

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

G Gross receipts \$ 10,645,296

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)	3	12
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	149
6 Total number of volunteers (estimate if necessary)	6	75
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8,101,877	7,791,533
9 Program service revenue (Part VIII, line 2g)	3,610,908	2,772,455
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)	38,894	58,090
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,751,679	10,622,078

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,020,710	5,904,913
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)	4,122,176	3,411,025
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,037		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,645,383	1,413,376
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,788,269	10,729,314
19 Revenue less expenses. Subtract line 18 from line 12	-36,590	-107,236

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,873,285	3,942,754
21 Total liabilities (Part X, line 26)	1,171,809	2,348,514
22 Net assets or fund balances. Subtract line 21 from line 20	1,701,476	1,594,240

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: 2021-01-13

CHRIS HANSEN CEO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2021-02-12 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 \$ 3,418,947 including grants of \$) (Revenue \$ 2,772,455)
See Additional Data

4b (Code:) (Expenses \$ 6,845,767 including grants of \$ 5,904,913) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 126,047 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 8,775 COMPETENCY TESTS TO PROFESSIONALS DURING THE YEAR ENDED JUNE 30, 2020.

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

4e Total program service expenses ▶ 10,390,761

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	Yes	
11b	Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 		No
11c	Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 		No
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

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 149			
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? If "No" to line 3b, provide an explanation in Schedule O		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		
9 Sponsoring organizations maintaining donor advised funds.				
a 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? If "No," provide an explanation in Schedule O		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 (12), 1b (12), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

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

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

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

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

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

See instructions for the order in which to list the persons above.

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) CHRIS HANSEN CEO	40.00			X			108,862	0	0	
(2) RICHARD AIKIN DIRECTOR	0.50	X					0	0	0	
(3) JESSICA ANDERSON DIRECTOR	0.50	X					0	0	0	
(4) WILLIAM EMO DIRECTOR	1.00	X					0	0	0	
(5) TOM FEURIG TREASURER	0.50	X		X			0	0	0	
(6) FRED MASCHMIDT DIRECTOR	1.00	X					0	0	0	
(7) LONDON MULLINAX DIRECTOR	0.50	X					0	0	0	
(8) DR BARBARA MUNDY SECRETARY	1.00	X		X			0	0	0	
(9) MARTIN NDUNGU DIRECTOR	0.50	X					0	0	0	
(10) DON PINE DIRECTOR	0.50	X					0	0	0	
(11) JERRY SNYDERMAN DIRECTOR	1.00	X					0	0	0	
(12) JORDI TEJERO CHAIR	1.00	X		X			0	0	0	
(13) MARK WILKE VICE CHAIR	1.00	X		X			0	0	0	

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

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

1b Sub-Total		
c Total from continuation sheets to Part VII, Section A		
d Total (add lines 1b and 1c)	108,862	

