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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CHILD CARE OF SOUTHWEST FLORIDA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6831 PALISADES PARK COURT
ROOM/SUITE 6

City or town, state or country, and ZIP + 4
FORT MYERS, FL 33912

D Employer identification number
59-6198583

E Telephone number
(239) 278-1002

G Gross receipts $ 8,113,547

F Name and address of principal officer
BETH LOBDELL
6831 PALISADES PARK COURT SUITE 6
FORT MYERS, FL 33912

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)

H(c) Group exemption number ▶

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

J Website: ▶ WWW CCSWFL ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1967

M State of legal domicile FL

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	142
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,340,458	5,305,729
9	Program service revenue (Part VIII, line 2g)	2,902,919	2,726,784
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	614	324
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,567	55,254
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,314,558	8,088,091
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,060,916	3,519,908
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,020,442	3,157,446
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,299,848	1,402,780
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,381,206	8,080,134
19	Revenue less expenses Subtract line 18 from line 12	-66,648	7,957

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,069,793	2,165,799
21	Total liabilities (Part X, line 26)	659,782	747,830
22	Net assets or fund balances Subtract line 21 from line 20	1,410,011	1,417,969

Net Assets or Fund Balances

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

****** | 2013-12-18
Signature of officer | Date

BETH LOBDELL EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
STEVEN M BRETTHOLTZ CPA		2013-12-19		

Firm's name ▶ MYERS BRETTHOLTZ & COMPANY PA | Firm's EIN ▶

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

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response 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 ☑ No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 3,204,740 including grants of $) (Revenue $)

THE ORGANIZATION CURRENTLY HAS OVER 115 EMPLOYEES IN SOUTHWEST FLORIDA, SERVING MORE THAN 600 CHILDREN ANNUALLY AT 6 CHILD CARE CENTERS IN HENDRY AND LEE COUNTY THE ORGANIZATION'S CENTERS ARE ACCREDITED THROUGH NATIONAL ACCREDITATION COMMISSION (NAC) FOR EARLY CARE AND EDUCATION PROGRAMS THE CENTERS PROVIDE FAMILIES WITH HIGH QUALITY, FAMILY CENTERED CHILD CARE, PREPARING CHILDREN FOR SCHOOL SUCCESS

4b (Code) (Expenses $ 4,140,611 including grants of $ 3,519,908) (Revenue $)

THE ORGANIZATION ADMINISTERS THE CHILD CARE FOOD PROGRAM (CCFP), A FEDERAL PROGRAM THAT PROVIDES HEALTHY MEALS AND SNACKS TO CHILDREN IN PARTICIPATING CHILD CARE CENTER AND FAMILY CHILD CARE HOMES THIS PROGRAM ENTITLES CHILDREN TO RECEIVE NUTRITIONALLY BALANCED MEALS AND SNACKS, WHILE PROVIDING CAREGIVERS WITH THE NECESSARY TRAINING, MENU PLANNING AND USDA NUTRITIONAL GUIDELINES THE ORGANIZATION SERVED APPROXIMATELY 90 CHILD CARE CENTERS AND 165 FAMILY CHILD CARE HOMES ON A MONTHLY BASIS DURING THE YEAR ENDED JUNE 30, 2013

4c (Code) (Expenses $ 159,316 including grants of $) (Revenue $)

THE ORGANIZATION, WITH A CONTRACT FROM THE DEPARTMENT OF CHILDREN AND FAMILIES, PROVIDES THE CHILD CARE MANDATED TRAINING FOR CHILD CARE PERSONNEL AND FAMILY CHILD CARE HOME PROVIDERS THE CHILD CARE TRAINING DEPARTMENT IS ALSO RESPONSIBLE FOR THE ADMINISTRATION OF THE COMPETENCY- BASED EXAMS THAT ARE REQUIRED IN ORDER TO COMPLETE THE MANDATED TRAINING COURSES THE ORGANIZATION PROVIDES TRAINING AND COMPETENCY EXAMS IN 5 COUNTIES, LEE, CHARLOTTE, HENDRY, COLLIER, AND GLADES DURING THE YEAR ENDED JUNE 30, 2013, THE ORGANIZATION PROVIDED TRAINING TO 660 INSTRUCTOR LED PARTICIPANTS AND 7,132 ON-LINE TRAININGS

