

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

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

C Name of organization
CHILD CARE OF SOUTHWEST FLORIDA INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
6831 PALISADES PARK CT

City or town, state or province, country, and ZIP or foreign postal code
FORT MYERS, FL 33912

D Employer identification number
59-6198583

E Telephone number
(239) 278-1002

F Name and address of principal officer
CHRIS HANSEN
6831 PALISADES PARK CT SUITE 6
FORT MYERS, FL 33912

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CCSWFL ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1967

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO STRENGTHEN AND ENHANCE THE LIVES OF CHILDREN AND THEIR FAMILIES

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

3 Number of voting members of the governing body (Part VI, line 1a)	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	12
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	162
6 Total number of volunteers (estimate if necessary)	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	7,145,196	8,101,877
9 Program service revenue (Part VIII, line 2g)	3,436,267	3,610,908
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,620	38,894
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,613,083	11,751,679
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,155,180	6,020,710
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,867,947	4,122,176
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,182		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,563,065	1,645,383
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,586,192	11,788,269
19 Revenue less expenses Subtract line 18 from line 12	26,891	-36,590
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,934,912	2,873,285
21 Total liabilities (Part X, line 26)	1,196,847	1,171,809
22 Net assets or fund balances Subtract line 21 from line 20	1,738,065	1,701,476

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-12-04

CHRIS HANSEN CEO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2019-12-10 Check if self-employed PTIN: P00284985

Firm's name: ▶ MYERS BRETTHOLTZ & COMPANY PA Firm's EIN: ▶ 59-2445709

Firm's address: ▶ 12671 WHITEHALL DR FORT MYERS, FL 339073626 Phone no: (239) 939-5775

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

TO STRENGTHEN AND ENHANCE THE LIVES OF CHILDREN AND THEIR FAMILIES

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 \$ 4,345,615 including grants of \$) (Revenue \$ 3,610,908)
See Additional Data

4b (Code) (Expenses \$ 6,958,479 including grants of \$ 6,020,710) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 131,223 including grants of \$) (Revenue \$)
See Additional Data

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

THE ORGANIZATION HAS BEEN LICENSED BY THE COMMISSION OF INDEPENDENT EDUCATION AND APPROVED BY THE DEPARTMENT OF CHILDREN AND FAMILIES TO OFFER THE FLORIDA CHILD CARE PROFESSIONAL CREDENTIAL (FCCPC) COURSE. THE FCCPC, FORMERLY THE CDAE, REQUIRES 120 CLASS HOURS AND CANDIDATE DOCUMENTATION COMPRISED OF A PROFESSIONAL RESOURCE FILE AND FORMAL OBSERVATION. STUDENTS COMPLETING THE FCCPC WILL HAVE OBTAINED THE STATE REQUIRED STAFF CREDENTIAL AND MAY USE THIS FCCPC TO APPLY FOR THE NATIONAL CDA. ALL INSTRUCTORS ARE HIGHLY QUALIFIED IN EARLY CHILDHOOD AND MEET STRINGENT CRITERIA ESTABLISHED BY THE STATE. CLASS DISCUSSION, ASSIGNMENTS, FIELD TRIPS, AND HANDS ON ACTIVITIES ARE INCLUDED IN THE COURSE. THE INSTRUCTORS ARE AVAILABLE FOR ASSISTANCE AND SUPPORT IF NEEDED AND PERFORM FORMAL OBSERVATIONS BEFORE CLASSES ARE COMPLETED. THE ORGANIZATION PROVIDED 12,010 COMPETENCY TESTS TO PROFESSIONALS DURING THE YEAR ENDED JUNE 30, 2019.

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

4e Total program service expenses 11,435,317

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
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>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	348
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	162		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No	
8 Sponsoring organizations maintaining donor advised funds.					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] 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. LISA TORTORA 6831 PALISADES PARK COURT SUITE 6 FORT MYERS, FL 33912 (239) 425-1018

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR BARBARA MUNDY SECRETARY	1 00	X		X				0	0	0
(2) MARK WILKE VICE CHAIR	1 00	X		X				0	0	0
(3) JORDI TEJERO CHAIR	1 00	X		X				0	0	0
(4) WILLIAM EMO DIRECTOR	1 00	X						0	0	0
(5) JERRY SNYDERMAN DIRECTOR	1 00	X						0	0	0
(6) FRED MASCHMIDT DIRECTOR	1 00	X						0	0	0
(7) JESSICA ANDERSON DIRECTOR	0 50	X						0	0	0
(8) VANESSA FISCHER DIRECTOR	0 50	X						0	0	0
(9) LONDON MULLINEX DIRECTOR	0 50	X						0	0	0
(10) RICHARD AIKIN DIRECTOR	0 50	X						0	0	0
(11) DON PINE DIRECTOR	0 50	X						0	0	0
(12) TOM FEURIG TREASURER	0 50	X		X				0	0	0
(13) CHRIS HANSEN CEO	40 00			X				67,692	0	0

