

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

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

C Name of organization: **Collier County Child Advocacy Council, Inc.**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **1036 6th Ave North**
 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **Naples FL 34102-5603**

D Employer identification number: **65-0049492**

E Telephone number: **239-263-8383**

F Name and address of principal officer:
Jacqueline Griffith Stephens
1036 6th Avenue North
Naples FL 34102-5603

G Gross receipts \$: **2,208,015**

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

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

J Website: **www.caccollier.org**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1986**

M State of legal domicile: **FL**

H(c) Group exemption number: _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The mission of the organization is to improve the lives of abused children in Collier County and the vision is to create a community where child abuse is not tolerated.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	23
	6 Total number of volunteers (estimate if necessary)	6	25
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,588,956	2,070,082
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	95,899	101,018
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,631	3,303
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	70,335	-47,278
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,756,821	2,127,125
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,526,204	1,475,587
	b Total fundraising expenses (Part IX, column (D), line 25) 90,581	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	445,322	440,214
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,971,526	1,915,801	
19 Revenue less expenses. Subtract line 18 from line 12	-214,705	211,324	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,407,085	1,625,478
	22 Net assets or fund balances. Subtract line 21 from line 20	214,577	222,921
		1,192,508	1,402,557

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: **Jacqueline Griffith Stephens** Date: _____
 Type or print name and title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Steven M. Brettholtz, CPA** Preparer's signature: **Steven M. Brettholtz, CPA** Date: **04/24/19** Check if self-employed PTIN: **P00284985**

Firm's name: **MYERS, BRETTTHOLTZ & COMPANY, PA** Firm's EIN: **59-2445709**
 Firm's address: **12671 Whitehall Dr Fort Myers, FL 33907-3626** Phone no.: **239-939-5775**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission of the organization is to improve the lives of abused children in Collier County and the vision is to create a community where child abuse is not tolerated.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ **1,560,444** including grants of \$) (Revenue \$ **101,018**)

The Child Protection Team is a medically directed team dedicated to evaluating abuse victims and aiding in the prosecution of perpetrators. Counseling Services provide the only counseling services in Collier County specifically designed for treating the trauma that is brought about by abuse. The Family Safety program provides a safe place for supervised exchanges and safe visits for victims of domestic violence focusing on the safety and well being of the children involved.

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

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **1,560,444**

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>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>	X	
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>	X	
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>		X
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>		X
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>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>		X
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>	X	
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>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
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>	X	
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>		X

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>		X
20b	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>		X
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>		X
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>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d	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>		X
25b	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>		X
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>		X
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>		X
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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c	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>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b	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>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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: Question, Yes, No. Rows include 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b. Includes numerical entries like 6, 0, 23 and 'X' marks in the Yes/No columns.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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: **Pam Cardec**
1036 6th Avenue North
Naples FL 34102 239-272-1354

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

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) Brad Boaz President	1.00 0.00	X		X				0	0	0
(2) Chris Roberts Vice President	1.00 0.00	X		X				0	0	0
(3) Mokey Shea Treasurer	1.00 0.00	X		X				0	0	0
(4) James Dati Secretary	1.00 0.00	X		X				0	0	0
(5) Daphne Pfaff Director	1.00 0.00	X						0	0	0
(6) David Gordley Director	1.00 0.00	X						0	0	0
(7) Michele Thoman Director	1.00 0.00	X						0	0	0
(8) Pia Myers, M.D. Director	1.00 0.00	X						0	0	0
(9) Terry Kelly Director	1.00 0.00	X						0	0	0
(10) Tim Kutz Director	1.00 0.00	X						0	0	0
(11) Jacqueline Griffith Stephens CEO	40.00 0.00			X				120,623	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			
(12) Jean Marron	40.00									
CFO (partial year)	0.00			X			86,509	0	0	
(13) Pam Cardec	40.00									
CFO (partial year)	0.00			X			0	0	0	
1b Sub-total							207,132			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							207,132			