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

THE ORGANIZATION HAS BEEN LICENSED BY THE COMMISSION OF INDEPENDENT EDUCATION AND APPROVED BY THE DEPARTMENT OF CHILDREN AND FAMILIES TO OFFER THE FLORIDA CHILD CARE PROFESSIONAL CREDENTIAL (FCCPC) COURSE THE FCCPC, FORMERLY THE CDAE, REQUIRES 120 CLASS HOURS AND CANDIDATE DOCUMENTATION COMPRISED OF A PROFESSIONAL RESOURCE FILE AND FORMAL OBSERVATION STUDENTS COMPLETING THE FCCPC WILL HAVE OBTAINED THE STATE REQUIRED STAFF CREDENTIAL AND MAY USE THIS FCCPC TO APPLY FOR THE NATIONAL CDA ALL INSTRUCTORS ARE HIGHLY QUALIFIED IN EARLY CHILDHOOD AND MEET STRINGENT CRITERIA ESTABLISHED BY THE STATE CLASS DISCUSSION, ASSIGNMENTS, FIELD TRIPS, AND HANDS ON ACTIVITIES ARE INCLUDED IN THE COURSE THE INSTRUCTORS ARE AVAILABLE FOR ASSISTANCE AND SUPPORT IF NEEDED AND PERFORM FORMAL OBSERVATIONS BEFORE CLASSES ARE COMPLETED THE ORGANIZATION PROVIDED 9,031 COMPENTENCY TESTS TO PROFESSIONALS DURING THE YEAR ENDED JUNE 30, 2013

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 7,504,667

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*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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.*	11a	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*	11b		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*	11c		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*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	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 and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		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)*	17		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*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	232		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	142		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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** 6		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 6		
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	Did the organization have members or stockholders?	**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶JACOB RUXER 6831 PALASIDES PARK COURT SUITE 6 FORT MYERS, FL (239)425-1018

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KAREN MILLER CHAIRMAN	4 00	X		X				0	0	0
(2) DALE KORZEC VICE CHAIRMA	1 00	X		X				0	0	0
(3) JOHN MILLER SECRETARY	1 50	X		X				0	0	0
(4) SHERNETTE ATKINSON DIRECTOR	1 00	X						0	0	0
(5) JUDITH PASKVAN DIRECTOR	1 00	X						0	0	0
(6) JESSICA ANDERSON DIRECTOR	50	X						0	0	0
(7) BETH LOBDELL EXECUTIVE DI	40 00			X				84,651	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								84,651		

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e	5,050,477			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	255,252			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		5,305,729			
Program Service Revenue			Business Code				
	2a	SCHOOL READINESS		1,334,390	1,334,390		
	b	PARENT FEES		818,123	818,123		
	c	VOLUNTARY PRE-K		429,637	429,637		
	d	SERVICE FEES		144,634	144,634		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		2,726,784			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		324			324
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss) . . . . . ▶					
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . .	a	80,710			
	b	Less direct expenses . . .	b	25,456			
	c	Net income or (loss) from fundraising events . . ▶		55,254			
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		8,088,091	2,726,784		324

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,458,425	2,458,425		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,061,483	1,061,483		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	84,651		84,651	
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	2,544,398	2,398,771	145,627	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	336,993	315,519	21,474	
10 Payroll taxes	191,404	174,594	16,810	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	273,578	107,926	165,652	
12 Advertising and promotion	23,446	15,436	8,010	
13 Office expenses	61,827	44,509	17,318	
14 Information technology				
15 Royalties . .				
16 Occupancy	334,268	292,748	41,520	
17 Travel	38,128	33,533	4,595	
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	68,038	56,639	11,399	
23 Insurance	69,556	59,741	9,815	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FOOD AND SUPPLIES	270,005	268,873	1,132	
b MAINTENANCE AND REPAIRS	79,937	73,161	6,776	
c SCHOLARSHIP POOL MATCHING	79,142	79,142		
d INSTRUCTIONAL	59,968	39,486	20,482	
e All other expenses	44,887	24,681	20,206	
25 **Total functional expenses.** Add lines 1 through 24e	8,080,134	7,504,667	575,467	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		249,833	1	234,457
	2	Savings and temporary cash investments		160,096	2	160,400
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		501,004	4	607,568
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		37,646	9	37,264
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,905,692			
	b	Less accumulated depreciation	10b 804,946	1,102,538	10c	1,100,746
	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		18,676	15	25,364
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,069,793	16	2,165,799
Liabilities	17	Accounts payable and accrued expenses		427,670	17	489,673
	18	Grants payable			18	
	19	Deferred revenue		12,027	19	29,894
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		130,389	23	126,391
	24	Unsecured notes and loans payable to unrelated third parties		12,662	24	23,079
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		77,034	25	78,793
	26	**Total liabilities.** Add lines 17 through 25		659,782	26	747,830
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		585,011	27	592,969
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		825,000	29	825,000
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		1,410,011	33	1,417,969
	34	Total liabilities and net assets/fund balances		2,069,793	34	2,165,799