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

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)		67,692	

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year															
	<table border="1"> <thead> <tr> <th>(A) Name and business address</th> <th>(B) Description of services</th> <th>(C) Compensation</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	(A) Name and business address	(B) Description of services	(C) Compensation												
(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 ▶	
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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			
	b Membership dues . . .	1b			
	c Fundraising events . . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e	7,911,525		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	190,352		
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f		8,101,877		

Program Service Revenue			Business Code			
	2a PARENT FEES			1,556,165	1,556,165	
	b SCHOOL READINESS			1,370,778	1,370,778	
	c VOLUNTARY PRE-K			298,081	298,081	
	d SERVICE AND CONSULTING FEES			217,932	217,932	
	e FOCUS ON FOUR			84,500	84,500	
	f All other program service revenue			83,452	83,452	
	g Total. Add lines 2a-2f		3,610,908			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	(ii) Personal			
		b Less rental expenses				
		c Rental income or (loss)				
		d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
		d Net gain or (loss)				
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	52,972			
		b Less direct expenses	b	18,589		
		c Net income or (loss) from fundraising events		34,383		
	9a Gross income from gaming activities See Part IV, line 19	a				
		b Less direct expenses	b			
		c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold		b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a OTHER		4,511			4,511	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		4,511				
12 Total revenue. See Instructions		11,751,679	3,610,908		4,511	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,301,910	4,301,910		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,718,800	1,718,800		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	110,000	74,440	35,560	
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	3,403,498	3,284,723	118,775	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	355,577	345,408	10,169	
10 Payroll taxes	253,101	241,950	11,151	
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)	270,238	217,328	52,910	
12 Advertising and promotion	28,182			28,182
13 Office expenses	93,580	66,853	26,727	
14 Information technology				
15 Royalties				
16 Occupancy	324,579	304,142	20,437	
17 Travel	76,566	72,145	4,421	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,505		3,505	
20 Interest	17,596	17,596		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	122,746	109,959	12,787	
23 Insurance	71,781	67,338	4,443	
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 FOOD AND SUPPLIES	331,621	331,452	169	
b REPAIRS AND MAINTENANCE	126,466	122,583	3,883	
c INSTRUCTIONAL	103,692	91,233	12,459	
d BANK AND CREDIT CARD FEES	46,720	43,018	3,702	
e All other expenses	28,111	24,439	3,672	
25 Total functional expenses. Add lines 1 through 24e	11,788,269	11,435,317	324,770	28,182
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	562,571	1	565,898
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	861,198	4	856,285
	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	62,188	9	75,752
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,746,700		
	b Less accumulated depreciation	10b 1,381,391	1,436,451	10c 1,365,309
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	2,463	14	
	15 Other assets See Part IV, line 11	10,041	15	10,041
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,934,912	16	2,873,285	
Liabilities	17 Accounts payable and accrued expenses	706,044	17	739,141
	18 Grants payable		18	
	19 Deferred revenue	42,172	19	38,125
	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	301,939	23	286,114
	24 Unsecured notes and loans payable to unrelated third parties	56,209	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	90,483	25	108,429
	26 Total liabilities. Add lines 17 through 25	1,196,847	26	1,171,809
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	850,281	27	806,137
	28 Temporarily restricted net assets	62,784	28	
	29 Permanently restricted net assets	825,000	29	895,339
	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	1,738,065	33	1,701,476	
34 Total liabilities and net assets/fund balances	2,934,912	34	2,873,285	

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	11,751,679
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,788,269
3	Revenue less expenses Subtract line 2 from line 1	3	-36,590
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,738,065
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	1
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	1,701,476

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

Additional Data

Software ID:

Software Version:

EIN: 59-6198583

Name: CHILD CARE OF SOUTHWEST FLORIDA INC

Form 990 (2018)

Form 990, Part III, Line 4a:

THE ORGANIZATION CURRENTLY HAS 121 EMPLOYEES IN SOUTHWEST FLORIDA, SERVING AN AVERAGE OF 600 CHILDREN ANNUALLY AT 6 CHILD CARE CENTERS IN HENDRY AND LEE COUNTY. THE ORGANIZATION'S CENTERS ARE ACCREDITED THROUGH NATIONAL ACCREDITATION COMMISSION (NAC) FOR EARLY CARE AND EDUCATION PROGRAMS. THE CENTERS PROVIDE FAMILIES WITH HIGH QUALITY, FAMILY CENTERED CHILD CARE, PREPARING CHILDREN FOR SCHOOL SUCCESS.

