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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2010</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011</b>			
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization CHILD CARE OF SOUTHWEST FLORIDA INC		<b>D</b> Employer identification number 59-6198583
	Doing Business As		<b>E</b> Telephone number (239) 278-1002
	Number and street (or P O box if mail is not delivered to street address) 6831 PALISADES PARK COURT ROOM/SUITE 6	Room/suite	<b>G</b> Gross receipts \$ 6,943,604
	City or town, state or country, and ZIP + 4 FORT MYERS, FL 33912		
	<b>F</b> Name and address of principal officer BETH LOBDELL 6831 PALISADES PARK COURT 6 FORT MYERS, FL 33912		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ WWW.CCSWFL.ORG			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1967	<b>M</b> State of legal domicile FL

Part I		Summary		
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <b>TO STRENGTHEN AND ENHANCE THE LIVES OF CHILDREN AND THEIR FAMILIES</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	9	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	9	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . .	<b>5</b>	157	
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	405	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . .		<b>7a</b>	0	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . .		<b>7b</b>		
Revenue			<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	5,483,360	5,933,696
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	1,047,218	980,236
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-276,489	4,203
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,369	25,469
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	6,272,458	6,943,604
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	2,460,818	2,778,278
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,890,859	3,107,540
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>2,047</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	1,252,290	1,230,680
	<b>18</b>	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,603,967	7,116,498
	<b>19</b>	Revenue less expenses Subtract line 18 from line 12 . . . . .	-331,509	-172,894
	Net Assets or Fund Balances			<b>Beginning of Current Year</b>
<b>20</b>		Total assets (Part X, line 16) . . . . .	2,301,035	2,094,809
<b>21</b>		Total liabilities (Part X, line 26) . . . . .	651,482	618,147
<b>22</b>		Net assets or fund balances Subtract line 21 from line 20 . . . . .	1,649,553	1,476,662

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	<div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>BETH LOBDELL EXECUTIVE DIRECTOR</div> <div>Type or print name and title</div> </div>
	<div>2011-12-19</div> <div>Date</div>
Paid Preparer Use Only	<div> <div>Print/Type preparer's name</div> <div>JOHN STROEMER CPA CFST CAM GRI</div> </div> <div> <div>Preparer's signature</div> <div>JOHN STROEMER CPA CFST CAM GRI</div> </div> <div> <div>Date</div> <div>2011-12-20</div> </div> <div> <div>Check if self-employed</div> <div><input checked="" type="checkbox"/></div> </div> <div> <div>PTIN</div> <div></div> </div>
	<div> <div>Firm's name</div> <div>STROEMER &amp; COMPANY</div> </div> <div> <div>Firm's EIN</div> <div></div> </div>
	<div> <div>Firm's address</div> <div>14030 METROPOLIS AVE STE 200 FORT MYERS, FL 33912</div> </div> <div> <div>Phone no</div> <div>(239) 433-1002</div> </div>
<div>May the IRS discuss this return with the preparer shown above? (see instructions)</div> <div> <input type="checkbox"/> Yes           <input checked="" type="checkbox"/> No         </div>	

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

TO STRENGTHEN AND ENHANCE THE LIVES OF CHILDREN AND THEIR FAMILIES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes

checked

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

checked

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 \$ 3,032,231 including grants of \$ ) (Revenue \$ 829,066 )

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 APPROXIMATELY 750 CHILDREN IN FYE JUNE 30, 2010

4b

(Code ) (Expenses \$ 3,290,523 including grants of \$ 2,778,278 ) (Revenue \$ )

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

4c

(Code ) (Expenses \$ 110,821 including grants of \$ ) (Revenue \$ 180,842 )

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

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 10,867 including grants of \$ ) (Revenue \$ )

4e

Total program service expenses \$ 6,444,442

Form 990 (2010)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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.		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV.		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

<b>Part V</b> <b>Statements Regarding Other IRS Filings and Tax Compliance</b>			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		<b>Yes</b>	<b>No</b>
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b>	268
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>	0
<b>c</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>	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	<b>2a</b>	157
<b>b</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 (see instructions).	<b>2b</b>	Yes
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	No
<b>b</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>	No
<b>b</b>	If "Yes," enter the name of the foreign country: _____ See instructions for 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>	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	<b>6a</b>	No
<b>b</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>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</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>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>	
<b>b</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>a</b>	Gross income from members or shareholders.	<b>11a</b>	
<b>b</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>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand.	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>	