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 **▶ 1**

	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>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 50,000				
	b Membership dues	1b				
	c Fundraising events	1c 95,889				
	d Related organizations	1d				
	e Government grants (contributions)	1e 945,252				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 978,941				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		2,070,082			
Program Service Revenue	2a Reimbursements: Collier Count	Busn. Code	49,275	49,275		
	b Partners in parenting		24,903	24,903		
	c Reimbursements: Crimes Comp.		16,800	16,800		
	d Supervised Visit - Child Netw		10,040	10,040		
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		101,018			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,271		1,271	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	2,032			
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)	2,032				
	d Net gain or (loss)		2,032	2,032		
8a Gross income from fundraising events (not including \$ 95,889 of contributions reported on line 1c). See Part IV, line 18	a	31,802				
	b Less: direct expenses	80,890				
	c Net income or (loss) from fundraising events		-49,088		-49,088	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a Other Income		1,810		1,810		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		1,810				
12 Total revenue. See instructions.		2,127,125	103,050	0	-46,007	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	212,059	135,730	76,329	
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	961,725	838,511	52,787	70,427
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	216,958	150,928	56,496	9,534
10 Payroll taxes	84,845	70,464	9,319	5,062
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.)	148,925	137,264	11,661	
12 Advertising and promotion	12,233	11,132	1,101	
13 Office expenses	13,639	6,186	2,935	4,518
14 Information technology				
15 Royalties				
16 Occupancy	12,359	11,388	971	
17 Travel	12,323	12,138	185	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	9,679		9,679	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	37,974	34,556	3,418	
23 Insurance	28,094	25,272	2,822	
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 Repairs and maintenance	43,061	38,741	4,320	
b Bad debt	30,323	30,323		
c Education and seminars	27,846	13,059	14,787	
d Supplies	21,885	11,865	10,020	
e All other expenses	41,873	32,887	7,946	1,040
25 Total functional expenses. Add lines 1 through 24e	1,915,801	1,560,444	264,776	90,581
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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing		1	
	2 Savings and temporary cash investments	289,495	2	434,243
	3 Pledges and grants receivable, net	162,270	3	285,999
	4 Accounts receivable, net	37,403	4	14,782
	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	34,150	9	32,189
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,414,432		
	b Less: accumulated depreciation	10b 582,753	10c	831,679
	11 Investments—publicly traded securities	24,865	11	26,586
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,407,085	16	1,625,478	
Liabilities	17 Accounts payable and accrued expenses	37,419	17	48,348
	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	177,158	23	174,573
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	214,577	26	222,921
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,164,558	27	1,171,801
	28 Temporarily restricted net assets	5,000	28	207,806
	29 Permanently restricted net assets	22,950	29	22,950
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 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	1,192,508	33	1,402,557	
34 Total liabilities and net assets/fund balances	1,407,085	34	1,625,478	

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	2,127,125
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,915,801
3	Revenue less expenses. Subtract line 2 from line 1	3	211,324
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,192,508
5	Net unrealized gains (losses) on investments	5	-1,275
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,402,557

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

Name of the organization

Collier County Child Advocacy Council, Inc.

Employer identification number

65-0049492

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,658,829	1,673,161	1,654,792	1,588,956	2,070,082	8,645,820
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	1,658,829	1,673,161	1,654,792	1,588,956	2,070,082	8,645,820
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.						8,645,820

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	1,658,829	1,673,161	1,654,792	1,588,956	2,070,082	8,645,820
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	765	724	726	593	1,271	4,079
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.)	193,904	225,602	180,775	150,287	33,612	784,180
11 Total support. Add lines 7 through 10						9,434,079

12 Gross receipts from related activities, etc. (see instructions) 12 101,018

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** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	91.64 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	89.80 %

16a 33 1/3% support test—2017. 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 ▶

b 33 1/3% support test—2016. 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 ▶

17a 10%-facts-and-circumstances test—2017. 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 ▶

b 10%-facts-and-circumstances test—2016. 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 ▶

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 ▶

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

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2017. 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—2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, such as 'Are all of the organization's supported organizations listed by name...', 'Did the organization have any supported organization that does not have an IRS determination of status...', etc.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Row 11a: 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? Row 11b: A family member of a person described in (a) above? Row 11c: A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Row 1a: The organization satisfied the Activities Test. Complete line 2 below. Row 1b: The organization is the parent of each of its supported organizations. Complete line 3 below. Row 1c: The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Row 2: Activities Test. Answer (a) and (b) below. Row 2a: Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Row 2b: Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Row 3a: Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. Row 3b: Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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 (explain in Part VI). 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):		
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 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017:			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.)

Part II, Line 10 - Other Income Detail

Other income **\$ 784,180**

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

OMB No. 1545-0047

2017▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.**Name of the organization****Collier County Child Advocacy
Council, Inc.****Employer identification number****65-0049492****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Collier County Child Advocacy	Employer identification number 65-0049492
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Florida Network of Children's Advocacy Centers 2940 East Park Ave. Suite 1A Tallahassee FL 32301	\$ 163,925	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Naples Children & Education Foundati 4305 Exchange Ave. Naples FL 34104	\$ 490,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Office of the Attorney General The Capitol PL-01 Tallahassee FL 32399	\$ 336,634	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Collier County Government Finance De 3301 Tamiami Trail E. Building F 7th floor Naples FL 34112	\$ 54,062	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	United Way of Collier County 9015 Stada Stell Court, Suite 204 Naples FL 34109-4373	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Department of Health Children's Medical Services 4052 Bald Cypress Way Bin #A06 Tallahassee FL 32399	\$ 357,228	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Collier County Child Advocacy	Employer identification number 65-0049492
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Children's Network of Southwest FL 2232 Altamont Ave Fort Myers FL 33901	\$ 82,315	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Richard M Schultze Family Foundation 4305 Exchange Blvd. Naples FL 34104	\$ 180,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

Collier County Child Advocacy Council, Inc.

