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Form

**990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

**2008**  
Open to Public Inspection**A** For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09****B** Check if applicable:

- ☒ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**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)

**6831 PALISADES PARK COURT**

Room/suite

**6**

City or town, state or country, and ZIP + 4

**FORT MYERS****FL 33912****F** Name and address of principal officer**BETH LODBELL****6831 PALISADES PARK COURT #6****FORT MYERS****FL 33912****D** Employer identification number**59-6198583****E** Telephone number**239-425-1081****G** Gross receipts \$ **7,251,192****H(a)** Is this a group return for

affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status ☒ 501(c) ( **3** ) (insert no ) 4947(a)(1) or 527**J** Website: **WWW.CCSWFL.ORG****K** Type 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 ENSURE THAT HIGH QUALITY CHILD CARE IS AVAILABLE TO ALL FAMILIES AND CHILDREN IN SOUTHWEST FLORIDA****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets**3** Number of voting members of the governing body (Part VI, line 1a)**3** **9****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **9****5** Total number of employees (Part V, line 2a)**5** **239****6** Total number of volunteers (estimate if necessary)**6** **57****7a** Total gross unrelated business revenue from Part VIII, line 12, column (C)**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b** **0**

Activities &amp; Governance

Revenue

**8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

**4,564,945** **5,597,299****1,640,322** **1,381,000****113,383** **124,918****104,384** **25,036****6,423,034** **7,128,253****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25)**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses Subtract line 18 from line 12

Beginning of Year

End of Year

**3,938,172** **2,735,407****20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances Subtract line 21 from line 20**1,352,007** **754,345****2,586,165** **1,981,062**

Net Assets or Fund Balances

**Part II Signature Block**

Sign Here

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.

Signature of officer

Date

Type or print name and title

**Beth Lobdell President & CEO**

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's identifying number (see instructions)

**P00102391**

Firm's name (or yours if self-employed), address, and ZIP

**STROEMER & COMPANY****14030 METROPOLIS AVE STE 200****FORT MYERS, FL 33912**

EIN

**20-0167385**

Phone

**no 239-433-1002**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

SCANNED JUN 03 2010

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**Part III Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission

**TO ENSURE THAT HIGH QUALITY CHILD CARE IS AVAILABLE TO ALL FAMILIES AND CHILDREN IN SOUTHWEST FLORIDA**

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 exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ **3,205,760** including grants of \$ ) (Revenue \$ **3,401,481** )

**OUR CENTERS PROVIDE EARLY CHILDHOOD EDUCATION AND CARE FOR CHILDREN RANGING FROM 6 WEEKS TO SCHOOL AGE, DEPENDING ON THE PROGRAM. WE PROVIDE THE VOLUNTARY PRE-KINDERGARTEN PROGRAM FOR FOUR YEAR OLDS AND ALSO PARTICIPATE IN THE STATE SCHOOL READINESS PROGRAM FOR ELIGIBLE CHILDREN. WE SERVED 750 CHILDREN IN FYE JUNE 30, 2009.**

4b (Code ) (Expenses \$ **2,182,576** including grants of \$ **1,846,736** ) (Revenue \$ **2,150,832** )

**THE FOOD SERVICE PROGRAM PROVIDES REIMBURSEMENT FOR MEALS AND SNACKS SERVED TO CHILDREN IN CHILD CARE SETTINGS THAT FOLLOW NUTRITIONAL GUIDELINES. WE SERVED 207 CENTERS AND HOMES WHICH PROVIDED 1,873,886 MEALS AND SNACKS TO CHILDREN IN THEIR CARE.**

4c (Code ) (Expenses \$ **913,131** including grants of \$ **107,335** ) (Revenue \$ **1,058,973** )

**OUR COLLIER PROGRAMS ARE MULTI FACETED. WE OPERATE THE TWO COLLIER COUNTY PUBLIC SCHOOLS TEEN PARENTING PROGRAMS AT GOLDEN GATE AND IMMOKALEE HIGH SCHOOLS. WE PROVIDE TRAINING AND TECHNICAL ASSISTANCE IN IMMOKALEE. WE OPERATE TWO VANS WHICH VISIT FAMILY DAY CARE HOMES AND CENTERS IN COLLIER COUNTY. WE PROVIDE TRAINING AND TECHNICAL ASSISTANCE AT OUR NAPLES OFFICE. WE SERVED 3,686 TEACHERS, PROVIDERS AND CHILDREN THROUGH THESE PROGRAMS.**

4d Other program services (Describe in Schedule O )

(Expenses \$ **422,220** including grants of \$ ) (Revenue \$ **333,796** )

4e Total program service expenses ► \$ **6,723,687** (Must equal Part IX, Line 25, column (B) )

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
<b>5</b> <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
<b>6</b> Did the organization maintain any donor advised funds or any accounts where 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, 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		<b>X</b>
<b>10</b> Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<b>X</b>
<b>11</b> Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
<b>12</b> Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the U.S.?		<b>X</b>
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
<b>17</b> Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
<b>19</b> Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
<b>20</b> Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>
<b>21</b> Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</b> Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	<b>1a</b>	<b>198</b>
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b>	<b>0</b>
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	<b>X</b>
<b>2a</b>	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	<b>2a</b>	<b>239</b>
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>3a</b>	<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	<b>7a</b>	<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	<b>X</b>
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	<b>X</b>
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	<b>X</b>
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
<b>1a</b>	Enter the number of voting members of the governing body	<b>9</b>	
<b>1b</b>	Enter the number of voting members that are independent	<b>9</b>	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b>	The governing body?	<b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body?		<b>X</b>
<b>9a</b>	Does the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	<b>X</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	<b>X</b>	
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<b>X</b>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>a</b>	The organization's CEO, Executive Director, or top management official?	<b>X</b>	
<b>b</b>	Other officers or key employees of the organization?	<b>X</b>	
Describe the process in Schedule O (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **LORA MCCANN**  
**6831 PALISADES PARK COURT, SUITE 6**  
**FORT MYERS FL 33912 239-425-1018**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
BETH LOBDELL PRESIDENT/CE		X		X				72,913	0	3,107
E. DALE KORZEC CHARIMAN		X		X				0	0	0
JAMES MEERPOHL TREASURER		X		X				0	0	0
SCOTT ROBERTSON VICE-CHAIR		X		X				0	0	0
KAREN MILLER SECRETARY		X		X				0	0	0
JESSICA ANDERSON DIRECTOR		X						0	0	0
JACK EISENGA DIRECTOR		X						0	0	0
SHERNETTE JOHNSON DIRECTOR		X						0	0	0
JUDITH PASKVAN DIRECTOR		X						0	0	0
RHEA MIKE CEO							X	81,759	0	20,150
DEBORAH JOHNSON CFO							X	66,745	0	11,967