Form 990, Part III, Line 4b:

THE ORGANIZATION ADMINISTERS THE CHILD CARE FOOD PROGRAM (CCFP), A FEDERAL PROGRAM THAT PROVIDES HEALTHY MEALS AND SNACKS TO CHILDREN IN PARTICIPATING CHILD CARE CENTER AND FAMILY CHILD CARE HOMES THIS PROGRAM ENTITLES CHILDREN TO RECEIVE NUTRITIONALLY BALANCED MEALS AND SNACKS, WHILE PROVIDING CAREGIVERS WITH THE NECESSARY TRAINING, MENU PLANNING AND USDA NUTRITIONAL GUIDELINES THE ORGANIZATION PAID 5,998,956 TO PROVIDERS WHICH SERVED 133 UNAFFILIATED CHILD CARE CENTERS AND 246 FAMILY CHILD CARE HOMES ON A MONTHLY BASIS DURING THE YEAR ENDED JUNE 30, 2019

Form 990, Part III, Line 4c:

THE ORGANIZATION, WITH A CONTRACT FROM THE DEPARTMENT OF CHILDREN AND FAMILIES, PROVIDES THE CHILD CARE MANDATED TRAINING FOR CHILD CARE PERSONNEL AND FAMILY CHILD CARE HOME PROVIDERS. THE CHILD CARE TRAINING DEPARTMENT IS ALSO RESPONSIBLE FOR THE ADMINISTRATION OF THE COMPETENCY-BASED EXAMS THAT ARE REQUIRED IN ORDER TO COMPLETE THE MANDATED TRAINING COURSES. THE ORGANIZATION PROVIDES TRAINING AND COMPETENCY EXAMS IN 5 COUNTIES, LEE, CHARLOTTE, HENDRY, COLLIER, AND GLADES. DURING THE YEAR ENDED JUNE 30, 2019, THE ORGANIZATION HAD 149 ENROLLMENTS IN INSTRUCTOR-LED CLASSES, AND 13,012 ONLINE COURSES SOLD.

SCHEDULE A
(Form 990 or
990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number

59-6198583

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,752,165	7,110,581	7,434,708	7,145,196	8,101,877	36,544,527
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	6,752,165	7,110,581	7,434,708	7,145,196	8,101,877	36,544,527
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						36,544,527

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	6,752,165	7,110,581	7,434,708	7,145,196	8,101,877	36,544,527
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					4,511	4,511
11	Total support. Add lines 7 through 10						36,549,038
12	Gross receipts from related activities, etc. (see instructions)					12	7,146,737

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 2018 (line 6, column (f) divided by line 11, column (f))	14	99.990%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	99.960%

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 59-6198583

Name: CHILD CARE OF SOUTHWEST FLORIDA INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number
59-6198583

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,562	30,607	27,985	30,268	32,650
b Contributions					
c Net investment earnings, gains, and losses	-2,022	-1,045	2,622	-273	614
d Grants or scholarships				1,247	2,271
e Other expenditures for facilities and programs					
f Administrative expenses				763	725
g End of year balance	27,540	29,562	30,607	27,985	30,268

- 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 ▶
 - 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b** Yes No
- 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		153,000		153,000
b Buildings		1,528,327	674,741	853,586
c Leasehold improvements		424,902	149,503	275,399
d Equipment		640,471	557,147	83,324
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,365,309

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	
ACCRUED PERSONAL LEAVE	108,429
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	108,429

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	11,777,809
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	26,130	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	26,130
3	Subtract line 2e from line 1		3	11,751,679
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	11,751,679

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	11,814,398
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	26,129	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	26,129
3	Subtract line 2e from line 1		3	11,788,269
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	11,788,269

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 59-6198583

Name: CHILD CARE OF SOUTHWEST FLORIDA INC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	TO FURTHER THE MISSION OF THE ORGANIZATION

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number
59-6198583

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

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GOLF EVENT (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	45,392			45,392
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	45,392			45,392
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,000			5,000
	7 Food and beverages	5,000			5,000
	8 Entertainment				
	9 Other direct expenses	5,378			5,378
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				15,378
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				30,014

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

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

Name ▶
 Address ▶

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number

59-6198583

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CHILD CARE FOOD PROGRAM	268	1,718,800			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE FOOD PROGRAM RECIPIENTS ARE MONITORED BY FOOD PROGRAM STAFF ACCORDING TO STATE AND FEDERAL GUIDELINES. FAMILIES RECEIVING AID THROUGH THE 'FAMILY FIRST' GRANT ARE PAID AND MONITORED BY CHILDREN'S ADVOCACY (SUBCONTRACTOR)

Additional Data

Software ID:
Software Version:
EIN: 59-6198583
Name: CHILD CARE OF SOUTHWEST FLORIDA INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A NEW BEGINNING EARLY CHILD CARE LE PO BOX 1363 SARASOTA, FL 34230	32-0224313		46,224				CHILD CARE FOOD
SUNKIDZ PRESCHOOL DBA ABC LEARNING 13610 LEARNING COURT FORT MYERS, FL 33919	81-5032858		22,644				CHILD CARE FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ABACUS PRESCHOOL 250 N TUTTLE AVE SARASOTA, FL 34237	65-0433063		35,444				CHILD CARE FOOD
ACADEMY AT KINGS WAY 2016 KISMET PARKWAY EAST CAPE CORAL, FL 33909	65-0365081		9,851				CHILD CARE FOOD