Part VI

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? . . . . .	10a		No
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? . . . . .	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	12c	Yes	
13	Does the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Does the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .			
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
b	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	15b	Yes	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
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? . . . . .	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ BETH LOBDELL 6831 PALISADES PARK COURT SUITE 6 FORT MYERS, FL 33912 (239) 278-1002

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) DAN GRIFFIN DIRECTOR	2.00	X						0	0	0
(2) E DALE KORZEC CHARIMAN	2.00	X		X				0	0	0
(3) JACK EISENGA TREASURER	2.00	X		X				0	0	0
(4) JESSICA ANDERSON DIRECTOR	2.00	X						0	0	0
(5) JOHN MILLER DIRECTOR	2.00	X						0	0	0
(6) JUDITH PASKVAN DIRECTOR	2.00	X						0	0	0
(7) KAREN MILLER SECRETARY	2.00	X		X				0	0	0
(8) SCOTT ROBERTSON VICE-CHAIR	2.00	X		X				0	0	0
(9) SHERNETTE ATKINSON DIRECTOR	2.00	X						0	0	0
(10) BETH LOBDELL PRESIDENT/CE	40.00			X				81,951	0	3,329



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	81,951		3,329

**2** Total number of individuals (including but not limited to those \$100,000 in reportable compensation from the organization) ▶

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

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

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			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	90,600					
	b	Membership dues . . . . .	1b						
	c	Fundraising events . . . . .	1c						
	d	Related organizations . . . . .	1d						
	e	Government grants (contributions)	1e	4,003,159					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,839,937					
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f . . . . .		5,933,696					
	Program Service Revenue			Business Code					
2a		PROGRAM FEES		799,394	799,394				
b		TRAINING CLASSES & WORKSHOP		180,842	180,842				
c									
d									
e									
f		All other program service revenue							
g		Total. Add lines 2a-2f . . . . .		980,236					
Other Revenue		3	Investment income (including dividends, interest and other similar amounts) . . . . .		4,203			4,203	
	4	Income from investment of tax-exempt bond proceeds . . .							
	5	Royalties . . . . .							
	6a	(i) Real		(ii) Personal					
		6,000							
		6,000							
	b	Less rental expenses			6,000	6,000			
	c	Rental income or (loss)							
	d	Net rental income or (loss) . . . . .							
	7a	(i) Securities		(ii) Other					
	b	Less cost or other basis and sales expenses							
	c	Gain or (loss)							
	d	Net gain or (loss) . . . . .							
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .							
		a							
		b	Less direct expenses . . . . .						
c	Net income or (loss) from fundraising events . . .								
9a	Gross income from gaming activities See Part IV, line 19 . . .								
	b	Less direct expenses . . . . .							
	c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances . . . . .								
	a								
	b	Less cost of goods sold . . . . .							
c	Net income or (loss) from sales of inventory . . .								
Miscellaneous Revenue		Business Code							
11a	MISCELLANEOUS		17,189						
b	VARIOUS SMALL EVENTS		2,280						
c									
d	All other revenue . . . . .								
e	Total. Add lines 11a-11d . . . . .		19,469						
12	Total revenue. See Instructions . . . . .		6,943,604	986,236		23,672			

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	2,778,278	2,778,278		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
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 . . . . .	87,128	21,782	65,346	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	2,487,170	2,260,801	226,369	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	348,060	314,412	33,648	
10	Payroll taxes . . . . .	185,182	162,941	22,241	
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .	1,756		1,756	
c	Accounting . . . . .	38,798	20,830	17,968	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	112,312	24,365	87,947	
12	Advertising and promotion . . . . .	78,022	8,984	69,038	
13	Office expenses . . . . .	126,251	89,768	34,436	2,047
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	358,897	311,356	47,541	
17	Travel . . . . .	37,990	32,190	5,800	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	6,748	6,067	681	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	82,034	53,595	28,439	
23	Insurance . . . . .	76,104	64,518	11,586	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	FOOD AND SUPPLIES	237,247	236,415	832	
b	INSTRUCTIONAL EXPENSES	74,521	58,140	16,381	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	7,116,498	6,444,442	670,009	2,047
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	167,266
	2	Savings and temporary cash investments . . . . .			393,820	2	159,515
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			593,924	4	545,371
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			101,616	9	65,030
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	2,005,750			
	b	Less: accumulated depreciation . . . . .	10b	848,123	1,211,675	10c	1,157,627
	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	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			2,301,035	16	2,094,809	
Liabilities	17	Accounts payable and accrued expenses . . . . .			463,479	17	467,227
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			30,955	19	2,093
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial 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 . . . . .			138,208	23	134,099
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			18,840	24	14,728
	25	Other liabilities. Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			651,482	26	618,147
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			824,553	27	651,662
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .			825,000	29	825,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			1,649,553	33	1,476,662
	34	Total liabilities and net assets/fund balances . . . . .			2,301,035	34	2,094,809