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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
<b>1b Total</b>								<b>221,417</b>		<b>35,224</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>	<b>X</b>	
<b>4</b>		<b>X</b>
<b>5</b>		<b>X</b>

**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

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

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ►

0

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,779,741			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,817,558			
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		5,597,299			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM FEES	Busn. Code	1,124,967	1,124,967		
	<b>b</b> TRAINING CLASSES & WORKSHOP		211,972	211,972		
	<b>c</b> SCHOOL READINESS FEES		44,061	44,061		
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		1,381,000			
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		27,857		
<b>4</b> Income from investment of tax-exempt bond proceeds						
<b>5</b> Royalties						
<b>6a</b> Gross Rents		(i) Real (ii) Personal				
<b>b</b> Less rental exps						
<b>c</b> Rental inc or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
<b>b</b> Less cost or other basis & sales exps						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss)			97,061	97,061		
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a				
<b>b</b> Less direct expenses		b				
<b>c</b> Net income or (loss) from fundraising events						
<b>9a</b> Gross income from gaming activities See Part IV, line 19		a				
<b>b</b> Less direct expenses		b				
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances		a				
<b>b</b> Less cost of goods sold		b				
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b> CIRCLE OF CARE CONFERENCE		23,204			23,204	
<b>b</b> VARIOUS SMALL EVENTS		1,167			1,167	
<b>c</b> MISCELLANEOUS		665			665	
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		25,036				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		7,128,253	1,478,061	0	52,893	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	1,846,736	1,846,736		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	107,335	107,335		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,375,567	2,931,246	444,321	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	72,551	55,124	17,427	
9 Other employee benefits	476,525	429,979	46,546	
10 Payroll taxes	269,508	227,084	42,424	
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	245,805	139,926	105,879	
12 Advertising and promotion				
13 Office expenses	83,786	61,768	22,018	
14 Information technology				
15 Royalties				
16 Occupancy	542,374	345,944	196,430	
17 Travel	57,556	49,555	8,001	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	142,278	70,879	71,399	
23 Insurance	98,396	87,930	10,466	
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD AND SUPPLIES	253,272	253,120	152	
b INSTRUCTIONAL EXPENSES	90,994	77,716	13,278	
c MISCELLANEOUS EXPENSES	70,647	39,345	31,302	
d OVERHEAD	26		26	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	7,733,356	6,723,687	1,009,669	
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	875,711	1	100
	2 Savings and temporary cash investments	1,000,798	2	784,633
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	390,054	4	529,128
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	100,174	9	71,723
	10a Land, buildings, and equipment: cost basis	10a 2,640,873		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 1,291,050	10c	1,349,823
	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		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	3,938,172	16	2,735,407	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	1,204,894	17	612,800
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	147,113	25	141,545
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,352,007	26	754,345
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1,636,614	27	1,026,838
	28 Temporarily restricted net assets	124,551	28	129,224
	29 Permanently restricted net assets	825,000	29	825,000
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	2,586,165	33	1,981,062
	34 <b>Total liabilities and net assets/fund balances</b>	3,938,172	34	2,735,407

**Part XI Financial Statements and Reporting**

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 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?
- 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?

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



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	22,876,456	31,968,297	36,303,612	4,564,945	5,597,299	101,310,609
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1-3	22,876,456	31,968,297	36,303,612	4,564,945	5,597,299	101,310,609
<b>5</b> 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)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						101,310,609

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	22,876,456	31,968,297	36,303,612	4,564,945	5,597,299	101,310,609
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	80,400	150,599	198,559	113,383	124,918	667,859
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	351,114	277,632	222,572	104,384	25,036	980,738
<b>11</b> <b>Total support.</b> Add lines 7 through 10						102,959,206
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	6,653,415
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	98.3988 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	98.6310 %
<b>16a</b> <b>33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14</b> <b>First five years.</b> 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 <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** 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—2007.** 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** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** \$ **980,738**



**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

**2008****Open to Public Inspection**

Name of the organization

Employer identification number

**CHILD CARE OF SOUTHWEST FLORIDA, INC****59-6198583****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <span style="float:right"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in 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 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds. Complete if organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

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)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	2,640,873		1,291,050	1,349,823

Total. Add lines 1a–1e (Column (d) should equal Form 990, Part X, column (B), line 10(c))

1,349,823



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,128,253
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,733,356
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-605,103
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1
9	Total adjustments (net) Add lines 4-8	9	1
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-605,102

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	7,444,867
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	316,614
e	Add lines 2a through 2d	2e	316,614
3	Subtract line 2e from line 1	3	7,128,253
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	7,128,253

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	8,049,969
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	316,613
e	Add lines 2a through 2d	2e	316,613
3	Subtract line 2e from line 1	3	7,733,356
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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	7,733,356

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

**PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER**

ACCOUNTING SERVICES ALLOCATED TO DEPARTMENTS	\$	335,293
MISCELLANEOUS EXPENSE	\$	-18,679
ACCOUNTING SERVICES ALLOCATED TO DEPARTMENTS	\$	-335,292
MISCELLANEOUS EXPENSE	\$	18,679
	\$	0

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
ACCOUNTING SERVICES ALLOCATED TO DEPARTMENTS \$ 335,293  
MISCELLANEOUS EXPENSE \$ -18,679

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
ACCOUNTING SERVICES ALLOCATED TO DEPARTMENTS \$ 335,292  
MISCELLANEOUS EXPENSE \$ -18,679  
\$ 0

**SCHEDULE I  
(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

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

▶ Attach to Form 990.