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1		
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>	3	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>	4	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>	5	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> <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 117,611				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 7,386,926				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 286,996				
	g Noncash contributions included in lines 1a - 1f:\$	1g				
	h Total. Add lines 1a-1f		7,791,533			
Program Service Revenue	2a SCHOOL READINESS	Business Code	1,228,332	1,228,332		
	b PARENT FEES		1,084,926	1,084,926		
	c VOLUNTARY PRE-K		224,520	224,520		
	d SERVICE AND CONSULTING FEES		196,637	196,637		
	e FOCUS ON FOUR		38,040	38,040		
	f All other program service revenue.					
	g Total. Add lines 2a-2f.		2,772,455			
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				
		6b Less: rental expenses				
		6c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7b Less: cost or other basis and sales expenses				
		7c 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	8a	75,761			
		8b Less: direct expenses	8b	23,218		
c Net income or (loss) from fundraising events			52,543			
9a Gross income from gaming activities. See Part IV, line 19	9a					
	9b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a					
	10b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a OTHER		5,547			5,547	
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d		5,547				
12 Total revenue. See instructions		10,622,078	2,772,455		5,547	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,330,408	4,330,408		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,574,505	1,574,505		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	113,850	75,900	37,950	
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	2,803,341	2,681,605	121,736	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	267,864	260,451	7,413	
10 Payroll taxes	225,970	213,128	12,842	
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)	191,131	145,980	45,151	
12 Advertising and promotion	27,037			27,037
13 Office expenses	81,607	59,553	22,054	
14 Information technology				
15 Royalties				
16 Occupancy	322,165	301,438	20,727	
17 Travel	63,308	61,457	1,851	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,523		1,523	
20 Interest	34,673	33,092	1,581	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	117,031	104,907	12,124	
23 Insurance	70,809	64,461	6,348	
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	253,322	253,058	264	
b REPAIRS AND MAINTENANCE	118,846	116,740	2,106	
c INSTRUCTIONAL	73,863	61,837	12,026	
d BANK AND CREDIT CARD FEES	39,646	35,156	4,490	
e All other expenses	18,415	17,085	1,330	
25 Total functional expenses. Add lines 1 through 24e	10,729,314	10,390,761	311,516	27,037
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	565,898	1	1,044,310
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	856,285	4	776,330
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	75,752	9	53,399
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,555,188		
	b Less: accumulated depreciation	10b 1,498,421	1,365,309	10c 2,056,767
	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		14	
	15 Other assets. See Part IV, line 11	10,041	15	11,948
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,873,285	16	3,942,754	
Liabilities	17 Accounts payable and accrued expenses	739,141	17	664,726
	18 Grants payable		18	
	19 Deferred revenue	38,125	19	11,405
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	286,114	23	914,483
	24 Unsecured notes and loans payable to unrelated third parties		24	757,900
	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	108,429	25	
	26 Total liabilities. Add lines 17 through 25	1,171,809	26	2,348,514
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	806,137	27	709,225
	28 Net assets with donor restrictions	895,339	28	885,015
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,701,476	32	1,594,240	
33 Total liabilities and net assets/fund balances	2,873,285	33	3,942,754	

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	10,622,078
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,729,314
3	Revenue less expenses. Subtract line 2 from line 1	3	-107,236
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,701,476
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,594,240

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 (2019)

Form 990, Part III, Line 4a:

THE ORGANIZATION HAD 78 EMPLOYEES IN SOUTHWEST FLORIDA AS OF JUNE 30, 2020, SERVING APPROXIMATELY 396 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 5,918,562 TO PROVIDERS WHICH SERVED 148 UNAFFILIATED CHILD CARE CENTERS AND 254 FAMILY CHILD CARE HOMES ON A MONTHLY BASIS DURING THE YEAR ENDED JUNE 30, 2020.

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, 2020, THE ORGANIZATION HAD 31 ENROLLMENTS IN INSTRUCTOR-LED CLASSES, AND 14,317 ONLINE COURSES SOLD.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	7,110,581	7,434,708	7,145,196	8,101,877	7,791,533	37,583,895
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	7,110,581	7,434,708	7,145,196	8,101,877	7,791,533	37,583,895
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.						37,583,895

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	7,110,581	7,434,708	7,145,196	8,101,877	7,791,533	37,583,895
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	5,547	10,058
11 Total support. Add lines 7 through 10						37,593,953
12 Gross receipts from related activities, etc. (see instructions)					12	9,994,953

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 2019 (line 6, column (f) divided by line 11, column (f))	14	99.970 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	99.990 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 10,058

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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:
- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	27,540	29,562	30,607	27,985	30,268
b Contributions					
c Net investment earnings, gains, and losses	-568	-2,022	-1,045	2,622	-273
d Grants or scholarships					1,247
e Other expenditures for facilities and programs					
f Administrative expenses					763
g End of year balance	26,972	27,540	29,562	30,607	27,985

- 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
- (ii)** related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	No	No
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 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		283,000		283,000
b Buildings		2,160,268	724,557	1,435,711
c Leasehold improvements		450,513	179,455	271,058
d Equipment		661,407	594,409	66,998
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,056,767

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,648,813
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	26,735
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	26,735
3	Subtract line 2e from line 1	3	10,622,078
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	10,622,078

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	10,756,049
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	26,735
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	26,735
3	Subtract line 2e from line 1	3	10,729,314
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	10,729,314

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)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

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.