Employer identification number

65-0049492

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

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

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

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding collections of art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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 on 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	24,865				
b Contributions		22,950			
c Net investment earnings, gains, and losses	2,023	2,053			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	302	138			
g End of year balance	26,586	24,865			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
- b** Permanent endowment 100.00 %
- 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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				
b Buildings		960,761	355,042	605,719
c Leasehold improvements				
d Equipment		250,722	227,711	23,011
e Other		202,949		202,949
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				831,679

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(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	2,140,275
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-1,275
b	Donated services and use of facilities	2b		14,425
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	13,150
3	Subtract line 2e from line 1		3	2,127,125
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	2,127,125

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	1,930,226
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		14,425
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	14,425
3	Subtract line 2e from line 1		3	1,915,801
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	1,915,801

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.

Part V, Line 4 - Intended Uses for Endowment Funds

Endowment fund earnings are used for operations.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

Collier County Child Advocacy Council, Inc.

Employer identification number

65-0049492

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Gala</u> (event type)	<u>Concert</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	117,996	9,594		127,590
	2 Less: Contributions	95,889			95,889
	3 Gross income (line 1 minus line 2)	22,107	9,594		31,701
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	4,500			4,500
	7 Food and beverages	38,579			38,579
	8 Entertainment	4,715	11,665		16,380
	9 Other direct expenses	12,713	5,730		18,443
	10 Direct expense summary. Add lines 4 through 9 in column (d)				77,902
11 Net income summary. Subtract line 10 from line 3, column (d)				-46,201	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input 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 to be 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 provide any additional information. See instructions.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

**Collier County Child Advocacy
Council, Inc.**

Employer identification number

65-0049492

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The Board of Directors reviews a draft of the tax return for accuracy and completeness prior to signing and filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Oversight is provided by the Finance Committee and at the Board of Directors meetings.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