OMB No 1545-0047

**2008****Open to Public  
Inspection**

Employer identification number

**59-6198583****CHILD CARE OF SOUTHWEST FLORIDA, INC****Part I General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States☐ Yes ☒ No**Part II****Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

1	(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
---	---	---------	-------------------------------------	--------------------------	--------------------------------------	---	---	---------------------------------------

**SEE ATTACHED LIST**

1,846,736

**2** Enter total number of section 501(c)(3) and government organizations**3** Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

DAA

Schedule I (Form 990) 2008

## Page 2

## Page 2

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>SCHOLARSHIPS</b>	<b>933</b>	<b>107,335</b>			
<b>Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.</b>					

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ Attach to Form 990. To be completed by organizations  
that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

**2008****Open To Public  
Inspection**

Name of the organization

**CHILD CARE OF SOUTHWEST FLORIDA, INC**

Employer identification number

**59-6198583****Part I Questions Regarding Compensation****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a**a** Receive a severance payment or change of control payment?**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.****5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**a** The organization?**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**a** The organization?**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008



**Part II** Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Schedule J (Form 990) 2008

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990**▶ Attach to Form 990. To be completed by organizations to provide  
additional information for responses to specific questions for the  
Form 990 or to provide any additional information.

OMB No 1545-0047

**2008****Open to Public  
Inspection****CHILD CARE OF SOUTHWEST FLORIDA, INC**Employer identification number  
**59-6198583****FORM 990, PART I, LINE 6**

**VOLUNTEERS HELP WITH CIRCLES OF CARE ANNUAL CONFERENCE, PAINTING AND  
GARDENING AT CENTERS, READING TO KIDS AND MOVING EQUIPMENT.**

**FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS**

**MANDATED TRAINING CONTRACTS WITH THE FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES TO PROVIDE THE STATE MANDATED  
CLASSES REQUIRED OF FAMILY CHILD CARE HOME PROVIDERS AND  
CHILD CARE CENTER STAFF.**

**PROFESSIONAL DEVELOPMENT OFFERED OPPORTUNITIES FOR EARLY  
CHILDHOOD PROFESSIONALS TO OBTAIN REQUIRED IN-SERVICE  
HOURS AND CEU'S TO MAINTAIN THEIR CREDENTIALS. OUR STAFF  
ALSO PROVIDED WORKSHOPS TO ASSIST CHILD CARE  
PROFESSIONALS IN STAYING CURRENT WITH CHILD CARE TEACHING  
STRATEGIES, PHILOSOPHIES AND TRENDS.**

**FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION  
ORGANIZATION DOES NOT HAVE ANY SUCH COMMITTEES**

**FORM 990, PART VI, LINE 9B - POLICIES AND PROCEDURES GOVERNING CHAPTERS  
THE ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES GOVERNING THE  
ACTVITIES TO ENSURE THEIR OPERATIONS ARE CONSISTENT WITH THE ORGANIZATIONS.**

**FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990  
THE FINANCE COMMITTE WILL REVIEW THE 990. COPIES WILL THEN BE PROVIDED TO**

Name of the organization

CHILD CARE OF SOUTHWEST FLORIDA, INC

Employer identification number

59-6198583

THE OTHER BOARD MEMBERS FOR REVIEW. UPON THE RECOMMENDATION OF THE FINANCE COMMITTEE, THE BOARD WILL VOTE TO ACCEPT THE 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A STATEMENT IS PROVIDED EACH YEAR FOR THE INDIVIDUAL TO READ, SIGN AND DISCLOSE POSSIBLE CONFLICTS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL SALARY IS RESEARCHED AND REVIEWED BY THE CHAIRMAN OF THE BOARD AND APPROVED BY THE FULL BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE CEO RESEARCHES, REVIEWS AND APPROVES THE SALARY.

**SCHEDULE R**  
(Form 990)**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2008****Open to Public Inspection**

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
 ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

CHILD CARE OF SOUTHWEST FLORIDA, INC

Employer identification number  
**59-6198583****Part I Identification of Disregarded Entities**

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
COLLIER CHILD CARE RESOURCES, INC 2400 NORTH TAMiami TRAIL NAPLES FL 34103 26-2646032	WELFARE	FL	429,122	390,740	CHILD CARE

**Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2008

**Part III Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispro- portionate alloc ?		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

[illegible]