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

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

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

Table with 6 columns: (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. Includes a Total row at the bottom.

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) Total events
		GOLF EVENT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	72,383			72,383
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	72,383			72,383
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,457			7,457
	7 Food and beverages	7,458			7,458
	8 Entertainment				
	9 Other direct expenses	6,938			6,938
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				21,853
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				50,530

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document as Filed, 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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

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, (g) Description of noncash 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	253	1,574,505			
(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 WERE 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		37,606				CHILD CARE FOOD
ABACUS PRESCHOOL 250 N TUTTLE AVE SARASOTA, FL 34237	65-0433063		31,859				CHILD CARE FOOD

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
ADVANCED LEARNING ACADEMY 1012 DONALD ROAD NORTH FORT MYERS, FL 33917	81-3452441		33,776				CHILD CARE FOOD
AFTER SCHOOL ALLIANCE POLK CTY-AMP 3592 CENTRAL AVE ALTURAS, FL 33820	58-9119817		21,267				CHILD CARE FOOD

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

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ALL ABOUT CHILDREN 447 N LIME AVE SARASOTA, FL 34237	57-8765030		9,669				CHILD CARE FOOD
ALL ABOUT KIDS LEARNING CENTER 3839 N HAVERHILL RD WEST PALM BEACH, FL 33417	83-2878951		103,635				CHILD CARE FOOD

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

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ALL ABOUT KIDS LEARNING CENTER-AMP 3311 AVE G NW WINTER HAVEN, FL 33880	01-0680573		8,196				CHILD CARE FOOD
ALL ABOUT KIDZ LEARNING CENTER 3311 AVE G NW WINTER HAVEN, FL 33880	01-0680573		49,038				CHILD CARE FOOD

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ALL SUPERSTARS NFM 1313 LAUREL DRIVE NORTH FORT MYERS, FL 33917	45-1491223		44,960				CHILD CARE FOOD
ALPHABET ZOO II INC 810 LAFAYETTE STREET CAPE CORAL, FL 33904	02-0628000		38,568				CHILD CARE FOOD

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ALWAYS CHILDREN DAY CARE LLC 20000 SW 110TH CR MIAMI, FL 33189	83-1181514		40,612				CHILD CARE FOOD
AMERICA'S LITTLE LEADERS ACADEMY 2570 NW 152 TERRACE OPA LOCKA, FL 33054	45-4228547		25,190				CHILD CARE FOOD

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

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AN APPLE A DAY ACADEMY 4055 BEE RIDGE RD SARASOTA, FL 34233	46-1179857		36,447				CHILD CARE FOOD
ANGEL OF HOPE CHRISTIAN ACADEMY 3856 EVANS AVE SUITE 4 FORT MYERS, FL 33901	81-1729568		18,556				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		6,266				CHILD CARE FOOD
BEAUTIFUL BLESSINGS EARLY LEARN 1609 10TH STREET SARASOTA, FL 34234	42-1749321		73,431				CHILD CARE FOOD

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

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BELLA ROSE LEARNING CENTER 602 TOWER RD PEACHTREE CITY, GA 30269	47-3000956		19,131				CHILD CARE FOOD
BENTLEY & JAYDEN'S LEARNING CENTER 6324 CORPORATE CT FORT MYERS, FL 33919	81-3818964		25,328				CHILD CARE FOOD

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

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BESTDAY CARE CHILDREN'S CENTER 17567 LIBERTY SQ CIR FORT MYERS, FL 33967	83-0756869		37,142				CHILD CARE FOOD
BIBLE BAPTIST CHURCH ACADEMY 1750 6TH AVE WEST UNIT 101 PALMETTO, FL 34221	46-4084289		13,350				CHILD CARE FOOD