The overall organization budget, which includes a separate line item for the CEO's salary, is approved by the Board of Directors at the meeting at which minutes are prepared, comparison of salary per surveys prepared by Collier County Community Foundation and Naples Children and Educational Foundation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The organization makes its governing documents, conflict of interest policy and financial statements available on website.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Prior MACRS:										
381	Projector	6/21/04	1,800			X	900	7 MQ200DB	1,800	0
			<u>1,800</u>				<u>900</u>		<u>1,800</u>	<u>0</u>
Other Depreciation:										
100	Roof	3/01/02	6,000				6,000	15 MO S/L	6,000	0
107	Building	3/13/03	509,746				509,746	39 MO S/L	187,343	13,070
115	Desk - case coordinator (Barb Sage)	6/27/05	1,328				1,328	10 MO S/L	1,328	0
116	Desk - case coordinator	6/27/05	1,328				1,328	7 MO S/L	1,328	0
117	Desk - office manager	6/27/05	918				918	5 MO S/L	918	0
118	Desk - development director	6/27/05	918				918	7 MO S/L	918	0
119	desk - program director (Gail Tunnock)	6/27/05	1,328				1,328	7 MO S/L	1,328	0
120	desk - case manager (Megan O'Brein)	6/27/05	1,328				1,328	7 MO S/L	1,328	0
121	desk - case manager (Paola Paloschi)	6/27/05	1,328				1,328	7 MO S/L	1,328	0
122	desk - program director (Dale Lively)	6/27/05	1,328				1,328	7 MO S/L	1,328	0
123	desk - executive director	6/27/05	1,812				1,812	7 MO S/L	1,812	0
124	lateral file	6/27/05	604				604	7 MO S/L	604	0
125	desk - finance director	6/27/05	1,432				1,432	7 MO S/L	1,432	0
126	lateral file	6/27/05	604				604	7 MO S/L	604	0
127	desk - case coordinator (Zoe)	6/27/05	1,328				1,328	7 MO S/L	1,328	0
132	Building renovation	6/30/05	329,675				329,675	37 MO S/L	106,922	8,910
143	Tempstar Air Conditioner	7/19/05	3,827				3,827	5 MO S/L	3,827	0
	Sold/Scrapped: 6/30/18									
148	Chair - Club	7/25/05	665				665	5 MO S/L	665	0
149	Sofa	7/25/05	955				955	5 MO S/L	955	0
150	Chair - Club	7/25/05	556				556	5 MO S/L	556	0
151	Loveseat	7/25/05	940				940	5 MO S/L	940	0
152	Tempstar Air Conditioner	11/30/05	4,220				4,220	5 MO S/L	4,220	0
	Sold/Scrapped: 6/30/18									
156	Printer	4/18/07	1,182				1,182	5 MO S/L	1,182	0
157	Unit 5 renovations	6/30/07	81,036				81,036	35 MO S/L	23,153	2,315
158	Dehart Alarm System old sublet	8/10/07	896				896	5 MO S/L	896	0
160	Tempstar Rooftop Unit PA95236AKA	9/24/07	4,689				4,689	5 MO S/L	4,689	0
	Sold/Scrapped: 2/15/18									
162	Unit 5 renovations	8/25/06	10,500				10,500	35 MO S/L	3,000	300
163	File Cabinet	8/14/07	693				693	7 MO S/L	693	0
164	Additional part of desk	8/14/07	233				233	7 MO S/L	233	0
165	Table Top Conference room	8/14/07	678				678	7 MO S/L	678	0
166	Desk,Return,Hutch SEK	8/14/07	2,065				2,065	7 MO S/L	2,065	0
167	Desk,Return,Hutch JGS	8/14/07	2,046				2,046	7 MO S/L	2,046	0
168	Credenza extra office	8/14/07	699				699	7 MO S/L	699	0
169	Cradsenza extra office	8/14/07	699				699	7 MO S/L	699	0
170	Hutch extra office	8/14/07	644				644	7 MO S/L	644	0
171	Hutch extra office	8/14/07	644				644	7 MO S/L	644	0
172	Desk,Return,Hutch Barrie	8/14/07	2,037				2,037	7 MO S/L	2,037	0
173	File Cabinet storage	8/14/07	693				693	7 MO S/L	693	0
174	Storage conference room	8/14/07	699				699	7 MO S/L	699	0
175	Desk, return, hutch extra office	8/14/07	1,840				1,840	7 MO S/L	1,840	0
176	Round Table	11/15/10	795				795	7 MO S/L	757	38
177	Desk 1	11/15/10	1,808				1,808	7 MO S/L	1,721	87
178	Desk 3	11/15/10	1,820				1,820	7 MO S/L	1,733	87
179	Desk 3	11/15/10	1,820				1,820	7 MO S/L	1,733	87
180	Bookcase	11/15/10	657				657	7 MO S/L	626	31
181	Bookcase	11/15/10	568				568	7 MO S/L	541	27
182	Building Improvements - Paint/Chair Coating	1/15/10	654				654	7 MO S/L	622	32
373	colposcope software	8/01/02	12,540				12,540	5 MO S/L	12,540	0
384	video surveillance - Naples	6/25/03	3,564				3,564	5 MO S/L	3,564	0
386	Dell Power Edge Server	6/15/05	3,481				3,481	10 MO S/L	3,481	0
387	air conditioner	10/05/04	2,895				2,895	5 MO S/L	2,895	0
	Sold/Scrapped: 8/11/17									
393	phone system	6/27/05	11,117				11,117	5 MO S/L	11,117	0
394	alarm system	6/30/05	2,261				2,261	7 MO S/L	2,261	0
396	video monitoring equipment	5/13/05	4,082				4,082	7 MO S/L	4,082	0