Vendor ID	Vendor Name	Tax ID Number	Address	City	State/Pro v	Postal Code	Paid FYE 2009
51071	Brueggen, Rosario Julia	52-2377787	d/b/a Brueggen Family Day Care Home 633 North 9th Street	Immokalee	FL	33934	7,653.53
51077	Cape Child Development Ctr., Inc.	59-0714812	636 Del Prado Blvd	Cape Coral	FL	33990	15,761.55
51098	Christian Playmates Pre School & Day Care, Inc	65-0930157	660 Pine Street	Fort Myers	FL	33916	23,763.23
51134	Denson, Barbara	265-37-1547	4532 25th Court SW	Naples	FL	34116	13,500.86
51247	Health Park Child Dev/LMHS	59-0714812	16150 Rose Rush Court	Fort Myers	FL	33908	22,350.90
51283	Robinson, Lisa	261-67-3327	908 SE 33rd Terrace	Cape Coral	FL	33904	15,410.06
51286	Brown-Johnson, Zebbra Denene	264-63-8958	4523 Luckett Road	Fort Myers	FL	33905	6,403.90
51302	Knight, Darlene FCCH	090-52-8063	2217 45th Street SW	Naples	FL	34116	1,922.47
51320	Lee Memorial Child Dev Center, Inc	59-0714812	2335 Clifford Street	Fort Myers	FL	33901	17,691.68
51326	Ling-Choung, Zila Fatmah	072-84-2650	1078 Whitehead Creek Loop	Fort Myers	FL	33916	1,668.70
51352	Mathews, Janice	267-55-7811	2614 Mango Street	Fort Myers	FL	33916	8,902.54
51364	Marroquin, Mary Ann	265-13-3816	1172 Choctaw Avenue	Labelle	FL	33935	9,970.73
51365	Alvarado, Hemelinda	594-48-2119	3723 7th Street West	Lehigh Acres	FL	33971	5,586.71
51368	Castronova, Katharine	182-38-7704	24438 Nova Lane	Port Charlotte	FL	33980-2709	5,040.04
51372	Enisman, Bertha	156-34-6275	761 Riviera Lane	Port Charlotte	FL	33948	7,733.35
51376	Garrett, Katrina	293-72-9804	810 SE 41st Street	Cape Coral	FL	33904	2,575.45
51379	Heikkila, Bernadette	139-52-4749	3224 Linden Drive	Sarasota	FL	34232	5,696.42
51385	Melendez, Lynn	219-72-5142	151 NE Sherman Avenue	Port Charlotte	FL	33952	5,958.59
51393	Mis' Mary's Day Care, Inc.	65-0452603	1297 Barrett Road	North Fort Myers	FL	33903	23,257.15
51402	Morales, Sonia	121-40-3415	4185 Golden Gate Parkway	Naples	FL	34116	5,476.64
51436	Harvest Christian Academy	59-2086475	200 Lee Boulevard	Lehigh Acres	FL	33936	11,399.87
51448	Kennedy Child Care, Inc	65-0101757	d/b/a Carousel Kiddie Kingdom 1412 SE 16th Place	Cape Coral	FL	33990	28,250.25
51461	Parson, Martha	587-64-7361	2500 Elva Place	Lehigh Acres	FL	33971	2,506.27
51466	Person, Monique	123-34-2727	613 SE 21st Lane	Cape Coral	FL	33990	2,156.47
51525	Rohaley, Angel	266-15-9918	1500 Cambridge Lane	Fort Myers	FL	33919	4,943.54
51560	Skyline Christian Academy	59-2262560	717 Skyline Boulevard	Cape Coral	FL	33991	14,854.57
51576	Chrst Lutheran Church, Inc	59-1464695	d/b/a Special Angels 2911 Del Prado Blvd	Cape Coral	FL	33904	3,060.15
51624	Tolbert, Loeran	264-15-8527	4555 Webber Street	Sarasota	FL	34232	2,879.02
51627	Top Notch Super Kids	22-3774789	2523 SE 15th Place	Cape Coral	FL	33904	19,317.70
51629	Younger Set Child Care	59-1845828	4405 Frankie Court	North Fort Myers	FL	33903	10,372.28
51681	Vickers, Betty	247-90-4364	PO Box 2457	Clewiston	FL	33440	2,968.66
51682	Purcell, Stephanie	382-82-8006	17565 Orleole Road	Fort Myers	FL	33912	5,450.06
51683	Alvarez, Debralee A	575-66-2014	923 SW 25th Street	Cape Coral	FL	33914	4,197.25
51807	Thomas, Barbara J	197-42-4269	1122 Bounds Street	Port Charlotte	FL	33952	3,675.81
51850	Hicks, Valeria	264-59-7242	6297 Demery Circle	Fort Myers	FL	33916	4,588.18
51860	Hands & Hearts Child Care Center	59-2602772	PO Box 2143	Fort Myers	FL	33902	19,161.35
51863	Mother Goose & Friends Daycare	65-0996429	340 South Commercio Street	Clewiston	FL	33440	13,012.39
51899	Dawson, Janice	265-47-3088	1611 Magnolia Avenue	Lehigh Acres	FL	33972	8,058.61
51903	House, Barbara E	61-1568236	PO Box 51583	Fort Myers	FL	33994	678.70
51920	Russ, Kimberly A	296-76-7415	21161 Chatburn Avenue	Port Charlotte	FL	33952	3,957.46
51942	Naples United Church of Christ	59-1555020	d/b/a Precious Cargo Academy 5200 Crayton Road	Naples	FL	34103	534.16
51945	Rodriguez, Lillian	76-0774878	Little Steps Family Care 22456 Laika Avenue	Port Charlotte	FL	33952	9,788.29