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BIG SMILES CHILD CARE & LEARNING 3439 SOUTH SR 29 LABELLE, FL 33935	27-0983923		24,823				CHILD CARE FOOD
BILL AUSTEN YOUTH CENTER 315 SW 2ND AVENUE CAPE CORAL, FL 33991	59-1312996		9,462				CHILD CARE FOOD

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

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BRENDA'S LITTLE HELPERS CHRISTIAN 1100 E ROSE ST LAKELAND, FL 33801	45-3685475		14,217				CHILD CARE FOOD
BRIGHT FUTURES 2465 KATHERINE ST FORT MYERS, FL 33901	47-1833374		33,893				CHILD CARE FOOD

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

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BRIGHT HORIZON ACADEMY 550 EAST FLORIDA AVE MELBOURNE, FL 32901	59-2738286		17,049				CHILD CARE FOOD
BUILDING BLOCKS DAYCARE AND PRESCH 3200 SW 107 AVE MIAMI, FL 33165	45-2543940		16,361				CHILD CARE FOOD

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

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BUILDING BLOCKS DAYCARE AND PRESCHO D/B/A KENDALL LAKES KINDER ACADEMY MIAMI, FL 33183	82-4499732		25,063				CHILD CARE FOOD
C&J - CRAIG & JANICE PERFORMING ART 301 S WOODLAWN AVE BARTOW, FL 33830	81-2369165		33,310				CHILD CARE FOOD

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

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CAPE CHILD DEVELOPMENT CTR INC 636 DEL PRADO BLVD CAPE CORAL, FL 33990	59-0714812		20,044				CHILD CARE FOOD
CCA ALLSTARS AFTERSCHOOL 1035 E OAK ST ARCADIA, FL 34266	27-1255526		48,263				CHILD CARE FOOD

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

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CCA ALLSTARS AFTERSCHOOL-AMP 1035 E OAK ST ARCADIA, FL 34266	27-1255526		15,095				CHILD CARE FOOD
CHILDREN'S CHOICE ACADEMY 1051 E OAK ST ARCADIA, FL 34266	27-1255526		72,065				CHILD CARE FOOD

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CHRISTIAN PLAYMATES PRE SCHOOL & DA 660 PINE STREET FORT MYERS, FL 33916	65-0930157		29,978				CHILD CARE FOOD
COMMUNITY UNITED METHODIST PRESCHOO 3114 OKEECHOBEE ROAD FORT PIERCE, FL 34947	59-1233481		46,541				CHILD CARE FOOD

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CONSCIOUS MINDS INTERNATIONAL CTR 10450 NW 19TH AVE MAIMI, FL 33147	84-1878499		8,766				CHILD CARE FOOD
COVENANT ACADEMY PRESCHOOL & DAYCAR 309 EAST TRINIDAD AVE CLEWISTON, FL 33440	27-2302261		28,049				CHILD CARE FOOD

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

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CREATIVE KIDS CONNECTION LLC 408 75TH ST NW BRADENTON, FL 34209	20-8554070		12,364				CHILD CARE FOOD
CROSSROADS CHILDREN CENTER 4726 N TAMIAMI TRAIL SARASOTA, FL 34234	20-2889260		18,975				CHILD CARE FOOD

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CSI SPECIAL CARE FL 530 SW 1ST ST FLORIDA CITY, FL 33034	27-4314132		12,084				CHILD CARE FOOD
CSI SPECIAL CARE MIAMI 735 NW 22ND AVE MIAMI, FL 33125	27-4314132		14,358				CHILD CARE FOOD

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DC CHILDCARE CENTER INC 5105 26TH ST WEST BRADENTON, FL 34207	20-1382663		53,584				CHILD CARE FOOD
DISCOVERY DAY ACADEMY INC 180 BASILAN CRESCENT CLEWISTON, FL 33440	20-5736327		24,279				CHILD CARE FOOD

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DISCOVERY EMPORIUM INC 529 NW PRIMA VISTA BLVD SUITE 102 PORT ST LUCIE, FL 34983	26-2666037		43,709				CHILD CARE FOOD
EARLY BIRDS PRESCHOOL & DAYCARE 3154 SUNRISE TRAIL P PORT CHARLOTTE, FL 33952	02-0683741		5,484				CHILD CARE FOOD