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	6,943,604
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,116,498
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-172,894
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,649,553
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	3
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	1,476,662

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII ☐

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
CHILD CARE OF SOUTHWEST FLORIDAINC

Employer identification number  
59-6198583

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

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

10

☐

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

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
(ii) a family member of a person described in (i) above?  
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	36,303,612	4,564,945	5,597,299	5,483,360	5,933,696	57,882,912
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	36,303,612	4,564,945	5,597,299	5,483,360	5,933,696	57,882,912
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						57,882,912

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	36,303,612	4,564,945	5,597,299	5,483,360	5,933,696	57,882,912
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	198,559	113,383	124,918	6,833	4,203	447,896
9 Net income from unrelated business activities, whether or not the business is regularly carried on				17,369	18,469	35,838
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	222,572	104,384	25,036			351,992
11 Total support (Add lines 7 through 10)						58,718,638
12 Gross receipts from related activities, etc (See instructions )					12	986,236
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	98.580 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98.540 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> 						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
b 33 1/3% support tests—2009. 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 <b>stop here</b> . 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	10,867 including grants of \$	) (Revenue \$
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			

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> CHILD CARE OF SOUTHWEST FLORIDA INC	<b>Employer identification number</b> 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? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area <input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</div>											
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

Escrow and Custodial Arrangements. Complete if the 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes☒ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the 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 . . . . .	23,107	19,966			
b Contributions . . . . .					
c Investment earnings or losses . . . . .	4,498	3,685			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .	600	544			
g End of year balance . . . . .	27,005	23,107			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

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 . . . . .

3a(i)

Yes

No

3a(ii)

No

b

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

3b

No

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) Accumulated depreciation	(d) Book value
1a Land . . . . .	35,000			35,000
b Buildings . . . . .	1,132,598		367,790	764,808
c Leasehold improvements . . . . .	319,763		53,517	266,246
d Equipment . . . . .	518,389		426,816	91,573
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,157,627



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	6,943,604
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,116,498
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-172,894
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	3
9	Total adjustments (net) Add lines 4 - 8	9	3
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-172,891

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	6,937,604
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	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	6,937,604
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	6,000
c	Add lines 4a and 4b . . . . .	4c	6,000
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	6,943,604

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	7,110,495
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	
3	Subtract line 2e from line 1 . . . . .	3	7,110,495
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	6,003
c	Add lines 4a and 4b . . . . .	4c	6,003
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	7,116,498

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	RENTAL INCOME -6,000 RENTAL INCOME 6,000 ROUNING 3
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	RENTAL INCOME 6,000
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	RENTAL INCOME 6,000 ROUNING 3

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number  
59-6198583

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

▶

3

Enter total number of other organizations . . . . .

