVES FOR CHILDREN WITHIN FOUR MAIN CATEGORIES: SOCIAL-EMOTIONAL, PHYSICAL, COGNITIVE, AND LANGUAGE. ALONGSIDE THE CURRICULUM, WE USE THE TEACHING STRATEGIES GOLD COMPREHENSIVE ASSESSMENT TO CREATE A DEVELOPMENTAL PORTFOLIO FOR EACH CHILD. OUR TEACHERS DOCUMENT DAILY ACTIVITIES AND DEVELOPMENTAL MILESTONES. THE PORTFOLIO CONTINUES WITH THE CHILD THROUGHOUT THEIR YEARS AT LITTLE WONDERS. THE ASSESSMENT ALLOWS TEACHERS AND PARENTS TO OBSERVE PROGRESS OVER THE YEARS AND DISCOVER WHERE EXTRA ATTENTION IS NEEDED. ALL VPK CHILDREN ARE ASSESSED THROUGHOUT THE YEAR IN FOUR DEVELOPMENTAL AREAS: PRINT KNOWLEDGE, PHONOLOGICAL AWARENESS, ORAL LANGUAGE/VOCABULARY, AND MATHEMATICS. BOTH VPK CLASSES AT CHILD'S PATH SHOWED AN INCREASE IN KNOWLEDGE IN ALL FOUR AREAS THROUGHOUT THE 2016-2017 SCHOOL YEAR, AND 10 GRADUATED IN MAY 2017. 99% OF THOSE WHO GRADUATED ON TO KINDERGARTEN TESTED "KINDERGARTEN READY." THESE SCORES ARE A GREAT ACCOMPLISHMENT FOR A PROGRAM'S FIRST YEAR, ESPECIALLY CONSIDERING THAT IN COLLIER COUNTY ONLY 28% TESTED "KINDERGARTEN READY." IN THE 2016-2017 SCHOOL YEAR, LITTLE WONDERS SERVED 70 CHILDREN.

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COLLIER CHILD CARE RESOURCES INC

Employer identification number

26-2646032

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)

11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	338,944	399,782	476,842	601,314	667,192	2,484,074
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,555,408	1,582,718	1,519,203	1,672,913	1,540,628	7,870,870
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1,894,352	1,982,500	1,996,045	2,274,227	2,207,820	10,354,944
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		30,175	75,278			105,453
c Add lines 7a and 7b		30,175	75,278			105,453
8 Public support. (Subtract line 7c from line 6.)						10,249,491

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	1,894,352	1,982,500	1,996,045	2,274,227	2,207,820	10,354,944
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					3,419	3,419
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					3,419	3,419
11 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.)	1,894,352	1,982,500	1,996,045	2,274,227	2,211,239	10,358,363
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	98.950 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	98.930 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

		Yes	No
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.		
	1		
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).		
	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.		
	3a		
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.		
	3b		
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.		
	3c		
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.		
	4a		
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.		
	4b		
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.		
	4c		
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).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).		
	7		
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).		
	8		
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 .		
	9a		
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 .		
	9b		
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 .		
	9c		
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 line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	
		11b	
		11c	

Section 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? <i>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.</i>		
		1	
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? <i>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.</i>		
		2	

Section 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)? <i>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).</i>		
		1	

Section 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	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
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? <i>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.</i>		
		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? <i>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.</i>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e 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	

Section 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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLLIER CHILD CARE RESOURCES INC

Employer identification number
26-2646032

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	9,091				
b Contributions		8,708			
c Net investment earnings, gains, and losses	1,232	408			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	120	25			
g End of year balance	10,203	9,091			

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) Yes | |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		86,700		86,700
b Buildings		517,777	14,023	503,754
c Leasehold improvements				
d Equipment				
e Other		73,412	34,720	38,692
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				629,146

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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	2,219,355
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	772
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	48,737
e	Add lines 2a through 2d	2e	49,509
3	Subtract line 2e from line 1	3	2,169,846
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	2,169,846

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,294,276
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	41,477
e	Add lines 2a through 2d	2e	41,477
3	Subtract line 2e from line 1	3	2,252,799
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	2,252,799

Part 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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 26-2646032