402	Terminal server	7/18/06	4,467				4,467	5 MO S/L	4,467	0
406	Computer	9/22/06	1,615				1,615	5 MO S/L	1,615	0
408	Dell Computer ST 99X8MD1 MGA	9/10/07	1,655				1,655	5 MO S/L	1,655	0
411	Colposcope	8/31/08	17,150				17,150	5 MO S/L	17,150	0
414	Latitude D830 Laptop	8/28/08	1,186				1,186	5 MO S/L	1,186	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
415	Latitude D830 laptop	8/28/08	1,186			1,186	5 MO S/L	1,186	0
416	Flat panel television	11/13/08	1,449			1,449	5 MO S/L	1,449	0
417	Auctionpay software	2/28/09	2,595			2,595	5 MO S/L	2,595	0
421	Cannon Rebel TI Camera	7/29/09	2,058			2,058	7 MO S/L	2,058	0
422	Construction center	3/11/10	2,183			2,183	7 MO S/L	2,183	0
423	iRecord monitoring equipment	3/26/10	23,073			23,073	5 MO S/L	23,073	0
429	Konica Bizhub 501	2/17/10	7,284			7,284	5 MO S/L	7,284	0
430	Dell server	5/10/10	7,065			7,065	5 MO S/L	7,065	0
434	Phone System	9/03/10	3,640			3,640	5 MO S/L	3,640	0
435	Dell Smart UPS	11/01/10	891			891	5 MO S/L	891	0
436	Dell Power Connect Board	2/01/11	574			574	5 MO S/L	574	0
437	Vostro 3700 Laptop	2/01/11	743			743	5 MO S/L	743	0
438	Vostro 3700 Laptop	4/01/11	796			796	5 MO S/L	796	0
439	Vostro 3700 Laptop	4/01/11	796			796	5 MO S/L	796	0
440	Vostro 3700 Laptop	4/01/11	796			796	5 MO S/L	796	0
441	Dell Latitude E6510	5/01/12	1,196			1,196	5 MO S/L	1,196	0
442	Dell Latitude E6510	5/01/12	1,196			1,196	5 MO S/L	1,196	0
447	Vostro 1720 Dell laptop	1/21/10	1,108			1,108	5 MO S/L	1,108	0
448	Vostro 1720 Dell laptop	1/21/10	1,108			1,108	5 MO S/L	1,108	0
450	Eno Board	7/13/11	3,525			3,525	5 MO S/L	3,525	0
451	iRecord Monitoring Expansion	5/30/12	11,711			11,711	5 MO S/L	11,711	0
452	Infant Examination Table	5/22/12	2,008			2,008	7 MO S/L	1,458	287
453	Dell Tablet	5/15/13	1,060			1,060	5 MO S/L	883	177
454	Dell Vostro Laptop	12/06/12	854			854	5 MO S/L	783	71
455	Dell Vostro Laptop	12/06/12	854			854	5 MO S/L	783	71
456	Dell Vostro Laptop	12/06/12	854			854	5 MO S/L	783	71
457	iRecord Hard Drive Addition	10/08/12	1,159			1,159	5 MO S/L	1,101	58
458	Exam Table	2/28/13	1,054			1,054	7 MO S/L	652	151
459	HP Color Scanner	6/28/13	660			660	5 MO S/L	528	132
460	Dell Latitude 5230	10/01/13	811			811	5 MO S/L	608	163
461	Dell Latitude 5230	10/01/13	811			811	5 MO S/L	608	163
462	Dell Latitude 5230	10/01/13	811			811	5 MO S/L	608	163
463	Dell Latitude 5230	10/01/13	811			811	5 MO S/L	608	163
464	Dell Latitude 5230	10/01/13	811			811	5 MO S/L	608	163
474	Dell Precision T3610	12/09/13	1,838			1,838	5 MO S/L	1,317	368
475	Dell Terrastation	8/06/13	930			930	5 MO S/L	729	186
476	Sonicwall	4/10/14	1,608			1,608	5 MO S/L	1,045	322
477	Apple	5/14/14	667			667	5 MO S/L	422	134
478	Apple	5/14/14	667			667	5 MO S/L	422	134
479	Apple	5/14/14	667			667	5 MO S/L	422	134
4601	Conditioned Air (460A)	6/10/13	2,012			2,012	5 MO S/L	1,643	369
4602	Dell Computers	9/01/14	975			975	3 MO S/L	921	54
4603	Dell computers (2)	11/01/14	1,980			1,980	3 MO S/L	1,760	220
4604	Dell computers (3)	8/01/14	3,768			3,768	3 MO S/L	3,663	105
4605	Dell computers (4)	6/01/15	2,596			2,596	3 MO S/L	1,803	793
4606	Florida Comfort Systems A/C	6/30/15	7,126			7,126	10 MO S/L	1,425	713
4608	AC unit - Carrier 2.5 Ton 14 Seer	11/02/15	5,928			5,928	10 MO S/L	988	593
4609	Vacuum - Tops	8/14/15	610			610	7 MO S/L	167	87
4610	Synology Diskstation	8/14/15	992			992	7 MO S/L	272	141
4611	Vizio TV	8/11/15	527			527	5 MO S/L	202	105
4612	ADT Alarm	4/26/16	628			628	7 MO S/L	105	90
4613	Konica Copy Machine	6/30/17	6,832			6,832	5 MO S/L	0	1,366
4614	iRecord	1/06/17	16,835			16,835	5 MO S/L	1,684	3,367
4615	Sony 55MM Camera	12/13/16	1,682			1,682	5 MO S/L	196	337
4616	SonicWall TZ400	2/07/17	2,182			2,182	5 MO S/L	182	436
4617	AC Unit - 3 Ton 14 Seer (Katie's office)	2/15/18	5,500			5,500	10 MO S/L	0	229
4618	AC Unit - 3.5 Ton 14 seer 10kw (lobby)	8/11/17	5,250			5,250	10 MO S/L	0	481
Total Other Depreciation			<u>1,217,607</u>			<u>1,217,607</u>		<u>551,700</u>	<u>37,581</u>
Total ACRS and Other Depreciation			<u>1,217,607</u>			<u>1,217,607</u>		<u>551,700</u>	<u>37,581</u>
Amortization:									
377	Donor Perfect software`	3/11/04	<u>7,715</u>			<u>7,715</u>	3 MO Amort	<u>7,715</u>	<u>0</u>
			<u>7,715</u>			<u>7,715</u>		<u>7,715</u>	<u>0</u>