52050	Eaddy, Emma	593-05-4317	1614 SE Carnahan Avenue	Arcadia	FL	34266	1,246 15
52057	Palmer Preschool	65-0936271	3808 Seago Lane	Fort Myers	FL	33901	30,985 52
52123	Kendrick, Lois	50-0004350	3257 Canal Street	Fort Myers	FL	33916	11,038 05
52127	Ruiz, Maria	591-19-8275	545 Clifton Street	Immokalee	FL	34142	5,341 41
52134	Alphabet Zoo II, Inc	02-0628000	810 Lafayette Street	Cape Coral	FL	33904	28,797 25
52135	Martinez, Guadalupe	056-52-5262	4818 Lake Trafford Road	Immokalee	FL	34142	4,508 52
52140	Ramirez, Maribel	591-19-9870	3775 23rd Avenue SW	Naples	FL	34117	4,583 89
52151	Rivertale Christian Academy	65-1157032	14801 Palm Beach Boulevard Suite 200	Fort Myers	FL	33905	15,645 16
52152	Vega, Veronica	052-70-9071	Veronica Vega Family Childcare 123 SE 24th Street	Cape Coral	FL	33990	7,761 03
52181	Schickowski, Constance	590-36-6727	1116 SE 33rd Terrace	Cape Coral	FL	33904	1,835 41
52186	Carpenter, Sandra	406-58-5709	4039 Vana Drive	Sarasota	FL	34241	5,083 04
52191	Villagomez, Anabel	592-69-1774	711 6th Street SE	Naples	FL	34117	47.48
52201	Hernandez, Maria	589-23-6724	PO Box 576	Immokalee	FL	34143	5,103 17
52209	Kisil, Donna	027-62-2070	181 Ferris Drive	Port Charlotte	FL	33952	7,156 73
52222	Avila, Maria	459-78-2928	PO Box 1475	Immokalee	FL	34143	3,945 62
52229	Vasquez, Luz	465-77-9708	PO Box 2854	Immokalee	FL	34142	5,571 47
52241	Puente, Sandra	766-14-7995	PO Box 1032	Immokalee	FL	34143	5,662 86
52354	Hearts and Minds, Inc	20-0184447	1487 Bass Lane	Fort Myers	FL	33919	184 55
52380	Andrade, Onelia	768-16-3100	1216 Allegiance Way	Immokalee	FL	34142	2,063.11
52384	Powell, Natasha	594-46-8449	3347 Stella Street	Fort Myers	FL	33916	8,111 34
52410	Gadsden, Edith	263-80-4904	1330 43rd Street	Sarasota	FL	34234	6,389 07
52413	Cifaldi, Melissa	308-86-0697	452 South Drive	Punta Gorda	FL	33950	8,656 52
52414	Lawler, Tina	595-16-2641	349 Millport Street	Port Charlotte	FL	33948	466 57
52532	Gwyn Taylor	26-3995265	d/b/a Gwyn Taylor, Lorraine's CC Center, Inc 425 Valley Drive	Lehigh Acres	FL	33936	28,405 01
52534	Little People Preschool, Inc	20-0337366	2303 SE 15th Place	Cape Coral	FL	33990	44,429.87
52535	Dennett, Deborah	51-0668562	2183 Bragg Court	Port Charlotte	FL	33952	10,267 06
52537	Ferguson, Wanda	267-37-8118	397 Rosemont Drive	Fort Myers	FL	33916	6,022 61
52545	Mantilla, Rosa	77-0634852	dba Precious Moments FCCH 102 Bridle Path	Arcadia	FL	34266	7,262 09
52556	Deshaies, Mary	65-0406174	d/b/a Deshaies Family Child Care Home 4717 Linwood Street	Sarasota	FL	34232	4,924 20
52557	Hollinger, Lisa	594-44-6004	1621 Helvenston Street	North Port	FL	34288	10,902 05
52558	Butler, Jill	346-66-8177	5742 Brooklyn Avenue	Sarasota	FL	34231	7,858 55
52562	Hernandez, Maritza	594-60-4857	761 Weber Boulevard South	Naples	FL	34117	4,693 86
52563	Olivos, Haydee	591-04-4569	2463 Andrews Drive	Naples	FL	34112	1,776 22
52564	Santiago, Delia	591-15-1673	24743 Claire Street	Bonita Springs	FL	34135	3,139 09
52568	Medina, Mary	461-60-3064	PO Box 878	Labelle	FL	33975	8,524 08
52593	Long, Shirley	266-08-4931	3983 Squirrel Hill Court	Fort Myers	FL	33905	6,590 94
52602	Williams, Jacquelyn	262-59-5007	1948 29th Street	Sarasota	FL	34234	6,280 94
52603	Sykes, Karen	261-45-8348	3036 Dixie Avenue	Sarasota	FL	34234	6,966 07
52610	Kim's Happy Time Child Care Inc	20-2800197	c/o Kimberly Dawson PO Box 50879	Fort Myers	FL	33994	11,801 49
52612	Vasallo, Carmen	265-33-7745	1013 New Market Road	Immokalee	FL	34142	5,519 55
52613	Moore, Stacey	260-49-5872	4059 Westminster Drive	Sarasota	FL	34241	5,726.36
52616	Townsend, Sherry	590-22-0875	1221 SE Carnahan Avenue	Arcadia	FL	34266	5,812 97
52633	Faith Academy	59-2506143	6950 Bayshore Road	North Fort Myers	FL	33917	5,134 90
52640	Miller, Rhonda	088-70-2867	201 Delaware Road	Lehigh Acres	FL	33936	969 38