▶

2778278

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 59-6198583

Name: CHILD CARE OF SOUTHWEST FLORIDA INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DISCOVERY DAY ACADEMY INC180 BASILAN CRESCENT CLEWISTON, FL 33440	20-5736327		34,058				
DISCOVERY DAY INFANTS INC180 BASILAN CRESCENT CLEWISTON, FL 33440	20-5736327		7,992				
LITTLE DISCIPLES LEARNING CENTERPO BOX 1297 CLEWISTON, FL 33440			9,959				
LITTLE EINSTEIN'S PRESCHOOL520 EAST ALVERDEZ CLEWISTON, FL 33440			18,425				
HEAVENLY KIDS CHRISTIAN ACADEMY 2605 SUNSHINE DRIVE SOUTH LAKELAND, FL 33801	27-2757468		11,191				
WILLIAMS CHRISTINE2722 ALDINE CIRCLE LAKELAND, FL 33801			10,305				
MORRIS BRIDGETPO BOX 24346 LAKELAND, FL 33802			7,100				
GRIFFIN WANDA1408 UNIT HA AVENUE LAKELAND, FL 33803			10,984				
BOATWRIGHT MARVA524 WHITEHURST STREET LAKELAND, FL 33805			6,786				
BROWN DEMETRICE1215 ROBERT KING HIGH DRIVE LAKELAND, FL 33805			13,331				
GREEN EULA1539 WEST 7TH STREET LAKELAND, FL 33805			11,066				
HEAD OF THE CLASS LEARNING CENTER1836 KATHLEEN ROAD LAKELAND, FL 33805	20-5451930		35,008				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LASTER TERRI207 NORMANDY STREET LAKELAND,FL 33805			6,831				
MCCANN THELMA1416 NORTH ALAMEDA DRIVE LAKELAND,FL 33805			9,413				
ODOM DEBORAH1035 NORTH RUTH AVENUE LAKELAND,FL 33805			13,465				
REESE PATRICIA1101 EDITH AVENUE LAKELAND,FL 33805			9,684				
ROGERS NANNETTE1666 BLOSSOM CIRCLE EAST LAKELAND,FL 33805			18,827				
BRENDA'S LITTLE HELPERS 345 VALLEJO COURT LAKELAND,FL 33809	26-1640141		75,122				
KARING 4 KIDS LEARNING CENTER2815 DUNHILL CIRCLE LAKELAND,FL 33810	27-0148948		16,560				
ROSS SHARON5466 MORGAN ROAD LAKELAND,FL 33810			6,177				
KATZ PAMELA4334 SOUTH PIPKIN ROAD LAKELAND,FL 33811			5,379				
GRAHAM VERNA4220 SUNNY LAND DRIVE LAKELAND,FL 33813	13-4296909		11,199				
ROBINSON SHANTARA 5815 SCOTLAKE RD LAKELAND,FL 33813			8,325				
SOUTHSIDE LEARNING CENTER INC4820 CLEVELAND HEIGHTS BLVD LAKELAND,FL 33813			28,754				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BELL LATANYA928 BEECH AVENUE LAKELAND,FL 33815			15,242				
DEMPSEY MAY613 OREGON AVENUE LAKELAND,FL 33815			8,153				
DESHUN HENDERSON1201 OAKHILL STREET LAKELAND,FL 33815			5,701				
HA-WILSON AGNES603 ARAPAHOE AVENUE LAKELAND,FL 33815			5,913				
YOUNG TEANICE710 N SUWANNEE AVE LAKELAND,FL 33815	30-0463419		9,034				
SHELBY STREET STATION INC107 SHELBY STREET AUBURNDALE,FL 33823			21,394				
THE BRIGHTEST MINDS ACADEMY BARTOW1150 MARTIN LUTHER KING BLVD BARTOW,FL 33830			33,648				
WATSON DEBRAH1390 WEST CLOWER STREET BARTOW,FL 33830			5,999				
WRIGHT JODI308 7TH ST DUNDEE,FL 33838			5,027				
EAGLE LAKE CHRISTIAN PRESCHOOL INC670 N EAGLE DRIVE EAGLE LAKE,FL 33839			7,156				
COLEMAN LUENETTIE1211 TEMPLE COURT HAINES CITY,FL 33844			5,930				
HEAVENLY HELPER CHRISTIAN ACADEMY225 N 14TH ST HAINES CITY,FL 33844	26-2881341		27,026				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BRYAN WANDA B1125 CEPHIA STREET LAKE WALES,FL 33853			5,495				
FARRER PEGGY4824 BENTON STREET LAKE WALES,FL 33859			9,444				
SKINNER SUSAN142 ACUFF ROAD S LAKE WALES,FL 33859			5,164				
CHICA BEATRIZDBA CHICA CHIKA BOOM DAYCARE3033 P MULBERRY,FL 33860	20-4065105		5,560				
U AND ME ACTIVITY & LEARNING CENTER2170 LAKEVIEW DRIVE SEBRING,FL 33870			40,296				
U AND ME ACTIVITY & LEARNING CENTER4555 SUN N LAKES BLVD SEBRING,FL 33872			19,978				
VARGAS ALMAVARGAS CHILD CARE HOME499 CYPRESS WAUCHULA,FL 33873			5,700				
CARROLL NYLIA109 5TH JPV STREET WINTER HAVEN,FL 33880			15,446				
FULLER ANGELA236 24TH STREET SW WINTER HAVEN,FL 33880			5,701				
GARDNER KATKAT GARDNERS HOME DAYCARE INC12 WINTER HAVEN,FL 33880			11,689				
A'KELYNN'S ANGELS LEARNING CENTER800 HAVENDALE BLVD NW WINTER HAVEN,FL 33881	61-1563585		30,413				
SENSABAUGH DELOIS 1598 36TH STREET NW WINTER HAVEN,FL 33881			8,124				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SMITH CYNTHIA L2500 BUCKEYE LOOP ROAD WINTER HAVEN, FL 33881			5,133				
GILL MARTHAPO BOX 2062 WINTER HAVEN, FL 33883			6,244				
SOLANO CAROL205 WOODLARK DR DAVENPORT, FL 33897			6,057				
GWINN TRACEY1847 OAKLAND PARK DRIVE LAKE WALES, FL 33898			9,321				
CHILDRENS HOME SOCIETY EARLY EDUCAT 1940 MARAVILLA AVENUE FORT MYERS, FL 33901	26-0854949		66,774				
FIRST BASE CHRISTIAN ACADEMY2438 SECOND STREET FORT MYERS, FL 33901	74-3183504		16,135				
FONT DEBRADBA HEAVENLY LOVE ACADEMY2517 SECO FORT MYERS, FL 33901			6,439				
LEE MEMORIAL CHILD DEV CENTER INC2335 CLIFFORD STREET FORT MYERS, FL 33901	59-0714812		26,650				
PALMER PRESCHOOL3808 SEAGO LANE FORT MYERS, FL 33901	65-0936271		54,650				
PROMISELAND PRESCHOOL AND LEARNING3500 FOWLER STREET FORT MYERS, FL 33901	65-0937140		8,251				
SMALL TOWN CHILD DEVELOPMENT CENTER 3596 EVANS AVENUE FORT MYERS, FL 33901	35-2343490		14,139				
COMMUNITY MONTESSORI PO BOX 2143 FORT MYERS, FL 33902	59-2602772		24,619				