Name: COLLIER CHILD CARE RESOURCES INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)3 OF THE INTERNAL REVENUE CODE THE ORGANIZATION IS A NOT-FOR-PROFIT FLORIDA CORPORATION AND THEREFORE IS NOT SUBJECT TO STATE INCOME TAX TAXES THE INTERNAL REVENUE CODE PROVIDES FOR TAXATION OF UNRELATED BUSINESS INCOME UNDER CERTAIN CIRCUMSTANCES THE ORGANIZATION REPORTS NO UNRELATED BUSINESS TAXABLE INCOME, HOWEVER, SUCH STATUS IS SUBJECT TO FINAL DETERMINATION UPON EXAMINATION OF THE RELATED TAX RETURNS BY THE APPROPRIATE TAXING AUTHORITIES THE ORGANIZATION'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES CERTAIN INCOME TAX RETURNS FILED BY THE ORGANIZATION REMAIN OPEN TO EXAMINATION BY THESE GOVERNMENT AGENCIES THE FINANCIAL ACCOUNTING STANDARDS BOARD HAS ISSUED GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES AND THE ORGANIZATION ADOPTED THIS GUIDANCE THE ORGANIZATION HAS EVALUATED ITS TAX POSITIONS AND ANY ESTIMATES UTILIZED IN ITS TAX RETURNS, AND CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	FUNDRAISING EXPENSE ON PART VIII 41,477 IN KIND VOLUNTEER SERVICES 7,260

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 2D	FUNDRAISING EXPENSE ON PART VIII 41,477

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2016

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COLLIER CHILD CARE RESOURCES INC

Employer identification number
26-2646032

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

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

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		BIG IMPRESSIONS (event type)	BIT O BLARNEY (event type)	1 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	89,430	7,557	6,280	103,267
2	Less Contributions	73,930	5,057	5,050	84,037
3	Gross income (line 1 minus line 2)	15,500	2,500	1,230	19,230
Direct Expenses	4 Cash prizes			1,735	1,735
	5 Noncash prizes				
	6 Rent/facility costs	3,180			3,180
	7 Food and beverages	4,400	3,663	4,395	12,458
	8 Entertainment	150			150
	9 Other direct expenses	20,850	1,721	1,383	23,954
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				41,477
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-22,247

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** 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? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | |
|--------------------------------------|--------------|
| a The organization's facility | 13a % |
| b An outside facility | 13b % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

**Schedule I
(Form 990)**

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Name of the organization
COLLIER CHILD CARE RESOURCES INC

Employer identification number
26-2646032

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____

3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS		209,732			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference

Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COLLIER CHILD CARE RESOURCES INC

Employer identification number
26-2646032

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES, ETC)	X	1	85,819	
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II**Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
~~Internal Revenue Service~~Name of the organization
COLLIER CHILD CARE RESOURCES INC**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