52663	Moreira, Mana	606-50-4441	2252 10th Terrace
52665	Jeanette Talbert Child Care Facility	65-1015479	3328 Thomas Street
52676	Play Care Center Inc.	65-0317104	20101 Welborn Road
52677	Cisnero, Danielle	593-38-7786	2803 32nd Street West
52689	Addison-Campbell, Marcella	265-79-2110	205 Utah Way
52690	Asprea, Cathy	593-91-1340	4010 Hina Drive
52695	Rodriguez, Juana	589-41-6680	2560 29th Avenue NE
52702	Loomis, Chene	362-84-0372	22561 Quaser Blvd
52711	Sealey, Kathleen	072-62-4026	21390 Midway Boulevard
52752	Rosa, Erika Ortiz	583-93-5961	18305 Driggers Avenue
52753	Carmignani, Julie	268-78-7940	3284 Elkcam Boulevard
52761	Morales, Marilyn	20-5335570	d/b/a Bright Beginnings FCC 1422 Maracaibo Street
52763	Figueredo, Juana	768-10-2048	1413 SE 23rd Street
52764	Turner, Ivette	582-33-3707	4480 Apollo Avenue
52768	Medina, Maria	593-74-9294	304 Washington Avenue
52798	Garbaldi, Amelia	121-60-6997	226 Hagan Avenue South
52808	McNulty, Melody	77-0667525	933 Gunby Ave S
52812	Estrella, Maria Gloria	593-31-5719	667 Clifton Rd
52814	Aicardi, Gisella	770-07-4537	2708 NE 2nd Avenue
52815	Fulcher, Tony	20-4148110	d/b/a Dooder Bug Daycare 1393 Mohawk Drive
52816	Bernhardt-Jutgren, Stacie	16-1777576	3103 8th Street West
52823	Jackson, Glynis	11-3728243	dba Jackson Family Daycare 2914 Dunbar Avenue
52824	The Ark of Safety Child Care Center, Inc.	262-57-7298	3337 Michigan Avenue
52829	Thompson, Karen	262-57-7298	dba Thompson Child Care 190 B Road
52830	Pulgarin, Alijandrna	594-01-9361	1401 SE Cherry Drive
52834	Small, Angela	055-52-3972	14531 Cresent Avenue
52841	Font, Debra	266-91-6007	dba Heavenly Love Academy 2517 Second Street
52843	The Learning Chest, Inc		c/o Dana Manning 447 North Lime Avenue
52845	Cattouse, Tonya	51-0630917	Dale's Daycare Family Home 3716 26nd Street W
52847	Calvo, Janet	766-16-3673	3705 7th Street SW
52848	Holbrook, Victoria Erin	593-12-2655	22207 New Rochelle Avenue
52849	Rhines, Jennifer	594-60-6926	2656 Rolling Road
52851	Revette, Bonnie Bailey	20-4559058	dba Bailey Family Home Child Care 26265 Glaspell Road
52852	Tracey, Diane	216-60-6513	23321 Olean Boulevard
52854	Garrett, Carrie	591-82-7996	2263 Alton Road
52856	Valencia, Maria	769-52-9691	4559 Leonard Boulevard South PO Box 112075
52857	Giggles Child Care & Learning Center, LLC	20-5342608	2510 Davis Boulevard
52858	Naples Learning Academy, Inc	432-02-5006	4263 Mundella Circle
52860	McGovern, Roberta	197-42-5132	3321 SW 6th Place
52862	Corcoran, Susan	20-4470957	14801 Palm Beach Blvd #200
52864*	Advanced Learning Academy - East	262-92-9141	2112 Chiquita Blvd
52867	Zamora, Blanca		

Lehigh Acres	FL	33972	3,366 39
Fort Myers	FL	33916	12,884.32
North Fort Myers	FL	33917	12,177.98
Lehigh Acres	FL	33971	782 38
Lehigh Acres	FL	33936	5,618 99
Sarasota	FL	34241	14,382 11
Naples	FL	34120	2,597 22
Port Charlotte	FL	33952	4,191 89
Port Charlotte	FL	33952	5,651 18
Port Charlotte	FL	33948	7,166 52
Port Charlotte	FL	33952	8,180 54
Port Charlotte	FL	33980	3,995 92
Cape Coral	FL	33990	5,486 60
North Port	FL	34288	6,197 28
Immokalee	FL	34142	3,031.16
Lehigh Acres	FL	33974	2,516 29
Lehigh Acres	FL	33974-1711	4,977.39
Immokalee	FL	34142	3,855 30
Cape Coral	FL	33909	5,373 28
Port Charlotte	FL	33952	4,564 75
Lehigh Acres	FL	33971	5,999.37
Fort Myers	FL	33916	6,103 17
Fort Myers	FL	33916	22,589.21
Labelle	FL	33935	5,238.66
Arcadia	FL	34266	5,309 36
Port Charlotte	FL	33953	5,846 34
Fort Myers	FL	33901	13,349 88
Sarasota	FL	34237	103 39
Lehigh Acres	FL	33976	854 22
Lehigh Acres	FL	33971	5,225 79
Port Charlotte	FL	33952	5,460.33
North Port	FL	34288	342 80
Punta Gorda	FL	33955	1,478 26
Port Charlotte	FL	33980	1,644 22
Port Charlotte	FL	33952	3,801.46
Lehigh Acres	FL	33973	710.43
Naples	FL	34108	2,168 33
Naples	FL	34104	14,409 66
Port Charlotte	FL	33948	1,061 37
Cape Coral	FL	33914	3,177 55
Fort Myers	FL	33905	13,746 21
Cape Coral	FL	33993	2,655 70