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MIS' MARY'S DAY CARE INC1297 BARRETT ROAD FORT MYERS, FL 33903	65-0452603		28,500				
PUNTES ZUNILDA607 PONDELLA ROAD FORT MYERS, FL 33903			5,331				
YOUNGER SET CHILD CARE4405 FRANKIE COURT FORT MYERS, FL 33903	59-1845828		17,843				
ALPHABET ZOO II INC810 LAFAYETTE STREET CAPE CORAL, FL 33904	02-0628000		24,388				
CHRIST LUTHERAN CHURCH INC D/B/A SPECIAL ANGELS2911 DEL PRADO CAPE CORAL, FL 33904	59-1464695		9,943				
GARRETT KATRINA810 SE 41ST STREET CAPE CORAL, FL 33904			6,057				
ROBINSON LISA908 SE 33RD TERRACE CAPE CORAL, FL 33904			14,613				
TOP NOTCH SUPER KIDS 2523 SE 15TH PLACE CAPE CORAL, FL 33904	22-3774789		7,238				
BROWN-JOHNSON ZEBBRA DENENE4523 LUCKETT ROAD FORT MYERS, FL 33905			8,521				
DONITA STILLMAN839 JARMILLA LN FORT MYERS, FL 33905			5,568				
HORNE SHENETTA3983 EAST MICHIGAN AVENUE FORT MYERS, FL 33905			9,304				
LITTLE LEARNING SPOT INC546 LYNNEDA AVENUE FORT MYERS, FL 33905			27,704				