26-2646032

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	CCCR'S MISSION IS TO PROVIDE HIGH QUALITY EARLY CHILDHOOD CARE, EDUCATION AND RESOURCES TO CHILDREN, FAMILIES AND EARLY LEARNING PROFESSIONALS IN COLLIER COUNTY OUR VISION IS TO BE THE LEADING AUTHORITY AND TRUSTED RESOURCE FOR QUALITY EARLY CHILDHOOD CARE AND EDUCATION IN COLLIER COUNTY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990	<p>ORGANIZATION USES A PEO FOR PAYROLL OFFICER COMPENSATION IS BROKEN OUT ON PART IX FOR TRANSPARENCY PURPOSES ONLY LITTLE WONDERS, A CCCR EARLY CHILDHOOD DEVELOPMENT CENTER LITTLE WONDERS IS COLLIER CHILD CARE RESOURCES' NEWEST EARLY CHILDHOOD DEVELOPMENT CENTER, LOCATED AT EMMANUEL LUTHERAN CHURCH, 777 MOORING LINE DRIVE IN NAPLES, FLORIDA THIS CENTER SERVES UP TO 65 CHILDREN, AGES 1-5 YEARS SCHOOL READINESS AND VPK VOUCHERS ARE ACCEPTED AND CCCR OFFERS PARTIAL TUITION ASSISTANCE TO LOW-INCOME, WORKING FAMILIES OVER 75% OF THE FAMILIES SERVED AT LITTLE WONDERS RECEIVE TUITION ASSISTANCE A HEALTHY BREAKFAST, LUNCH, AND SNACKS ARE PROVIDED FREE TO ALL CHILDREN LITTLE WONDERS OPERATES ALL YEAR, WITH THE INTENTION TO HELP PREVENT SUMMER LEARNING LOSS LITTLE WONDERS IS PART OF CCCR'S CONTINUING EXPANSION TO MEET THE NEED FOR MORE HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION IN COLLIER COUNTY CHILD'S PATH, A CCCR EARLY CHILDHOOD DEVELOPMENT CENTER CHILD'S PATH OPERATES YEAR ROUND IN GOLDEN GATE CITY, PROVIDING HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION TO CHILDREN AGES 1 TO 5 THE GOLDEN GATE AREA HAS BEEN MARKED BY MANY AGENCIES IN COLLIER COUNTY AS BEING IN ACUTE NEED OF HIGH-QUALITY EDUCATIONAL OPPORTUNITIES FOR YOUNG CHILDREN 75% OF THE CHILDREN AT CHILD'S PATH RECEIVE PARTIAL TUITION ASSISTANCE, BEING FROM ECONOMICALLY DISADVANTAGED, WORKING FAMILIES 55,000 HEALTHY MEALS WERE SERVED FREE TO CHILDREN AT CHILD'S PATH IN 2017 (BREAKFAST, LUNCH AND SNACKS) LIKE ALL CCCR EARLY CHILDHOOD DEVELOPMENT CENTERS, CHILD'S PATH USES THE REGGIO-EMILIA APPROACH TO LEARNING, WHICH SEEKS TO INSTILL A LOVE OF LEARNING IN EACH CHILD BY BUILDING ON THEIR INTERESTS THE REGGIO EMILIA PHILOSOPHY ALSO HAS A FOCUS ON THE ARTS CCCR TEACHERS WORK WITH THE CHILDREN DAILY ON ART PROJECTS THAT CONNECT TO EDUCATIONAL EXPERIENCES A STEP UP, CCCR EARLY CHILDHOOD DEVELOPMENT CENTERS COLLIER CHILD CARE RESOURCES OPERATES TWO A STEP UP EARLY CHILDHOOD DEVELOPMENT CENTERS LOCATED IN GOLDEN GATE HIGH SCHOOL AND IMMOKALEE HIGH SCHOOL THESE CENTERS' MAIN FOCUS IS TO PROVIDE HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION TO THE CHILDREN OF TEEN PARENTS, ENROLLED IN THE TEENAGERS AS PARENTS PROGRAM (TAPP) BY PROVIDING A SAFE, NURTURING, EDUCATIONAL FACILITY WHERE STUDENTS CAN PLACE THEIR CHILDREN, THEY ARE ABLE TO FOCUS ON GRADUATING HIGH SCHOOL AND THEIR FUTURE GOALS THESE CENTERS SERVE CHILDREN AGES TWO WEEKS TO FIVE YEARS IN ADDITION TO THE CHILDREN OF TEEN PARENTS, BOTH CENTERS ARE OPEN TO THE CHILDREN OF COLLIER COUNTY PUBLIC SCHOOL SYSTEM STAFF</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS HELP THE TEACHERS AT DIFFERENT CENTERS, WITHIN THE CLASSROOMS AND ON PLAYGROUND S THEY ALSO ASSIST AT FUNDRAISING EVENTS WITH VARIOUS TASKS VOLUNTEERS DEVOTED NEARLY 1,000 HOURS DURING THE 2016-2017 FISCAL YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4A	CHILDREN AGES 6 TO 12 