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,088,091
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,080,134
3	Revenue less expenses Subtract line 2 from line 1	3	7,957
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,410,011
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,417,969

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

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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

2012

Open to Public Inspection

Name of the organization
CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number
59-6198583

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

The organization is not a private foundation because it is (For lines 1 through 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 - Non-functionally integrated

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?

		Yes	No
(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 supported organization?	**11g(i)**		
(ii) A family member of a person described in (i) above?	**11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(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 monetary 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,597,299	5,483,360	3,924,776	4,340,458	5,305,729	24,651,622
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	5,597,299	5,483,360	3,924,776	4,340,458	5,305,729	24,651,622
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						24,651,622

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	5,597,299	5,483,360	3,924,776	4,340,458	5,305,729	24,651,622
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	124,918	6,833	4,203	614	324	136,892
9 Net income from unrelated business activities, whether or not the business is regularly carried on		17,369				17,369
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	25,036		50,499			75,535
11 **Total support** (Add lines 7 through 10)						24,881,418

12	Gross receipts from related activities, etc (see instructions)	12	2,807,494

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 2012 (line 6, column (f) divided by line 11, column (f))	14	99 080 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	98 160 %

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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 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

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number
59-6198583

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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? ☐ Yes ☐ No

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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	26,478	27,005	23,107	19,966	
b Contributions					
c Net investment earnings, gains, and losses	3,243	82	4,498	3,685	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	658	609	600	544	
g End of year balance	29,063	26,478	27,005	23,107	

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		35,000		35,000
b Buildings		1,188,797	448,852	739,945
c Leasehold improvements		263,564	58,378	205,186
d Equipment		418,331	297,716	120,615
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,100,746

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
ACCRUED PERSONAL LEAVE	78,793
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	78,793

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

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

1	Total revenue, gains, and other support per audited financial statements			1	8,088,091
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	8,088,091
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,088,091

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	8,080,134
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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	8,080,134
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	8,080,134

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES FOR ENDOWMENT FUNDS	SCHEDULE D, PAGE 2, PART V, LINE 4	TO FURTHER THE MISSION OF THE ORGANIZATION

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number
59-6198583

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

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

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

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

		(a) Event #1 CELEBRITY WAITE (event type)	(b) Event #2 CIRCLES OF CARE (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	39,933	24,773	12,556	77,262
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	39,933	24,773	12,556	77,262
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,517		208	2,725
	6 Rent/facility costs	3,028	1,773	1,612	6,413
	7 Food and beverages	7,308		2,230	9,538
	8 Entertainment				
	9 Other direct expenses	2,183	4,651	312	7,146
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(25,822)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				51,440

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	Return Reference	Explanation

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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

2012

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. Part II can be duplicated if additional space is needed.