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ELLIE'S SMALL WORLD 3115 W LAMBRIGHT ST TAMPA, FL 33614	82-3160010		26,110				CHILD CARE FOOD
END OF THE RAINBOW LEARNING ACADEMY 3050 MICHIGAN AVE FORT MYERS, FL 33916	81-5358622		34,347				CHILD CARE FOOD

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ESTERO EARLY LEARNING CENTER 19660 S TAMIAMI TRAIL FORT MYERS, FL 33908	82-4774113		32,802				CHILD CARE FOOD
FOR KIDS ONLY OF VERO BEACH 2044 16TH ST VERO BEACH, FL 32960	59-2447306		120,708				CHILD CARE FOOD

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FOUNDATIONS AT ENGLEWOOD UNITED MET 700 E DEARBORN ST ENGLEWOOD, FL 34223	59-1461291		33,414				CHILD CARE FOOD
FOUNDATIONS EARLY LEARNING CENTER 4118 CORONADO PKWY CAPE CORAL, FL 33904	59-1156201		27,214				CHILD CARE FOOD

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FREE TO GROW ACADEMY 5304 7TH STREET EAST EAGLE LAKE, FL 33839	15-0649151		5,868				CHILD CARE FOOD
FUTURE SCHOLARS CHRISTIAN ACADEMY 551 EAGLE AVE EAST EAGLE LAKE, FL 33839	47-3526652		5,957				CHILD CARE FOOD

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GLAD KIDS 15570 HAGIE DRIVE FORT MYERS, FL 33908	45-5595206		66,726				CHILD CARE FOOD
GOLISANO CHILDREN'S HOSPITAL PPEC 15901 BASS ROAD SUITE 106 FORT MYERS, FL 33908	23-7160360		26,787				CHILD CARE FOOD

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GREAT KIDZ ACADEMY 1700 GEORGE JENKINS BLVD LAKELAND, FL 33815	84-1955541		33,355				CHILD CARE FOOD
GREAT KIDZ ACADEMY-AMP 1700 GEORGE JENKINS BLVD LAKELAND, FL 33815	84-1955541		5,012				CHILD CARE FOOD

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GROW AND LEARN ACADEMY INC 546 LYNNEDA AVE FORT MYERS, FL 33905	83-2162905		12,763				CHILD CARE FOOD
GTG CARE LLC 4475 SW 8TH ST MIAMI, FL 33134	81-5471135		29,221				CHILD CARE FOOD

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HAPPY TIME LEARNING ACADEMY 1650 MEDICAL LANE FORT MYERS, FL 33901	20-2800197		19,083				CHILD CARE FOOD
HEAD OF THE CLASS LEARNING CENTER 1836 KATHLEEN RD LAKELAND, FL 33805	20-5451930		23,471				CHILD CARE FOOD

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HEALTH PARK CHILD DEVL MHS 16150 ROSE RUSH COURT FORT MYERS, FL 33908	59-0714812		25,732				CHILD CARE FOOD
HOPE MONTESSORI ACADEMY INC 2715 ATLANTIC BLVD VERO BEACH, FL 32960	47-5450380		27,889				CHILD CARE FOOD

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HORIZONS UNLIMITED CHRISTIAN ACADEM 2674 DR MLK JR WAY SARASOTA, FL 34234	14-1879521		46,220				CHILD CARE FOOD
HOUSE OF J BABY'S CHILDCARE 5304 7TH ST E BRADENTON, FL 34207	82-5463400		32,892				CHILD CARE FOOD

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IMAGINE CHILD CARE & LEARNING CTR 901 LOCKE ST AVON PARK, FL 33825	46-4969882		49,367				CHILD CARE FOOD
J & A DOMINGUEZ LLC D/B/A KIDDIE PLANET PORT CHARLOTTE, FL 33953	60-6804405		12,197				CHILD CARE FOOD