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ADVANCED LEARNING ACADEMY 1012 DONALD ROAD NORTH FORT MYERS, FL 33917	81-3452441		43,616				CHILD CARE FOOD
ALL ABOUT KIDS LEARNING CENTER 3839 N HAVERHILL RD WEST PALM BEACH, FL 33417	83-2878951		14,484				

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ALL ABOUT KIDZ LEARNING CENTER 105 AVE G SE WINTER HAVEN, FL 33880	01-0680573		53,311				CHILD CARE FOOD
ALL SUPERSTARS NFM 1313 LAUREL DRIVE NORTH FORT MYERS, FL 33917	45-1491223		55,311				CHILD CARE FOOD

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ALPHABET ZOO II INC 810 LAFAYETTE STREET CAPE CORAL, FL 33904	02-0628000		33,826				CHILD CARE FOOD
ALWAYS CHILDREN DAY CARE LLC 20000 SW 110TH CR MIAMI, FL 33189	83-1181514		23,168				CHILD CARE FOOD

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AN APPLE A DAY ACADEMY 4055 BEE RIDGE RD SARASOTA, FL 34233	46-1179857		28,118				CHILD CARE FOOD
ANGEL OF HOPE CHRISTIAN ACADEMY 3500 FOWLER STREET FORT MYERS, FL 33901	26-1650889		21,416				CHILD CARE FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ANGEL'S CHILD CARE DEVELOPMENT CTR 3813 ALDEN WAY SARASOTA, FL 34232	45-2555348		8,438				CHILD CARE FOOD
BAMBINI'S KINGDOM II 2745 SE MORNINGSIDE BLVD PORT ST LUCIE, FL 33952	46-4805408		44,323				CHILD CARE FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BEAUTIFUL BLESSINGS EARLY LEARN 1609 10TH STREET SARASOTA, FL 34234	42-1749321		77,470				CHILD CARE FOOD
BELLA ROSE LEARNING CENTER 602 TOWER RD PEACHTREE CITY, GA 30269	47-3000956		24,350				CHILD CARE FOOD

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BENTLEY & JAYDEN'S LEARNING CENTER 6324 CORPORATE CT FORT MYERS, FL 33919	81-3818964		21,614				CHILD CARE FOOD
BESTDAY CARE CHILDREN'S CENTER 17567 LIBERTY SQ CIR FORT MYERS, FL 33967	83-0756869		44,498				CHILD CARE FOOD

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BIBLE BAPTIST CHURCH ACADEMY 1750 6TH AVE WEST UNIT 101 PALMETTO, FL 34221	46-4084289		14,832				CHILD CARE FOOD
BIG SMILES CHILD CARE & LEARNING 3439 SOUTH SR 29 LABELLE, FL 33935	27-0983923		27,698				CHILD CARE FOOD

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BILL AUSTEN YOUTH CENTER 315 SW 2ND AVENUE CAPE CORAL, FL 33991	59-1312996		14,336				CHILD CARE FOOD
BRENDA'S LITTLE HELPERS CHRISTIAN 1100 E ROSE ST LAKELAND, FL 33801	45-3685475		36,593				CHILD CARE FOOD

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BRIGHT FUTURES 2465 KATHERINE ST FORT MYERS, FL 33901	47-1833374		28,102				CHILD CARE FOOD
BRIGHT HORIZON ACADEMY 550 EAST FLORIDA AVE FORT MYERS, FL 33976	59-2738286		23,301				

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C&J - CRAIG & JANICE PERFORMING ART 301 S WOODLAWN AVE BARTOW, FL 33830	81-2369165		46,109				CHILD CARE FOOD
CCA ALLSTARS AFTERSCHOOL 1035 E OAK ST ARCADIA, FL 34266	27-1255526		42,616				CHILD CARE FOOD

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CSI SPECIAL CARE FL 530 SW 1ST ST FLORIDA CITY, FL 33034	27-4314132		21,971				CHILD CARE FOOD
CSI SPECIAL CARE MIAMI 735 NW 22ND AVE MIAMI, FL 33125	27-4314132		24,357				CHILD CARE FOOD

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CAPE CHILD DEVELOPMENT CTR INC 636 DEL PRADO BLVD CAPE CORAL, FL 33990	59-0714812		23,124				CHILD CARE FOOD
CHILDREN'S CHOICE ACADEMY 1051 E OAK ST ARCADIA, FL 34266	27-1255526		60,169				CHILD CARE FOOD