(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 listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 105

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CHILD CARE FOOD PROGRAM	186	1,061,483			

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation

Additional Data Return to Form

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
A NEW BEGINNING EARLY CHILD CARE LEPO BOX 1363 SARASOTA,FL 34230	32-0224313	3	44,554				CHILD CARE FOOD
A'KELYNN'S ANGELS LEARNING CENTER800 HAVENDALE BLVD NW WINTER HAVEN,FL 33881	61-1563585	3	55,154				CHILD CARE FOOD

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
ADVANCED LEARNING ACADEMY1012 DONALD ROAD NORTH FORT MYERS, FL 33917	27-0659272	3	28,664				CHILD CARE FOOD
ALPHABET ZOO II INC810 LAFAYETTE STREET CAPE CORAL, FL 33904	02-0628000	3	21,909				CHILD CARE FOOD

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
BEAUTIFUL BLESSINGS EARLY LEARN1609 10TH STREET SARASOTA,FL 34234	42-1749321	3	62,067				CHILD CARE FOOD
BILL AUSTEN YOUTH CENTER315 SW 2ND AVENUE CAPE CORAL,FL 33991	59-1312996	3	11,879				CHILD CARE FOOD

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
BRENDA'S LITTLE HELPERS CHRISTIAN D1100 E ROSE ST LAKELAND,FL 33801	45-3685475	3	80,573				CHILD CARE FOOD
BUILDING BLOCKS EARLY LEARNING CENT2163 US HWY 27 N SEBRING,FL 33870	80-0600052	3	25,742				CHILD CARE FOOD

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
CAPE CHILD DEVELOPMENT CTR INC 636 DEL PRADO BLVD CAPE CORAL,FL 33990	59-0714812	3	23,209				CHILD CARE FOOD
CAPE CHRISTIAN FELLOWSHIPD/B/A CAPE CHRISTIAN PRESCHOOL 2110 CAPE CORAL,FL 33991	65-0098788	3	22,296				CHILD CARE FOOD

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
CHILDREN'S ADVOCACY CENTER3830 EVANS AVE FORT MYERS,FL 33901	65-0007620	3	96,604				CHILD CARE FOOD
CHILDREN'S CHOICE ACADEMY 2584 SOUTH BREVARD ARCADIA,FL 34266	26-1926424	3	18,816				CHILD CARE FOOD

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
CHILDRENS HOME SOCIETY EARLY EDUCAT 1940 MARAVILLA AVENUE FORT MYERS,FL 33901	59-0192430	3	78,414				CHILD CARE FOOD
CHRIST LUTHERAN CHURCH INCD/B/A SPECIAL ANGELS 2911 DEL PRADO CAPE CORAL,FL 33904	59-1464695	3	13,116				CHILD CARE FOOD

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
CHRISTIAN PLAYMATES PRE SCHOOL & DA660 PINE STREET FORT MYERS,FL 33916	65-0930157	3	28,993				CHILD CARE FOOD
COMMUNITY MONTESSORI PO BOX 2143 FORT MYERS,FL 33902	59-2602772	3	22,089				CHILD CARE FOOD

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
COMMUNITY UNITED METHODIST PRESCHOO 3114 OKEECHOBEE ROAD FORT PIERCE,FL 34947	59-1233481	3	40,069				CHILD CARE FOOD
DISCOVERY DAY ACADEMY INC180 BASILAN CRESCENT CLEWISTON,FL 33440	20-5736327	3	33,517				CHILD CARE FOOD

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 INFANTS INC180 BASILAN CRESCENT CLEWISTON,FL 33440	20-5736327	3	5,434				CHILD CARE FOOD
DISCOVERY EMPORIUM INC529 NW PRIMA VISTA BLVD SUITE 102 PORT ST LUCIE,FL 34983	26-2666037	3	44,326				CHILD CARE FOOD

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
FIRST BASE CHRISTIAN ACADEMY2601 FOWLER ST FORT MYERS,FL 33901	74-3183504	3	23,812				CHILD CARE FOOD
HEALTH PARK CHILD DEVLMHS16150 ROSE RUSH COURT FORT MYERS,FL 33908	59-0714812	3	26,234				CHILD CARE FOOD

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
HEAVENLY KIDS CHRISTIAN ACADEMY 2605 SUNSHINE DRIVE SOUTH LAKELAND,FL 33801	27-2757468	3	52,861				CHILD CARE FOOD
HORIZONS UNLIMITED CHRISTIAN ACADEM1680 18TH STREET SARASOTA,FL 34234	14-1879521	3	25,570				CHILD CARE FOOD