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JACK & JILL PLAYSCHOOL DAYCARE 898 US HWY 27 UNIT 2 3 PORT CHARLOTTE, FL 33952	83-2779305		5,312				CHILD CARE FOOD
JC PRESCHOOL SERVICES 190 NE 199 ST MIAMI, FL 33179	81-1149878		17,154				CHILD CARE FOOD

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JUST FOR KIDS ACADEMY 3638 EVANS AVE FORT MYERS, FL 33976	82-3274809		54,175				CHILD CARE FOOD
KALYNA CHILDCARE CENTER 4056 46TH ST VERO BEACH, FL 32967	59-3569886		9,948				CHILD CARE FOOD

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KIDDIE ACADEMY OF PORT SAINT LUCIE 3411 SW DARWIN BLVD PORT ST LUCIE, FL 34953	26-4148550		55,468				CHILD CARE FOOD
KIM'S HAPPY TIME CHILD CARE INC 2932 DOUGLAS AVE FORT MYERS, FL 33916	20-2800197		14,054				CHILD CARE FOOD

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KINDER KOLLEGE ENRICHMENT CTR 3592 CENTRAL AVE ALTURAS, FL 33820	47-3425465		32,331				CHILD CARE FOOD
KINDER KOLLEGE ENRICHMENT-AMP 3592 CENTRAL AVE ALTURAS, FL 33820	47-3425465		5,036				CHILD CARE FOOD

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KINDERHOUSE PRESCHOOL 2719 CONSTITUTION BLVD SARASOTA, FL 34231	83-3015250		20,913				CHILD CARE FOOD
KINDERLAND PLACE II 4928 PARK MEADOW LANE FORT MYERS, FL 33907	47-1596780		33,887				CHILD CARE FOOD

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KINGS KIDZ ACADEMY 330 W MARIANA AVE NORTH FORT MYERS, FL 33903	59-2315960		25,197				CHILD CARE FOOD
LAUGH N LEARN ACADEMY 202 3RD AVE EAST BRADENTON, FL 34208	27-3305861		24,801				CHILD CARE FOOD

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LAUGH N LEARN ACADEMY II 5233 4TH AVE CIRCLE EAST BRADENTON, FL 34208	27-3305861		74,590				CHILD CARE FOOD
LE BUNNIES EARLY LEARNING ACADEMY 122 VENICE EAST BLVD VENICE, FL 34293	47-2927188		29,533				CHILD CARE FOOD

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LEADING BY EXAMPLE CHILDCARE INC 6427 LAMBERT LANE NEW PORT RICHEY, FL 34652	30-0625672		52,693				CHILD CARE FOOD
LEARN PLAY GROW LEARNING CENTER 2400 43RD ST VERO BEACH, FL 32967	83-0598967		8,016				CHILD CARE FOOD

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
LEE MEMORIAL CHILD DEV CENTER INC 2335 CLIFFORD STREET FORT MYERS, FL 33901	59-0714812		34,310				CHILD CARE FOOD
LET'S LEARN EARLY LEARNING CTR 2118 1ST STREET W BRADENTON, FL 34208	81-1758021		27,643				CHILD CARE FOOD

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

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LIGHTHOUSE MONTESSORI CHRISTIAN CTR 650 NW AIROSO BLVD PORT ST LUCIE, FL 34983	45-2713993		33,499				CHILD CARE FOOD
LITTLE BLESSINGS 3596 BROADWAY AVE FORT MYERS, FL 33901	47-3565842		51,256				CHILD CARE FOOD

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

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LITTLE DISCIPLES LEARNING CENTER IN PO BOX 3202 CLEWISTON, FL 33440	26-2069622		13,340				CHILD CARE FOOD
LITTLE DOLPHINS DAYCARE 1575 NE 205TH ST MIAMI, FL 33179	46-3295178		25,670				CHILD CARE FOOD

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

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LITTLE DOLPHINS DAYCARE II 1046 NE 215TH ST MIAMI, FL 33179	81-3336469		32,519				CHILD CARE FOOD
LITTLE JEWELS CHILD DEVELOPMENT CTR 2540 S CRYSTAL LAKE DRIVE LAKELAND, FL 33801	25-7291332		18,292				CHILD CARE FOOD