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CHRISTIAN PLAYMATES PRE SCHOOL & DA 660 PINE STREET FORT MYERS, FL 33916	65-0930157		32,516				CHILD CARE FOOD
COMMUNITY UNITED METHODIST PRESCHOO 3114 OKEECHOBEE ROAD FORT PIERCE, FL 34947	59-1233481		52,398				CHILD CARE FOOD

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COVENANT ACADEMY PRESCHOOL & DAYCAR 309 EAST TRINIDAD AVE CLEWISTON, FL 33440	27-2302261		32,576				CHILD CARE FOOD
CREATIVE KIDS CONNECTION LLC 408 75TH ST NW BRADENTON, FL 34209	20-8554070		14,680				CHILD CARE FOOD

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CREATIVE MINDS ACADEMY 3839 HAVERHILL RD WEST PALM BEACH, FL 33417	45-3859022		21,300				CHILD CARE FOOD
CROSSROADS CHILDREN CENTER 4726 N TAMIAMI TRAIL SARASOTA, FL 34234	20-2889260		22,870				CHILD CARE FOOD

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DC CHILDCARE CENTER INC 5105 26TH ST WEST BRADENTON, FL 34207	20-1382663		58,204				CHILD CARE FOOD
DISCOVERY DAY ACADEMY INC 180 BASILAN CRESCENT CLEWISTON, FL 33440	20-5736327		29,716				CHILD CARE FOOD

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DISCOVERY EMPORIUM INC 529 NW PRIMA VISTA BLVD SUITE 102 PORT ST LUCIE, FL 34983	26-2666037		57,421				CHILD CARE FOOD
ELLIE'S SMALL WORLD 3115 W LAMBRIGHT ST TAMPA, FL 33614	82-3160010		27,748				CHILD CARE FOOD

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END OF THE RAINBOW LEARNING ACADEMY 3050 MICHIGAN AVE FORT MYERS, FL 33916	81-5358622		31,827				CHILD CARE FOOD
ESTERO EARLY LEARNING CENTER 19660 S TAMIAMI TRAIL FORT MYERS, FL 33908	82-4774113		14,804				CHILD CARE FOOD

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FOR KIDS ONLY OF VERO BEACH 2044 16TH ST VERO BEACH, FL 32960	59-2447306		112,607				CHILD CARE FOOD
FOUNDATIONS AT ENGLEWOOD UNITED MET 700 E DEARBORN ST ENGLEWOOD, FL 34223	59-1461291		43,567				CHILD CARE FOOD

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FOUNDATIONS EARLY LEARNING CENTER 4118 CORONADO PKWY CAPE CORAL, FL 33904	59-1156201		31,118				CHILD CARE FOOD
FUTURE SCHOLARS CHRISTIAN ACADEMY 551 EAGLE AVE EAST EAGLE LAKE, FL 33839	47-3526652		55,657				CHILD CARE FOOD

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GTG CARE LLC 4475 SW 8TH ST MIAMI, FL 33134	81-5471135		29,359				CHILD CARE FOOD
GLAD KIDS 15570 HAGIE DRIVE FORT MYERS, FL 33908	45-5595206		28,810				CHILD CARE FOOD

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GOLISANO CHILDREN'S HOSPITAL PPEC 15901 BASS ROAD SUITE 106 FORT MYERS, FL 33908	23-7160360		24,662				CHILD CARE FOOD
GRAHAM'S LEARNING ACADEMY LLC 2195 E GEORGIA ST BARTOW, FL 33830	47-4340993		5,830				CHILD CARE FOOD

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HARVEST INTERNATIONAL ACADEMY 1201 TAYLOR LANE LEHIGH ACRES, FL 33936	59-2066475		10,746				CHILD CARE FOOD
HEAD OF THE CLASS LEARNING CENTER I 6595 S FLORIDA AVE SUITE 15 LAKELAND, FL 33813	20-5451930		34,038				CHILD CARE FOOD

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HEALTH PARK CHILD DEVL MHS 16150 ROSE RUSH COURT FORT MYERS, FL 33908	59-0714812		27,762				CHILD CARE FOOD
HOPE MONTESSORI ACADEMY INC 2715 ATLANTIC BLVD VERO BEACH, FL 32960	47-5450380		31,429				CHILD CARE FOOD

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HORIZONS UNLIMITED CHRISTIAN ACADEM 2674 DR MLK JR WAY SARASOTA, FL 34234	14-1879521		61,982				CHILD CARE FOOD
HOUSE OF J BABY'S CHILDCARE 5304 7TH ST E BRADENTON, FL 34207	82-5463400		25,571				CHILD CARE FOOD

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IMAGINE CHILD CARE & LEARNING CTR 901 LOCKE ST AVON PARK, FL 33825	46-4969882		48,131				CHILD CARE FOOD
JN PRESCHOOL SERVICES 190 NE 199 ST 108 MIAMI, FL 33179	81-1149878		14,944				