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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LONG SHIRLEY3983 SQUIRREL HILL COURT FORT MYERS,FL 33905			10,475				
MOTHER'S DAY CAR CENTER INC1035 WINDSOR DR FORT MYERS,FL 33905	32-0302268		7,572				
PRESTON LAUREEN352 LOUISE AVE FORT MYERS,FL 33905			5,215				
RIVERDALE LEARNING ACADEMY INC14801 PALM BEACH BLVD SUITE 100 FORT MYERS,FL 33905			21,300				
HEALTH PARK CHILD DEVL MHS16150 ROSE RUSH COURT FORT MYERS,FL 33908	59-0714812		24,357				
PEPPERMINT TREE PRESCHOOL & CHILDCA 14500 OCEAN BLUFF DRIVE FORT MYERS,FL 33908	65-0674953		32,031				
SMALLVILLE PRESCHOOL INC420 DEL PRADO BOULEVARD NORTH CAPE CORAL,FL 33909			34,980				
REDEEMER EVANGELICAL LUTHERAN CHURCPO BOX 7823 FORT MYERS,FL 33911			95,585				
ALVAREZ DEBRALEE A923 SW 25TH STREET CAPE CORAL,FL 33914			5,019				
CHRISTIAN PLAYMATES PRE SCHOOL & DA660 PINE STREET FORT MYERS,FL 33916	65-0930157		28,051				
JACKSON GLYNISDBA JACKSON FAMILY DAYCARE2914 DUN FORT MYERS,FL 33916	11-3728243		5,068				
KENDRICK LOIS3257 CANAL STREET FORT MYERS,FL 33916	50-0004350		10,409				

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MATTHEWS JANICE2614 MANGO STREET FORT MYERS,FL 33916			9,766				
POWELL NATASHA3347 STELLA STREET FORT MYERS,FL 33916			9,291				
THE ARK OF SAFETY CHILD CARE CENTER3696 DR MARTIN LUTHER KING JR BLVD FORT MYERS,FL 33916			42,147				
ADVANCED LEARNING ACADEMY1012 DONALD ROAD FORT MYERS,FL 33917	27-0659272		24,713				
ROHALEY ANGEL1500 CAMBRIDGE LANE FORT MYERS,FL 33919			5,152				
BRUEGGEN ROSARIO JULIAD/B/A BRUEGGEN FAMILY DAY CARE HOME IMMOKALEE,FL 33934	52-2377787		8,195				
MARROQUIN MARY ANN 1172 CHOCTAW AVENUE LABELLE,FL 33935			11,060				
ADDISON-CAMPBELL MARCELLA205 UTAH WAY LEHIGH ACRES,FL 33936			5,732				
GWYN TAYLORD/B/A GWYN TAYLOR LORRAINES CC CE LEHIGH ACRES,FL 33936	26-3995265		19,569				
ERISMAN BERTHA761 RIVIERA LANE PORT CHARLOTTE,FL 33948			6,394				
ROSA ERIKA ORTIZ18305 DRIGGERS AVENUE PORT CHARLOTTE,FL 33948			5,514				
CARMIGNANI JULIE3284 ELKCAM BOULEVARD PORT CHARLOTTE,FL 33952			8,491				



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DENNETT DEBORAH2183 BRAGG COURT PORT CHARLOTTE, FL 33952	51-0668562		9,908				
HOLBROOK VICTORIA ERIN22207 NEW ROCHELLE AVENUE PORT CHARLOTTE, FL 33952			5,355				
KISIL DONNA181 FERRIS DRIVE PORT CHARLOTTE, FL 33952			6,853				
LOOMIS CHERIE22561 QUASER BLVD PORT CHARLOTTE, FL 33952			5,156				
MELENDEZ LYNN151 NE SHERMAN AVENUE PORT CHARLOTTE, FL 33952			6,840				
RODRIGUEZ LILLIAN LITTLE STEPS FAMILY CARE22456 LAIK PORT CHARLOTTE, FL 33952	76-0774878		9,319				
SEALEY KATHLEEN21390 MIDWAY BOULEVARD PORT CHARLOTTE, FL 33952			5,839				
LEIGH ACKEN3163 IVERSON ST PORT CHARLOTTE, FL 33952			6,199				
SMALL ANGELA14531 CRESENT AVENUE PORT CHARLOTTE, FL 33953			5,386				
MILADIS RODRIGUEZ2904 GENE AVE NORTH LEHIGH ACRES,FL 33971			6,437				
ALVARADO HERMELINDA 3723 7TH STREET WEST LEHIGH ACRES,FL 33971			5,781				
BERNHARDT-JUTGREN STACIE3103 8TH STREET WEST LEHIGH ACRES,FL 33971	16-1777576		5,939				