52869	Moreno, Maitte	149-96-7288	2613 SE 16th Place	Cape Coral	FL	33904	5,751.90
52871	Childrens Home Society Early Education	26-0854949	1940 Maravilla Avenue	Fort Myers	FL	33901	6,778.28
52872	Childrens Home Society Early Education	26-0854949	1940 Maravilla Avenue	Fort Myers	FL	33901	25,359.39
52873	Childrens Home Society Early Education	26-0854949	1940 Maravilla Avenue	Fort Myers	FL	33901	29,693.23
52874	Little Sproutz Preschool, LLC	14-1945247	2674 Martin Luther King Jr Way	Sarasota	FL	34234	33,645.03
52875	Riverwood Preschool & Child Care Center	65-0926092	5016 Riverwood Avenue	Sarasota	FL	34231	9,418.91
52876	Pride & Joy Preschool, Inc	59-3202684	3341 Gocio Road	Sarasota	FL	34234	10,606.75
52877	Horizons Unlimited Christian Academy	14-1879521	1680 18th Street	Sarasota	FL	34234	17,021.71
52878	Unity Academy	20-3696656	10220 West Terry Street	Bonita Springs	FL	34135	22,207.40
52879	Horne, Shenetta	264-45-6505	3983 East Michigan Avenue	Fort Myers	FL	33905	7,989.28
52882	Flores, Sonya	263-99-4731	4066 East Sunflower Circle	Labelle	FL	33935	4,259.77
52885	Little Einstein's Preschool	590-28-8812	520 East Alverde	Clewiston	FL	33440	11,571.82
52886	So Big So Bright, Inc	590-12-5459	2960 South Horseshoe Drive #1000	Naples	FL	34104	6,155.95
52887	Garland, Beth	32-0224313	918 NE 17th Terrace	Cape Coral	FL	33909	3,123.66
52888	A New Beginning Early Child Care Learning Center, LLC	267-23-0302	2452 19th Street	Sarasota	FL	34234	29,242.29
52889	Griffin, Wanda	406-90-2421	1408 Unit HA Avenue	Lakeland	FL	33803	12,188.64
52890	Hartman, Janet	50-0003662	1788 North Torrington Road	Avon Park	FL	33825	4,889.83
52891	Smith, Vanessa		Smith's Family Child Care PO Box 481	Mulberry	FL	33860-0481	8,252.88
52892	Aponte, Jenifer	80-0333468	2921 19th Street SW	Lehigh Acres	FL	33976	5,990.69
52893	Lopez, Ruth	582-49-2697	427 Short Drive	Kissimmee	FL	34759	7,182.78
52894	Boatwright, Marva	267-84-1111	524 Whitehurst Street	Lakeland	FL	33805	5,519.37
52895	Katz, Pamela	214-64-9211	4334 South Pipkin Road	Lakeland	FL	33811	5,070.74
52896	Reese, Patricia	418-78-6678	1101 Edith Avenue	Lakeland	FL	33805	11,986.10
52897	Lopez, Claudia	97-9745114	622 SE 10th Avenue	Cape Coral	FL	33990	3,806.75
52898	Chica, Beatriz	20-4065105	dba Chica Chika Boom Daycare 3033 Park Ridge Avenue	Mulberry	FL	33860	3,444.49
52899	Brown, Demetrice	595-18-4587	308 West 9th Street	Lakeland	FL	33805	14,483.26
52900	Solano, Carol	595-43-5511	540 Elderberry Drive	Davenport	FL	33897	6,812.00
52901	Reyes, Maria	581-55-1280	605 Bittern Court	Kissimmee	FL	34759	1,794.56
52902	Johnson, Dorla	593-55-2633	1069 East Grove Avenue	Lake Wales	FL	33853	2,041.30
52903	Gardner, Kat	161-64-8519	Kat Gardner's Home Daycare, Inc 129 7th JPV Street	Winter Haven	FL	33880	11,122.76
52904	Dessler, Michelle	262-13-2880	544 Norfolk Circle	Lakeland	FL	33801	1,403.52
52906	Evans, Jacqueline	593-66-4832	1432 Glendale Street	Lakeland	FL	33803	8,439.52
52907	Gill, Martha	265-55-7741	P O. Box 2062	Winter Haven	FL	33883	1,738.83
52908	Hodges, Ashley	68-0667687	PO Box 91924	Lakeland	FL	33804	14,315.99
52909	Sensabaugh, Delois	236-60-5074	1598 36th Street NW	Winter Haven	FL	33881	4,037.48
52911	Carlton, Cameal	589-62-2038	4940 Wildflower Drive	Lakeland	FL	33811	16,901.04
52912	Todd, Joan	266-39-9121	185 Bluff Road	Mulberry	FL	33860	2,417.43
52913	Lemire, Sara	593-60-5779	7612 Habersham Drive	Lakeland	FL	33810	4,338.70
52914	Moore, Patricia	261-63-4986	514 West Valencia Street	Lakeland	FL	33805	857.26
52915	Laster, Terr	590-03-4086	207 Normandy Street	Lakeland	FL	33805	8,046.31
52916	Lajoie, Sherie	267-95-0071	235 Harbord Street	Lake Alfred	FL	33850	6,076.17
52917	Hinson, Iris	264-89-0012	PO Box 24452	Lakeland	FL	33802	7,469.15
52918	Spell, Billie	592-42-3612	835 Summer Glen Drive	Winter Haven	FL	33880	1,177.52
52919	Odom, Deborah	261-19-5615	1035 North Ruth Avenue	Lakeland	FL	33805	15,487.23
52920	Wright, Jodi	595-28-5129	213 East Lake Menzie Boulevard	Dundee	FL	33838	5,088.87
52923	Augustine, Schnika	267-91-3503	Ready Set Grow Learning Center 112 Samuel Avenue	Lake Placid	FL	33852	732.00