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
	Grand Totals		1,227,122			1,226,222		561,215	37,581
	Less: Dispositions and Transfers		15,631			15,631		15,631	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>1,211,491</u>			<u>1,210,591</u>		<u>545,584</u>	<u>37,581</u>

Form **990****Two Year Comparison Report****2016 & 2017**For calendar year 2017, or tax year beginning **07/01/17**, ending **06/30/18**

Name

Taxpayer Identification Number

**Collier County Child Advocacy
Council, Inc.****65-0049492**

		2016	2017	Differences
Revenue	1. Contributions, gifts, grants	686,397	1,124,830	438,433
	2. Membership dues and assessments			
	3. Government contributions and grants	902,559	945,252	42,693
	4. Program service revenue	95,899	101,018	5,119
	5. Investment income	593	1,271	678
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	1,038	2,032	994
	8. Net income or (loss) from fundraising events	68,257	-49,088	-117,345
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	2,078	1,810	-268
	12. Total revenue. Add lines 1 through 11	1,756,821	2,127,125	370,304
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	200,729	212,059	11,330
	16. Salaries, other compensation, and employee benefits	1,325,475	1,263,528	-61,947
	17. Professional fundraising fees			
	18. Other professional fees	128,249	148,925	20,676
	19. Occupancy, rent, utilities, and maintenance	12,287	12,359	72
	20. Depreciation and Depletion	39,845	37,974	-1,871
	21. Other expenses	264,941	240,956	-23,985
	22. Total expenses. Add lines 13 through 21	1,971,526	1,915,801	-55,725
	23. Excess or (Deficit). Subtract line 22 from line 12	-214,705	211,324	426,029
Other Information	24. Total exempt revenue	1,756,821	2,127,125	370,304
	25. Total unrelated revenue			
	26. Total excludable revenue	167,865	57,043	-110,822
	27. Total assets	1,407,085	1,625,478	218,393
	28. Total liabilities	214,577	222,921	8,344
	29. Retained earnings	1,192,508	1,402,557	210,049
	30. Number of voting members of governing body	11	10	
	31. Number of independent voting members of governing body	11	10	
	32. Number of employees	27	23	
	33. Number of volunteers	25	25	

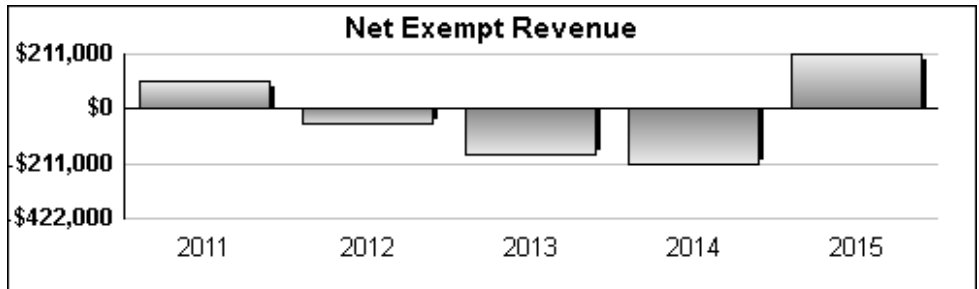
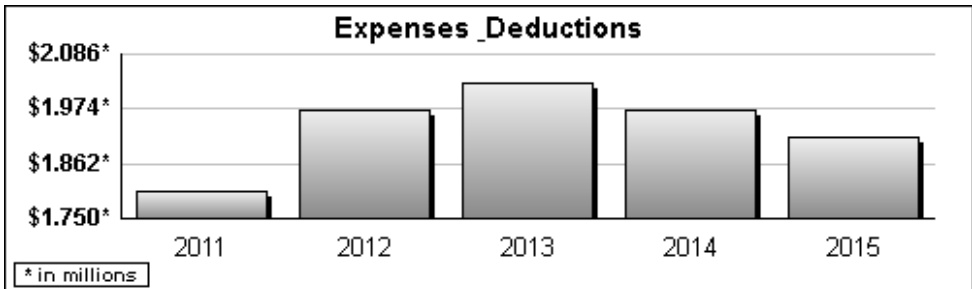
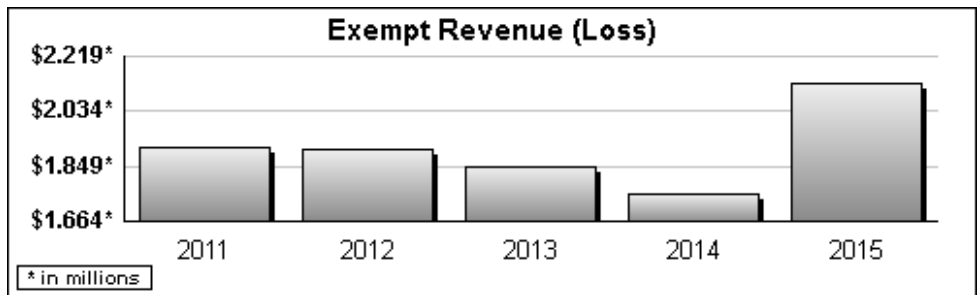
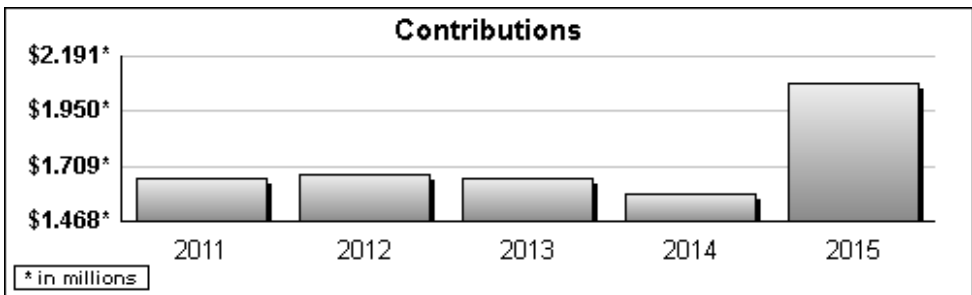
Form 990	Tax Return History	2017
Name Collier County Child Advocacy Council, Inc.		Employer Identification Number 65-0049492