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JUST FOR KIDS ACADEMY 3638 EVANS AVE FORT MYERS, FL 33976	82-3274809		24,283				CHILD CARE FOOD
KALYNA CHILDCARE CENTER 4056 46TH ST VERO BEACH, FL 32967	59-3569886		14,364				

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KIDDIE ACADEMY OF PORT SAINT LUCIE 3411 SW DARWIN BLVD PORT ST LUCIE, FL 34953	26-4148550		27,708				CHILD CARE FOOD
KIM'S HAPPY TIME CHILD CARE INC 546 LYNNEA AVE FORT MYERS, FL 33905	20-2800197		32,229				CHILD CARE FOOD

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KIM'S HAPPY TIME CHILD CARE INC 2932 DOUGLAS AVE FORT MYERS, FL 33916	20-2800197		16,865				CHILD CARE FOOD
KINDER KOLLEGE ENRICHMENT CTR 3592 CENTRAL AVE ALTURAS, FL 33820	47-3425465		28,317				CHILD CARE FOOD

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KINDERLAND PLACE II 4928 PARK MEADOW LANE FORT MYERS, FL 33907	47-1596780		30,903				CHILD CARE FOOD
KINGS KIDZ ACADEMY 330 W MARIANA AVE NORTH FORT MYERS, FL 33903	59-2315960		31,039				CHILD CARE FOOD

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LAUGH N LEARN ACADEMY II 5233 4TH AVE CIRCLE EAST BRADENTON, FL 34208	27-3305861		65,090				CHILD CARE FOOD
LE BUNNIES EARLY LEARNING ACADEMY 122 VENICE EAST BLVD VENICE, FL 34293	47-2927188		30,460				CHILD CARE FOOD

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LEADING BY EXAMPLE CHILDCARE INC 6427 LAMBERT LANE NEW PORT RICHEY, FL 34652	30-0625672		15,633				CHILD CARE FOOD
LEARNING LADDER CHILD DEVELOPMENT 45 DEVANE ST FROSTPROOF, FL 33843	81-2751556		31,784				CHILD CARE FOOD

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LEE MEMORIAL CHILD DEV CENTER INC 2335 CLIFFORD STREET FORT MYERS, FL 33901	59-0714812		36,637				CHILD CARE FOOD
LET'S LEARN EARLY LEARNING CTR 2118 1ST STREET W BRADENTON, FL 34208	81-1758021		25,719				CHILD CARE FOOD

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LIGHTHOUSE MONTESSORI CHRISTIAN CTR 650 NW AIROSO BLVD PORT ST LUCIE, FL 34983	45-2713993		44,090				CHILD CARE FOOD
LITTLE BLESSINGS 3856 EVANS AVE SUITE 2 FORT MYERS, FL 33901	47-3565842		58,315				CHILD CARE FOOD

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LITTLE DISCIPLES LEARNING CENTER IN PO BOX 3202 CLEWISTON, FL 33440	26-2069622		15,583				CHILD CARE FOOD
LITTLE DOLPHINS DAYCARE 1575 NE 205TH ST MIAMI, FL 33179	46-3295178		33,262				CHILD CARE FOOD

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LITTLE DOLPHINS DAYCARE II 1046 NE 215TH ST MIAMI, FL 33179	81-3336469		45,287				CHILD CARE FOOD
LITTLE EXPLORERS LEARNING CENTER 4069 BAYSHORE DRIVE NAPLES, FL 34112	46-1106472		62,331				CHILD CARE FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LITTLE JEWELS CHILD DEVELOPMENT CTR 2540 S CRYSTAL LAKE DRIVE LAKELAND, FL 33801	25-7291332		13,736				CHILD CARE FOOD
LITTLE KIDS LEARNING 9145 NW 27 AVE MIAMI, FL 33147	81-4783333		31,198				CHILD CARE FOOD

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LITTLE KINGDOM CHILD 1000 N KROME AVE HOMESTEAD, FL 33030	82-3610832		126,158				CHILD CARE FOOD
LITTLE PEOPLE DYNASTY 707 3RD AVE WEST PALMETTO, FL 34221			5,477				CHILD CARE FOOD

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LITTLE STEPS II INC 17051 S DIXIE HWY MIAMI, FL 33157	26-2738292		29,169				CHILD CARE FOOD
LITTLE WONDERS COLLIER CHILD CARE 2335 TAMiami TRAIL N 504 NAPLES, FL 34103	26-2646032		44,176				CHILD CARE FOOD

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LUTHERAN CHURCH OF THE CROSS 2300 LUTHER RD PUNTA GORDA, FL 33983	59-2244132		10,068				CHILD CARE FOOD
MENARD CHILDCARE LLC DBA CYPRESS 124 AVE G SE WINTER HAVEN, FL 33880	81-3148006		5,561				