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CALVO JANET3705 7TH STREET SW LEHIGH ACRES,FL 33971			5,878				
DIAZ PILAR2420 CHRISTOPHER AVENUE LEHIGH ACRES,FL 33971			5,604				
KIM'S HAPPY TIME CHILD CARE INCC/O KIMBERLY DAWSON3403 27TH ST W LEHIGH ACRES,FL 33971	20-2800197		13,976				
THOMAS KAMISHA1705 CORNELL AVENUE NORTH LEHIGH ACRES,FL 33971	41-2273893		5,931				
DAWSON JANICE1611 MAGNOLIA AVENUE LEHIGH ACRES,FL 33972			6,858				
NEW LIFE ASSEMBLY OF GOD5146 LEONARD BLVD S LEHIGH ACRES,FL 33973			42,633				
MCNULTY MELODY933 GUNBY AVE S LEHIGH ACRES,FL 33974	77-0667525		5,209				
APONTE JENIFER2921 19TH STREET SW LEHIGH ACRES,FL 33976	80-0333468		8,953				
LEMES YUSIMY3808 33RD STREET SW LEHIGH ACRES,FL 33976			6,017				
COLON DAISYDBA NEW HORIZON FCC23455 ARLO AVEN PORT CHARLOTTE,FL 33980			5,434				
MORALES MARILYND/B/A BRIGHT BEGINNINGS FCC1422 MA PORT CHARLOTTE,FL 33980	20-5335570		5,390				
MORNING STAR CHILDCARE CENTER INC 23455 QUASAR BOULEVARD PORT CHARLOTTE,FL 33980	87-0784199		39,893				

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CAPE CHILD DEVELOPMENT CTR INC 636 DEL PRADO BLVD CAPE CORAL, FL 33990	59-0714812		18,339				
FIGUEREDO JUANA1413 SE 23RD STREET CAPE CORAL, FL 33990			7,309				
KENNEDY CHILD CARE INC D/B/A CAROUSEL KIDDIE KINGDOM1412 CAPE CORAL, FL 33990	65-0101757		24,945				
LITTLE PEOPLE PRESCHOOL INC2303 SE 15TH PLACE CAPE CORAL, FL 33990	20-0337366		30,595				
SONRISE ACADEMY INC 917 NE 7TH STREET CAPE CORAL, FL 33990	65-0795261		21,894				
VEGA VERONICA VERONICA VEGA FAMILY CHILDCARE123 CAPE CORAL, FL 33990			7,523				
WELLINGTON ACADEMY LLC1024 SE 10TH STREET CAPE CORAL, FL 33990	27-1906986		18,054				
CAPE CHRISTIAN FELLOWSHIPD/B/A CAPE CHRISTIAN PRESCHOOL2110 CAPE CORAL, FL 33991	65-0098788		20,494				
SKYLINE CHRISTIAN ACADEMY717 SKYLINE BOULEVARD CAPE CORAL, FL 33991	59-2262560		17,704				
COLLIER CHILD CARE RESOURCES INC2400 TAMIAMI TRAIL SUITE 303 NAPLES, FL 34103			39,886				
AMAZING KIDS PRESCHOOL2510 DAVIS BLVD NAPLES, FL 34104			11,301				
NAPLES LEARNING ACADEMY INC2510 DAVIS BOULEVARD NAPLES, FL 34104	20-5342608		9,629				

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ANA ZAMORA DBA ANA'S LITTLE ANGELS2400 KIRKWOOD AVE NAPLES, FL 34112			20,820				
DENSON BARBARA4532 25TH COURT SW NAPLES, FL 34116			12,928				
HERNANDEZ MARITZA761 WEBER BOULEVARD SOUTH NAPLES, FL 34117			5,579				
RAMIREZ MARIBEL3775 23RD AVENUE SW NAPLES, FL 34117			5,630				
A LEARNING CENTER OF HOPE25999 OLD 41 ROAD BONITA SPRINGS, FL 34135	65-0416851		28,419				
EDUCARE ACADEMY AND CHILD CARE10220 WEST TERRY STREET BONITA SPRINGS, FL 34135	27-1417799		10,997				
RUIZ MARIA545 CLIFTON STREET IMMOKALEE, FL 34142			5,755				
VASQUEZ LUZPO BOX 2854 IMMOKALEE, FL 34142			5,229				
A NEW BEGINNING EARLY CHILD CARE LEPO BOX 1363 SARASOTA, FL 34230	32-0224313		53,961				
RIVERWOOD PRESCHOOL & CHILD CARE CE5016 RIVERWOOD AVENUE SARASOTA, FL 34231	65-0926092		9,364				
ANDINO ANAY82 HORTON CIRCLE SARASOTA, FL 34232			8,532				
DESHAIES MARYD/B/A DESHAIES FAMILY CHILD CARE HO SARASOTA, FL 34232	65-0406174		5,514				