	2013	2014	2015	2016	2017	2018
Contributions, gifts, grants	1,658,829	1,673,161	1,654,792	1,588,956	2,070,082	
Membership dues						
Program service revenue	138,663	112,415	108,165	95,899	101,018	
Capital gain or loss				1,038	2,032	
Investment income	765	724	726	593	1,271	
Fundraising revenue (income/loss)	108,752	119,943	82,351	68,257	-49,088	
Gaming revenue (income/loss)						
Other revenue	4,524	1,891	786	2,078	1,810	
Total revenue	1,911,533	1,908,134	1,846,820	1,756,821	2,127,125	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	210,825	202,424	190,659	200,729	212,059	
Other compensation	1,114,489	1,306,388	1,367,859	1,325,475	1,263,528	
Professional fees	170,558	162,856	148,799	128,249	148,925	
Occupancy costs	11,195	11,715	12,021	12,287	12,359	
Depreciation and depletion	47,082	44,365	39,529	39,845	37,974	
Other expenses	252,034	242,083	269,805	264,941	240,956	
Total expenses	1,806,183	1,969,831	2,028,672	1,971,526	1,915,801	
Excess or (Deficit)	105,350	-61,697	-181,852	-214,705	211,324	
Total exempt revenue	1,911,533	1,908,134	1,846,820	1,756,821	2,127,125	
Total unrelated revenue						
Total excludable revenue	252,704	234,973	192,028	167,865	57,043	
Total Assets	1,682,726	1,630,012	1,638,326	1,407,085	1,625,478	
Total Liabilities	32,386	41,369	231,535	214,577	222,921	
Net Fund Balances	1,650,340	1,588,643	1,406,791	1,192,508	1,402,557	

Form 990T	Tax Return History	2017
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Name Collier County Child Advocacy Council, Inc.	Employer Identification Number 65-0049492
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	2013	2014	2015	2016	2017	2018
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						