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

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LITTLE KIDS LEARNING 9145 NW 27 AVE MIAMI, FL 33147	81-4783333		32,681				CHILD CARE FOOD
LITTLE KINGDOM CHILD 1000 N KROME AVE HOMESTEAD, FL 33030	82-3610832		110,672				CHILD CARE FOOD

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

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LITTLE STEPS II INC 17051 S DIXIE HWY MIAMI, FL 33157	26-2738292		29,500				CHILD CARE FOOD
LITTLE WONDERS COLLIER CHILD CARE 2335 TAMiami TRAIL N 504 NAPLES, FL 34103	26-2646032		38,798				CHILD CARE FOOD

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

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MIAMI BEACH LEARNING 3907 ALTON RD MIAMI BEACH, FL 33140	27-4347071		17,692				CHILD CARE FOOD
MIAMI GARDENS MONTESSORI 18690 NW 2ND AVENUE MIAMI, FL 33169	47-1330660		6,589				CHILD CARE FOOD

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

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MIS' MARY'S DAY CARE INC 1297 BARRETT ROAD NORTH FORT MYERS, FL 33903	65-0452603		53,864				CHILD CARE FOOD
MOTHER'S DAY CARE CENTER INC 1035 WINDSOR DR FORT MYERS, FL 33905	32-0302268		47,573				CHILD CARE FOOD

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

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MY FIRST STEPS OF BRADENTON 3815 26TH ST WEST BRADENTON, FL 34205	65-0774156		35,663				CHILD CARE FOOD
MY LITTLE FAMILY LEARNING CENTER 18433 PINES BLVD PEMBROKE PINES, FL 33029	82-5413052		30,907				CHILD CARE FOOD

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		48,777				CHILD CARE FOOD
NEXT JEN'ERATION KIDS ACADEMY 520 S COLLINS ST PLANT CITY, FL 33563	84-2308641		6,303				CHILD CARE FOOD

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

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NICAEA ACADEMY OF SWFL INC 2200 SANTA BARBARA BLVD NAPLES, FL 34119	26-0216411		30,993				CHILD CARE FOOD
NICAEA ACADEMY OF SOUTHWEST FLORIDA 3221 CHIQUITA BLVD S CAPE CORAL, FL 33914	65-0583996		35,083				CHILD CARE FOOD

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

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ODYSSEY CHILD CARE CENTER INC 4246 EVANS AVE FORT MYERS, FL 33901	83-1052914		93,714				CHILD CARE FOOD
OUR KIDS WEST LLC 4112 DUCK CREEK WAY ELLENTON, FL 34222	82-1839717		29,504				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		51,153				CHILD CARE FOOD
PATCHES PPEC - FL CITY 335 S KROME AVE SUITE 104 FLORIDA CITY, FL 33034	65-1012818		49,851				CHILD CARE FOOD

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

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PATCHES PPEC FT PIERCE 4300 OKEECHOBEE RD FT PIERCE, FL 34947	65-1012818		34,609				CHILD CARE FOOD
PICCOLO UNIVERSO PRESCHOOL 3410 SW 110 AVE MIAMI, FL 33165	83-3143741		13,856				CHILD CARE FOOD

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

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PRECIOUS JEWELS ACADEMY 2700 LEON AVE SARASOTA, FL 34234	73-1685567		23,315				CHILD CARE FOOD
RCMA IMMOKALEE COMM SCH-AMP 123 N 4TH ST IMMOKALEE, FL 34142	59-1221966		7,151				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		34,607				CHILD CARE FOOD
ROSALPHANIE CHILD CARE 2570 SW 139 ST OPA LOCKA, FL 33054	84-1939508		8,477				CHILD CARE FOOD

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

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SAN CARLOS CHILD CARE 1933 ACORN ROAD FORT MYERS, FL 33967	65-0685732		10,228				CHILD CARE FOOD
SHELBY STREET STATION INC 107 SHELBY STREET AUBURNDALE, FL 33823	20-1324861		33,060				CHILD CARE FOOD