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HEIKKILA BERNADETTE 3224 LINDEN DRIVE SARASOTA,FL 34232			6,156				
OCASIO DAISY5235 INDIAN MOUND STREET SARASOTA,FL 34232			10,715				
BEAUTIFUL BLESSINGS EARLY LEARN1609 10TH STREET SARASOTA,FL 34234	42-1749321		59,509				
GADSDEN EDITH1330 43RD STREET SARASOTA,FL 34234			7,182				
HORIZONS UNLIMITED CHRISTIAN ACADEM1680 18TH STREET SARASOTA,FL 34234	14-1879521		20,841				
LITTLE SPROUTZ PRESCHOOL LLC2674 MARTIN LUTHER KING JR WAY SARASOTA,FL 34234	14-1945247		28,759				
SYKES KAREN3036 DIXIE AVENUE SARASOTA,FL 34234			7,162				
WILLIAMS JACQUELYN 1948 29TH STREET SARASOTA,FL 34234			5,884				
OCASIO CINTHYAD/B/A ANGELS FRIENDS CHILD DEVELOP SARASOTA,FL 34237			7,227				
ASPREA CATHY4010 HINA DRIVE SARASOTA,FL 34241			15,801				
BALDERAS PERLA1893 SE HARGRAVE STREET ARCADIA,FL 34266			5,375				
MANTILLA ROSADBA PRECIOUS MOMENTS FCCH102 BRIDL ARCADIA,FL 34266	77-0634852		8,766				

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PULGARIN ALIJANDRINA 1401 SE CHERRY DRIVE ARCADIA,FL 34266			5,714				
TOWNSEND SHERRY1221 SE CARNAHAN AVENUE ARCADIA,FL 34266			6,981				
HOLLINGER LISA1621 HELVENSTON STREET NORTH PORT,FL 34288			15,705				
TURNER IVETTE4480 APOLLO AVENUE NORTH PORT,FL 34288			7,417				
HERNANDEZ KARINA733 BITTERN LANE KISSIMMEE,FL 34759			13,483				
LOPEZ RUTH427 SHORT DRIVE KISSIMMEE,FL 34759			9,856				
PERALTA SYLVIA522 BASIL COURT KISSIMMEE,FL 34759			5,844				
COMMUNITY UNITED METHODIST PRESCHOO 3114 OKEECHOBEE ROAD FORT PIERCE,FL 34947	59-1233481		10,805				
KATESHA LINDSEY1003 TEXAS CT FORT PIERCE,FL 34950			5,335				
LITTLE HANDS ACADEMY 2855 SW BRIGHTON STREET PORT ST LUCIE,FL 34953	26-2382633		14,048				
THE CHILDRENS GARDEN ACADEMY2602 SW PORT ST LUCIE BLVD PORT ST LUCIE,FL 34953	36-4675900		6,247				
LITTLE ANGELS CHILDCARE INC3039 SE WAKE RD PORT ST LUCIE,FL 34984	61-1605517		8,555				

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BIZZY BEE EARLY CARE CENTER4424 WILKINSON RD SARASOTA, FL 34233	52-2242113		16,852				

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> CHILD CARE OF SOUTHWEST FLORIDAINC	<b>Employer identification number</b> 59-6198583
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Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	VOLUNTEERS HELP WITH CUSTOMER SERVICE AT FUNCTIONS, WITH PLANTING AND OUTDOOR WORK, WITH TABLE/BOOTHs AT A VARIETY OF EXPOS, READING TO KIDS AND HELPING TEACHERS



Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	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

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE ORGANIZATION RECEIVES A COPY OF THE TAX RETURN TO REVIEW AND SIGN THE 8879

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	A STATEMENT IS PROVIDED EACH YEAR FOR THE INDIVIDUAL TO READ, SIGN AND DISCLOSE POSSIBLE CONFLICTS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	SALARY IS RESEARCHED AND REVIEWED BY THE CHAIRMAN OF THE BOARD AND APPROVED BY THE FULL BOARD

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	THE CEO RESEARCHES, REVIEWS AND APPROVES THE SALARY

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	DOCUMENTS ARE AVAILABLE UPON REQUEST