MONTHS WERE MEETING/EXCEEDING EXPECTATIONS IN ALL FOUR AREAS MEASURED CHILDREN FROM BIRTH TO 12 MONTHS ARE NOT ASSESSED ON LITERACY AND MATH EVERY CLASS IS MEETING/EXCEEDING EXPECTATIONS IN SOCIAL-EMOTIONAL, GROSS MOTOR AND FINE MOTOR SKILLS THE CENTER IS OPEN MONDAY THROUGH FRIDAY, FROM 6 30 A M TO 3 30 P M AND ADHERES TO THE COLLIER COUNTY SCHOOLS ACADEMIC CALENDAR BY OPERATING FROM MID-AUGUST THROUGH EARLY JUNE THE PROGRAM IS LICENSED TO SERVE UP 143 CHILDREN AT ANY POINT IN TIME DURING THE 2016-2017 FISCAL YEAR, THE PROGRAM SERVED 182 CHILDREN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4B	ATTENDS ANY OF OUR PROGRAMS, OUR HOPE IS TO INSTILL A LIFE-LONG LOVE OF LEARNING CHILDREN ARE ENCOURAGED TO GROW THROUGH CURIOSITY THE ENVIRONMENT IS RECOGNIZED FOR ITS POTENTIAL TO INSPIRE CHILDREN WE PROVIDE AUTHENTIC ART EXPERIENCES DAILY BY GIVING CHILDREN RESOURCES AND MATERIALS TO ENCOURAGE THEIR CREATIVE PROCESS CHILD'S PATH FOLLOWS A COMPREHENSIVE, RESEARCH-BASED CURRICULUM CALLED CREATIVE CURRICULUM ALONGSIDE THE CURRICULUM, WE USE THE TEACHING STRATEGIES GOLD COMPREHENSIVE ASSESSMENT TO CREATE A DEVELOPMENTAL PORTFOLIO FOR EACH CHILD OUR TEACHERS DOCUMENT DAILY ACTIVITIES AND DEVELOPMENTAL MILESTONES THE PORTFOLIO CONTINUES WITH THE CHILD THROUGHOUT THEIR YEARS AT CHILD'S PATH THE ASSESSMENT ALLOWS TEACHERS AND PARENTS TO OBSERVE PROGRESS OVER THE YEARS AND DISCOVER WHERE EXTRA ATTENTION IS NEEDED ALL VPK CHILDREN ARE ASSESSED THROUGHOUT THE YEAR IN FOUR DEVELOPMENTAL AREAS PRINT KNOWLEDGE, PHONOLOGICAL AWARENESS, ORAL LANGUAGE/VOCABULARY, AND MATHEMATICS BOTH VPK CLASSES AT CHILD'S PATH SHOWED AN INCREASE IN KNOWLEDGE IN ALL FOUR AREAS THROUGHOUT THE 2016-2017 SCHOOL YEAR, AND 40 GRADUATED IN MAY 2017 98% OF THOSE WHO GRADUATED TESTED "KINDERGARTEN READY" THE STATE ADMINISTERS A TEST TO ALL CHILDREN WITHIN 30 DAYS OF ENTERING KINDERGARTEN TO ASSESS "KINDERGARTEN READINESS" IN CONTRAST TO 98% OF CHILDREN GRADUATING FROM CHILD'S PATH DEEMED "KINDERGARTEN READY", ONLY 28% OF COLLIER COUNTY CHILDREN TESTED "KINDERGARTEN READY" IN THE 2016-2017 SCHOOL YEAR, CHILD'S PATH SERVED 100 CHILDREN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4C	DEVELOPMENTALLY APPROPRIATE GOALS AND OBJECTIVES FOR CHILDREN WITHIN FOUR MAIN CATEGORIES SOCIAL-EMOTIONAL, PHYSICAL, COGNITIVE, AND LANGUAGE ALONGSIDE THE CURRICULUM, WE USE THE TEACHING STRATEGIES GOLD COMPREHENSIVE ASSESSMENT TO CREATE A DEVELOPMENTAL PORTFOLIO FOR EACH CHILD OUR TEACHERS DOCUMENT DAILY ACTIVITIES AND DEVELOPMENTAL MILESTONES THE PORT FOLIO CONTINUES WITH THE CHILD THROUGHOUT THEIR YEARS AT LITTLE WONDERS THE ASSESSMENT AL LOWS TEACHERS AND PARENTS TO OBSERVE PROGRESS OVER THE YEARS AND DISCOVER WHERE EXTRA ATTE NTION IS NEEDED ALL VPK CHILDREN ARE ASSESSED THROUGHOUT THE YEAR IN FOUR DEVELOPMENTAL A REAS PRINT KNOWLEDGE, PHONOLOGICAL AWARENESS, ORAL LANGUAGE/VOCABULARY, AND MATHEMATICS B OTH VPK CLASSES AT CHILD'S PATH SHOWED AN INCREASE IN KNOWLEDGE IN ALL FOUR AREAS THROUGHO UT THE 2016-2017 SCHOOL YEAR, AND 10 GRADUATED IN MAY 2017 99% OF THOSE WHO GRADUATED ON TO KINDERGARTEN TESTED "KINDERGARTEN READY" THESE SCORES ARE A GREAT ACCOMPLISHMENT FOR A PROGRAM'S FIRST YEAR, ESPECIALLY CONSIDERING THAT IN COLLIER COUNTY ONLY 28% TESTED "KIND ERGARTEN READY" IN THE 2016-2017 SCHOOL YEAR, LITTLE WONDERS SERVED 70 CHILDREN