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

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SMART GENERATION ACADEMY 4610 NW 9TH CT PLANTATION, FL 33317	82-0845186		21,902				CHILD CARD FOOD
SONRISE ACADEMY INC 1403 SE 16TH PLACE CAPE CORAL, FL 33990	65-0795261		45,248				CHILD CARE FOOD

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SPROUT ACADEMY OF LEARNING 1291 CAPRICORN BLVD PORT CHARLOTTE, FL 33983	35-2652747		14,240				CHILD CARE FOOD
STEP BY STEP CHLD CARE 3596 EVANS AVE FORT MYERS, FL 33901	83-1887737		45,596				CHILD CARE FOOD

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

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SUNKIDZ PRESCHOOLABC LEARNING 13610 LEARNING COURT FORT MYERS, FL 33919	81-5032858		19,799				CHILD CARE FOOD
SUNSHINE EDUCATION ACADEMY 101 TRIPLE DIAMOND BLVD VENCIE, FL 34275	59-1629660		7,377				CHILD CARE FOOD

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

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SUNSHINE LEARNING CENTER 4143 TAMIAMI TRAIL E NAPLES, FL 34112	81-5462853		12,285				CHILD CARE FOOD
TEACHABLE MOMENTS LEARNING CENTER 4200 32ND ST W BRADENTON, FL 34205	02-4587910		9,960				CHILD CARE FOOD

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

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THE GUATAMALAN MAYA CENTER INC 1615 LAKE AVE LAKEWORTH, FL 33460	65-0355018		63,387				CHILD CARE FOOD
THE GUATAMALAN MAYA CENTER INC 500 HIGHLANDS AVE LAKE WORTH, FL 33460	65-0355018		24,777				CHILD CARE FOOD

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

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THE LEARNING TREE SCHOOL INC 318 E GIBSON ST ARCADIA, FL 34266	26-6844450		9,127				CHILD CARE FOOD
THE SALVATION ARMY 3180 ESTEY AVENUE NAPLES, FL 34104	58-0660607		33,782				CHILD CARE FOOD

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

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THE SALVATION ARMY-AMP 3180 ESTEY AVE NAPLES, FL 34104	58-0660607		41,346				CHILD CARE FOOD
THY KINGDOM KIDS LEARNING ACADEMY 2775 NW 46 ST MAIMI, FL 33142	47-2133640		7,685				CHILD CARE FOOD

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TREEHOUSE DAY CARE 598 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984	14-1843430		26,108				CHILD CARE FOOD
TRINITY CHRISTIAN ACADEMY 2141 CRYSTAL DRIVE FORT MYERS, FL 33907	65-0675068		22,902				CHILD CARE FOOD

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

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VICTORY ACADEMY LEHIGH LLC 1201 TAYLOR LANE LEHIGH ACRES, FL 33936	32-0561444		96,922				CHILD CARE FOOD
WIZ KIDZ LEARNING 2 9942 W HIBISCUS ST MIAMI, FL 33157	45-3222851		13,598				CHILD CARE FOOD

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

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WOODEN SHOES CHILD CARE 4875 SWIFT RD SARASOTA, FL 34231	20-3120460		47,464				CHILD CARE FOOD
WORLD OF LEARNING ACADEMY 4129 N PINE ISLAND RD SUNRISE, FL 33351	20-8232171		69,195				CHILD CARE FOOD

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YOUNGER SET CHILD CARE 4405 FRANKIE COURT NORTH FORT MYERS, FL 33903	59-1845828		23,131				CHILD CARE FOOD
ZION CHILDREN ACADEMY 3000 S STATE ROAD 7 MIRAMAR, FL 33023	83-1423263		5,681				CHILD CARE FOOD

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number 59-6198583

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) TERI HANSEN	SPOUSE OF CEO	24,871	MARKETING SVC.		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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 8,775 COMPETENCY TESTS TO PROFESSIONALS DURING THE YEAR ENDED JUNE 30, 2020.</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.