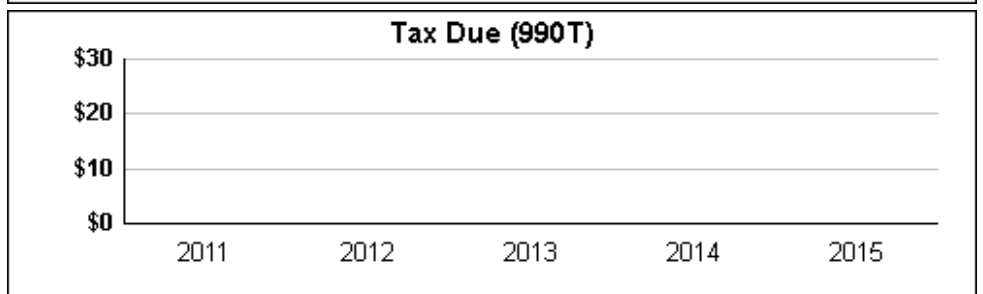
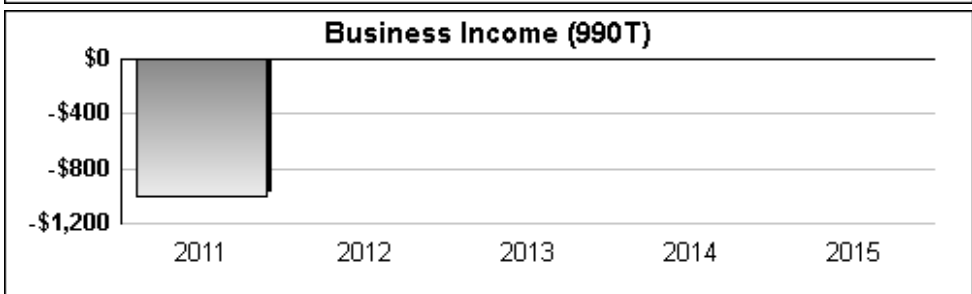
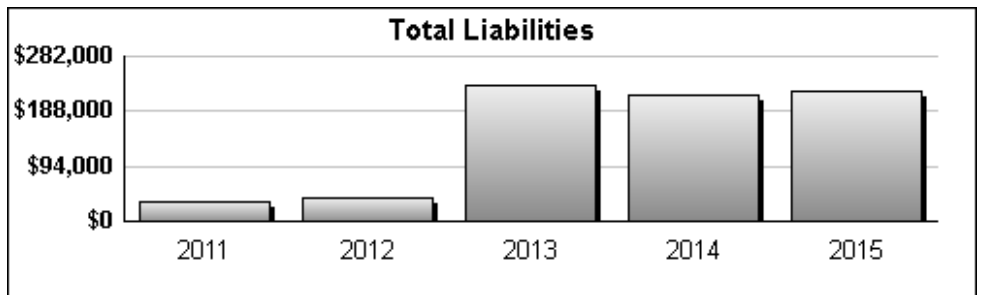
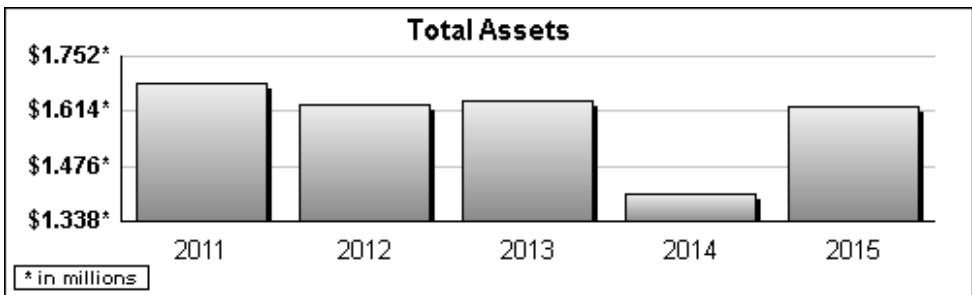


Form 990T	Tax Return History	2017
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Name Collier County Child Advocacy Council, Inc.	Employer Identification Number 65-0049492
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	2013	2014	2015	2016	2017	2018
Other deductions						
Net operating loss deduction						
Specific deduction	1,000					
Income after expense and deductions	-1,000					
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest and dividends	\$ 1,271			14 FL		
Total	<u>\$ 1,271</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional services	\$ 148,925	\$ 137,264	\$ 11,661	\$
Total	\$ 148,925	\$ 137,264	\$ 11,661	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Communications	\$ 21,668	\$ 20,424	\$ 1,244	\$
Miscellaneous	20,948	17,090	3,858	
Dues and subscriptions	13,682	8,788	3,854	1,040
Less In kind services	-14,425	-13,415	-1,010	
Total	\$ 41,873	\$ 32,887	\$ 7,946	\$ 1,040

Schedule A, Part II, Line 1(e)

Description	Amount
	\$ 33,403
	226,626
Florida Network of Children's Cash Contribution	163,925
Naples Children & Education Foundati Cash Contribution	490,000
Office of the Attorney General Cash Contribution	336,634
Collier County Government Finance De Cash Contribution	54,062
United Way of Collier County Cash Contribution	50,000
Department of Health Cash Contribution	357,228
Children's Network of Southwest FL Cash Contribution	82,315

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

<u>Description</u>	<u>Amount</u>
Richard M Schultze Family Foundation	\$
Cash Contribution	180,000
Gala	
Cash Contribution	95,889
Total	<u>\$ 2,070,082</u>

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest and dividends	\$ 1,271
Total	<u>\$ 1,271</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Reimbursements: Collier Count	\$ 49,275
Reimbursements: Crimes Comp.	16,800
Partners in parenting	24,903
Supervised Visit - Child Netw	10,040
Total	<u>\$ 101,018</u>