52924	Green, Eula	262-15-3969	1539 West 7th Street	Lakeland	FL	33805	12,344 22
52925	Brown, Charlene	264-57-7994	620 N Lake Ave Apt #5	Lakeland	FL	33805	4,860.52
52926	McCalpin, Delores	265-96-7756	1140 West 14th Street	Lakeland	FL	33805	5,628 26
52927	Robinson, Shantara	592-05-6232	151 Scottsdale Loop	Lakeland	FL	33803	7,158 54
52928	Hernandez, Karina	583-89-4088	733 Bittern Lane	Kissimmee	FL	34759	7,204 18
52930	Denegali, Myra	80-0187373	PO Box 787	Lakeland	FL	33802	5,504 00
52931	McCullors, Regina	264-85-2412	4712 Muriel Avenue	Sebring	FL	33870	4,332.91
52932	Tirado, Carmen	266-51-9076	1912 Steiner Avenue	Sebring	FL	33870	4,589 46
52934	Harsanyi, Sue	265-62-7935	2028 Crystal Court South	Lakeland	FL	33801	4,851.92
52935	Kopczynski, Aleesha	604-34-2116	21479 Eldred Avenue	Port Charlotte	FL	33952	1,710 20
52936	Spencer, Mary	56-2574841	507 Triumph Drive	Sebring	FL	33872	1,916 25
52937	Simmons, Patricia	261-14-6858	PO Box 91532	Lakeland	FL	33804	4,487 29
52938	Kendrick, Memane	26-2557249	3724 7th Street West	Lehigh Acres	FL	33971	5,652 57
52939	Thomas, Kamisha	41-2273893	1705 Cornell Avenue North	Lehigh Acres	FL	33971	4,664.32
52940	Little Learning Spot, Inc.		546 Lynneda Avenue	Fort Myers	FL	33905	23,128 97
52941	Morning Star Childcare Center, Inc.	87-0784199	23455 Quasar Boulevard	Port Charlotte	FL	33980	20,474 04
52942	Lajoie, Debbie	265-63-3832	608 Sidney Circle	Winter Haven	FL	33880	1,028 00
52943	Young, Teanice	30-0463419	710 N Suwannee Ave	Lakeland	FL	33815-1154	7,372 75
52944	Sims-Broadnax, Rebecca	590-12-6889	1371 Bramblewood Drive	Lakeland	FL	33811	8,207 05
52945	Penka, Renee	207-58-0909	384 Holly Ridge Road	Winter Haven	FL	33880	4,869 00
52946	Creative Kids Connection	20-8554070	126 Tortuga Court	Davenport	FL	33837	4,059 15
52947	Williams, Mary	265-66-8868	1513 Wright Drive	Lakeland	FL	33805	4,486 27
52948	Bel, Latanya	154-74-0954	928 Beech Avenue	Lakeland	FL	33815	11,043 52
52949	Graham, Verna	13-4296909	4220 Sunny Land Drive	Lakeland	FL	33813	13,063 13
52953	Puentes, Zunilda	590-35-3058	607 Pondella Road	North Fort Myers	FL	33903	5,408.17
52954	Dempsey, May	261-85-4867	613 Oregon Avenue	Lakeland	FL	33815	8,292 59
52956	Ramirez, Teotista	076-60-5926	302 W Daughtery Road	Lakeland	FL	33809	3,550 31
52957	McCann, Thelma	428-94-5325	1416 North Alameda Drive	Lakeland	FL	33805	4,901.21
52958	Marshall, Melissa	371-90-4253	2910 Beeville Avenue	North Port	FL	34286	4,913 23
52960	Gonzales, Vera	265-61-3043	633 Cypress Street	Wauchula	FL	33873	6,424.71
52961	Vargas, Alma	630-03-7500	Vargas Child Care Home 499 Cypress Street	Wauchula	FL	33873	7,147 36
52962	Velasquez, Sandra	595-70-4978	PO Box 1385	Bowling Green	FL	33834	4,607 94
52964	Andino, Anay	767-20-4224	82 Horton Circle	Sarasota	FL	34232	3,757 59
52965	Lee, Beverly		3775 Old Bradenton Road	Sarasota	FL	34234	124 07
52966	Willis, Amanda	261-91-5031	16381 Wildcat Drive	Fort Myers	FL	33913	1,036 50
52967	Pumpkin Patch Preschool	59-6000539	Charlotte County Public Schools 18150 Murdock Circle	Port Charlotte	FL	33948	4,690 36
52968	Smallville Preschool, Inc.		420 Del Prado Boulevard North	Cape Coral	FL	33909	29,700 90
52969	Windmill Creek Academy, LLC		2682 South Horseshoe Court	Naples	FL	34104	17,715 43
52971	Blocker, Lois	263-43-9108	1531 Mary Lee Street	Lake Wales	FL	33853	2,171 48
52972	Morris, Bridget	592-09-2399	P.O. Box 24346	Lakeland	FL	33802	7,868 32
52973	Rogers, Nannette	267-91-6416	1666 Blossom Circle East	Lakeland	FL	33805	6,419 71
52975	Gardner, Ruby	05-0579219	P.O. Box 1011	Lake Wales	FL	33859	4,088 03
52976	Hearn, Betty	237-64-9557	1170 Mcleod Street	Bartow	FL	33830	2,328 70
52977	Skinner, Susan	263-27-6323	142 Acuff Road S	Lake Wales	FL	33859	3,162 18
52978	Watson, Debrah	266-08-0122	1390 West Clower Street	Bartow	FL	33830-6869	3,422 74
52979	Gwinn, Tracey	595-05-4132	1847 Oakland Park Drive	Lake Wales	FL	33898	5,602.43
52980	West, Vivian	263-27-4793	422 Marietta Street	Lake Wales	FL	33853	2,754 09
52981	Bryan, Wanda B	263-33-5519	1125 Cepha Street	Lake Wales	FL	33853	3,287.58



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization	Employer identification number
	<b>CHILD CARE OF SOUTHWEST FLORIDA, IN</b>	<b>59-6198583</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>4315 METRO PARKWAY 400</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>FORT MYERS FL 33916</b>	

**Check type of return to be filed** (File a separate application for each return)

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **LORA MCCANN**

Telephone No **239-425-1018**

FAX No

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

for the whole group, check this box ☐

If it is for part of the group, check this box ☐

If this is

☐ and attach a

list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until **5/15/10**
- 5 For calendar year **2009**, or other tax year beginning **7/01/08**, and ending **6/30/09**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b>	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title

Date **2/09/10**

Form **8868** (Rev 4-2009)