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	PROFESSIONAL DEVELOPMENT 400 EARLY LEARNING PROFESSIONALS ATTENDED A CCCR SYMPOSIUM FOR PR OFESSIONAL DEVELOPMENT 98% OF THE ATTENDEES SURVEYED AT OUR 2016-2017 SYMPOSIUMS REPORTED HAVING LEARNED NEW CONCEPTS AND GREATLY ENJOYED THE SYMPOSIUM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	BOARD WILL REVEIW THE RETURN WITH THE ORGANIZATIONS'S CPA PRIOR TO ELECTRONICALLY FILING WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	NO CONTRACT OR TRANSACTION BETWEEN CCCR AND ONE OR MORE OF ITS MEMBERS, BOARD OF DIRECTORS , OR OFFICERS, OR BETWEEN THE AGENCY AND ANY OTHER ORGANIZATION IN WHICH ONE OR MORE OF IT S MEMBERS, DIRECTORS, OR OFFICERS ARE MEMBERS, DIRECTORS OR OFFICERS, OR A FINANCIAL INTER EST, SHALL BE VOID OR VOIDABLE SOLELY FOR REASON, OR SOLELY BECAUSE THE MEMBER, DIRECTOR, OR OFFICER IS PRESENT AT OR PARTICIPATES IN THE MEETING OF THE BOARD OR COMMITTEE WHICH AU THORIZES THE CONTRACT OR TRANSACTION, OR SOLELY BECAUSE HIS OR THEIR VOTES ARE COUNTED FOR SUCH PURPOSE IF A THE FACT OF SUCH RELATIONSHIP OR INTEREST IS DISCLOSED OR KNOWN TO TH E BOARD OR THE COMMITTEE WHICH AUTHORIZES THE CONTRACT OR TRANSACTION BY A VOTE OR CONSENT SUFFICIENT FOR THE PURPOSE WITHOUT COUNTING THE VOTES OR CONSENTS OF SUCH INTERESTED DIRE CTORS AND, B THE CONTRACT OR TRANSACTION IS FAIR AND REASONABLE AS TO THE AGENCY AS OF TH E TIME IT IS AUTHORIZED BY THE BOARD OF DIRECTORS OR A COMMITTEE COMMON OR INTERESTED BOA RD OF DIRECTORS MEMBERS MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT A MEETIN G OF THE BOARD OR A COMMITTEE WHICH AUTHORIZES, APPROVES, OR RECTIFIES SUCH CONTRACT OR TR ANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE CCCR BOARD OF DIRECTORS CONDUCT AN EVALUATION OF THE EXECUTIVE DIRECTOR AT THE END OF EACH FISCAL YEAR, USUALLY IN JUNE IT IS THEN DISCUSSED BY THE BOARD OF DIRECTORS WHAT PERCENTAGE AN INCREASE SHOULD BE GIVEN BASED ON THE EVALUATION, THE BOARD OF DIRECTORS DECIDE ON AN INCREASE IN COMPENSATION, IF APPROVED THE BASE SALARY WAS DETERMINED BY DATA COLLECTED BY OUR COLLIER COUNTY FOUNDATION OF THE AVERAGE NONPROFIT EXECUTIVE DIRECTOR SALARY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE MADE AVAILABLE UPON REQUEST AND A COPY OF THE 990 IS AVAILABLE ON GUIDESTAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES 2,252 3,834 0 CONTRACT SERVICES 73,103 16,047 0 LEASED EMPLOYEE EXPENSE 1,248,875 258,497 13,200 LESS EXECUTIVE DIRECTOR -100,000 -25,000 0 TOTAL 1,224,230 253,37 8 13,200

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	FUNDRAISING EXPENSE ON PART VII 41,477 IN KIND VOLUNTEER SERVICES 7,260 FUNDRAISING EXPENSE ON PART VIII -41,477 TOTAL 7,260