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MIAMI BEACH LEARNING 3907 ALTON RD MIAMI BEACH, FL 33140	27-4347071		22,006				CHILD CARE FOOD
MIAMI GARDENS MONTESSORI 18690 NW 2ND AVENUE MIAMI, FL 33169	47-1330660		50,538				CHILD CARE FOOD

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MIS' MARY'S DAY CARE INC 1297 BARRETT ROAD NORTH FORT MYERS, FL 33903	65-0452603		63,324				CHILD CARE FOOD
MOTHER'S DAY CARE CENTER INC 1035 WINDSOR DR FORT MYERS, FL 33905	32-0302268		59,638				CHILD CARE FOOD

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MY FIRST STEPS OF BRADENTON 3815 26TH ST WEST BRADENTON, FL 34205	65-0774156		28,534				
MY LITTLE FAMILY LEARNING CENTER 18433 PINES BLVD PEMBROKE PINES, FL 33029	82-5413052		17,123				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW LIFE ASSEMBLY OF GOD 5146 LEONARD BLVD S LEHIGH ACRES, FL 33973	59-2126484		63,888				CHILD CARE FOOD
NICAEA ACADEMY OF SOUTHWEST FLORIDA 3221 CHIQUITA BLVD S CAPE CORAL, FL 33914	65-0583996		41,022				CHILD CARE FOOD

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ODYSSEY CHILD CARE CENTER INC 4246 EVANS AVE FORT MYERS, FL 33901	83-1052914		31,402				CHILD CARE FOOD
OUR KIDS WEST LLC 4112 DUCK CREEK WAY ELLENTON, FL 34222	82-1839717		33,500				CHILD CARE FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PALMER PRESCHOOL 3808 SEAGO LANE FORT MYERS, FL 33901	65-0936271		75,932				CHILD CARE FOOD
PATCHES PPEC - FL CITY 335 S KROME AVE SUITE 104 FLORIDA CITY, FL 33034	65-1012818		6,538				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PEACE LUTHERAN EARLY LEARNING CTR 9850 IMMOKALEE RD NAPLES, FL 34120	02-0733286		36,712				CHILD CARE FOOD
PRECIOUS JEWELS ACADEMY 2700 LEON AVE SARASOTA, FL 34234	73-1685567		7,666				

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REACH FOR SUCCESS INC 768 31ST COURT NW WINTER HAVEN, FL 33881	20-5128440		13,728				CHILD CARE FOOD
REDEEMER EVANGELICAL LUTHERAN CHURC 3950 WINKLER AVE EXTENSION FORT MYERS, FL 33916	59-1432835		12,487				CHILD CARE FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RISING STARZ CHILDCARE 375 N MAIN ST LABELLE, FL 33935	36-4756724		38,227				CHILD CARE FOOD
SAN CARLOS CHILD CARE 1933 ACORN ROAD FORT MYERS, FL 33967	65-0685732		8,050				CHILD CARE FOOD

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SHELBY STREET STATION INC 107 SHELBY STREET AUBURNDALE, FL 33823	20-1324861		37,975				CHILD CARE FOOD
SONRISE ACADEMY INC 1403 SE 16TH PLACE CAPE CORAL, FL 33990	65-0795261		55,794				CHILD CARE FOOD

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STEAM PRESCHOOL ACADEMY OF SEBRING 204 S COMMERCE AVE SEBRING, FL 33870	82-4567576		16,581				
STEAM PRESCHOOL ACADEMY ON SPARTA 4463 SPARTA RD SEBRING, FL 33875	82-4540523		17,671				CHILD CARE FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STORYBOOK LEARNING ACADEMY 272 E VIRGINIA AVE PUNTA GORDA, FL 33950	83-1944831		19,338				
SUNNY DAY ACADEMY LLC 13425 MURIEL AVE PORT CHARLOTTE, FL 33981	82-5092718		5,324				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SUNSHINE EDUCATION ACADEMY 101 TRIPLE DIAMOND BLVD VENCIE, FL 34275	59-1629660		41,989				CHILD CARE FOOD
THE GUATAMALAN MAYA CENTER INC 1615 LAKE AVE LAKEWORTH, FL 33460	65-0355018		72,221				CHILD CARE FOOD

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THE GUATAMALN MAYA CENTER INC 500 HIGHLANDS AVE LAKE WORTH, FL 33460	65-0355018		14,485				CHILD CARE FOOD
THE LEARNING TREE SCHOOL INC 318 E GIBSON ST ARCADIA, FL 34266	26-6844450		11,732				CHILD CARE FOOD

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THE SALVATION ARMY 3180 ESTEY AVENUE NAPLES, FL 34104	58-0660607		49,517				CHILD CARE FOOD
THY KINGDOM KIDS LEARNING ACADEMY 2775 NW 46 ST MAIMI, FL 33142	47-2133640		14,132				CHILD CARE FOOD

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TREEHOUSE DAY CARE 598 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	14-1843430		33,163				CHILD CARE FOOD
TRINITY CHRISTIAN ACADEMY 2141 CRYSTAL DRIVE FORT MYERS, FL 33907	65-0675068		34,829				CHILD CARE FOOD

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VICTORY ACADEMY LEHIGH LLC 1201 TAYLOR LANE LEHIGH ACRES, FL 33936	32-0561444		75,993				CHILD CARE FOOD
WELLINGTON ACADEMY CLERMONT 1380 N RIDGE BLVD CLERMONT, FL 34711	81-4211919		30,045				CHILD CARD FOOD

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WIZ KIDZ LEARNING 2 9942 W HIBISCUS ST MIAMI, FL 33157	45-3222851		26,630				
WOODEN SHOES CHILD CARE 4875 SWIFT RD SARASOTA, FL 34231	20-3120460		50,494				CHILD CARE FOOD

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WORLD OF LEARNING ACADEMY 4129 NW 88TH AVE SUNRISE, FL 33351	20-8232171		98,968				CHILD CARE FOOD
WRIGHT'S LEARNING CENTER 234 NOXON ST AUBURNDALE, FL 33823	46-4247408		10,729				CHILD CARE FOOD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YOUNGER SET CHILD CARE 4405 FRANKIE COURT NORTH FORT MYERS, FL 33903	59-1845828		22,427				CHILD CARE FOOD

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number

59-6198583

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>THE ORGANIZATION HAS BEEN LICENSED BY THE COMMISSION OF INDEPENDENT EDUCATION AND APPROVED BY THE DEPARTMENT OF CHILDREN AND FAMILIES TO OFFER THE FLORIDA CHILD CARE PROFESSIONAL CREDENTIAL (FCCPC) COURSE THE FCCPC, FORMERLY THE CDAE, REQUIRES 120 CLASS HOURS AND CANDIDATE DOCUMENTATION COMPRISED OF A PROFESSIONAL RESOURCE FILE AND FORMAL OBSERVATION STUDENTS COMPLETING THE FCCPC WILL HAVE OBTAINED THE STATE REQUIRED STAFF CREDENTIAL AND MAY USE THIS FCCPC TO APPLY FOR THE NATIONAL CDA ALL INSTRUCTORS ARE HIGHLY QUALIFIED IN EARLY CHILDHOOD AND MEET STRINGENT CRITERIA ESTABLISHED BY THE STATE CLASS DISCUSSION, ASSIGNMENTS, FIELD TRIPS, AND HANDS ON ACTIVITIES ARE INCLUDED IN THE COURSE THE INSTRUCTORS ARE AVAILABLE FOR ASSISTANCE AND SUPPORT IF NEEDED AND PERFORM FORMAL OBSERVATIONS BEFORE CLASSES ARE COMPLETED THE ORGANIZATION PROVIDED 12,010 COMPETENCY TESTS TO PROFESSIONALS DURING THE YEAR ENDED JUNE 30, 2019</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE RETURN IS PROVIDED TO THE BOARD TO REVIEW AND APPROVE THE RETURN PRIOR TO FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	AS SPECIFIED IN THE BY-LAWS, THE GOVERNANCE COMMITTEE OF THE BOARD REVIEWS CONFLICTS OF INTEREST ANNUALLY, AND BOARD MEMBERS ARE REQUIRED TO UPDATE THIS ANNUALLY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE CEO IS BASED ON AN ANNUAL PERFORMANCE EVALUATION WRITTEN AND REVIEWED BY THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	OTHER KEY EMPLOYEES ARE UNDER THE AUTHORITY OF THE CEO WITH ANNUAL PERFORMANCE EVALUATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X	THE ORGANIZATION HAS ADOPTED THE PRINCIPLES OF FASB ASU NO 2016-14 (ASC 958) FOR ITS AUDITED FINANCIAL STATEMENTS FOR THE PERIOD ENDED JUNE 30, 2019 TO DATE, FORM 990 AND ITS ASSOCIATED SCHEDULES HAVE NOT BEEN UPDATED TO REFLECT CHANGES MADE BY THIS STANDARD THUS, WE HAVE INCLUDED THE NET ASSET CATEGORIES IN OUR AUDITED FINANCIAL STATEMENTS ON EXISTING FORM 990, PART X, LINES 27-29 AS FOLLOWS NET ASSETS WITHOUT DONOR RESTRICTIONS 806,137 NET ASSETS WITH DONOR RESTRICTIONS 895,339 ----- TOTAL NET ASSETS 1,701,476 UNRESTRICTED NET ASSETS 806,137 PERMANENTLY RESTRICTED NET ASSETS 895,339 ----- TOTAL NET ASSETS 1,701,476