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
IMMOKALEE NONPROFIT HOUSING INC2449 SANDERS PINE CIRCLE IMMOKALEE,FL 34142	59-2716833	3	41,803				CHILD CARE FOOD
KENNEDY CHILD CARE INC D/B/A CAROUSEL KIDDIE KINGDOM 1412 CAPE CORAL,FL 33990	65-0101757	3	28,149				CHILD CARE FOOD

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

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KIDDIE ACADEMY OF PORT SAINT LUCIE3411 SW DARWIN BLVD PORT ST LUCIE,FL 34953	26-4148550	3	25,347				CHILD CARE FOOD
KIDS QUEST ACADEMY 19660 S TAMIAMI TRAIL FORT MYERS,FL 33908	45-4067682	3	19,656				CHILD CARE FOOD

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

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LEE MEMORIAL CHILD DEV CENTER INC2335 CLIFFORD STREET FORT MYERS,FL 33901	59-0714812	3	24,763				CHILD CARE FOOD
LITTLE DISCIPLES LEARNING CENTERPO BOX 3202 CLEWISTON,FL 33440	26-2069622	3	14,800				CHILD CARE FOOD

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

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LITTLE LEARNING SPOT INC546 LYNNEDA AVENUE FORT MYERS,FL 33905	26-2186974	3	24,000				CHILD CARE FOOD
LITTLE PEOPLE PRESCHOOL INC2303 SE 15TH PLACE CAPE CORAL,FL 33990	20-0337366	3	42,039				CHILD CARE FOOD

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

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MIS' MARY'S DAY CARE INC1297 BARRETT ROAD NORTH FORT MYERS, FL 33903	65-0452603	3	38,094				CHILD CARE FOOD
MORNING STAR CHILDCARE CENTER INC 23455 QUASAR BOULEVARD PORT CHARLOTTE, FL 33980	87-0784199	3	35,215				CHILD CARE FOOD

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
MOTHER'S DAY CARE CENTER INC1035 WINDSOR DR FORT MYERS,FL 33905	32-0302268	3	28,434				CHILD CARE FOOD
NEW LIFE ASSEMBLY OF GOD5146 LEONARD BLVD S LEHIGH ACRES,FL 33973	59-2126484	3	62,278				CHILD CARE FOOD

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

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PALMER PRESCHOOL3808 SEAGO LANE FORT MYERS,FL 33901	65-0936271	3	57,042				CHILD CARE FOOD
PEPPERMINT TREE PRESCHOOL & CHILDCA 14500 OCEAN BLUFF DRIVE FORT MYERS,FL 33908	65-0674953	3	49,511				CHILD CARE FOOD

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
REDEEMER EVANGELICAL LUTHERAN CHURC3950 WINKLER AVE EXTENSION FORT MYERS,FL 33916	59-1432835	3	100,920				CHILD CARE FOOD
RIVERDALE LEARNING ACADEMY INC14801 PALM BEACH BLVD SUITE 100 FORT MYERS,FL 33905	27-0571934	3	25,034				CHILD CARE FOOD

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

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RIVERWOOD PRESCHOOL & CHILD CARE CE5016 RIVERWOOD AVENUE SARASOTA,FL 34231	65-0926092	3	7,611				CHILD CARE FOOD
SHELBY STREET STATION INC107 SHELBY STREET AUBURNDALE,FL 33823	20-1324861	3	22,325				CHILD CARE FOOD

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
SKYLINE CHRISTIAN ACADEMY717 SKYLINE BOULEVARD CAPE CORAL,FL 33991	59-2262560	3	18,683				CHILD CARE FOOD
SMALL TOWN CHILD DEVELOPMENT CENTER 3596 EVANS AVENUE FORT MYERS,FL 33901	35-2343490	3	45,053				CHILD CARE FOOD

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
SMALLVILLE PRESCHOOL INC420 DEL PRADO BOULEVARD NORTH CAPE CORAL,FL 33909	26-0625213	3	52,401				CHILD CARE FOOD
SONRISE ACADEMY INC 1403 SE 16TH PLACE CAPE CORAL,FL 33990	65-0795261	3	56,399				CHILD CARE FOOD

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

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SOUTHSIDE LEARNING CENTER INC4820 CLEVELAND HEIGHTS BLVD LAKELAND,FL 33813	26-3319217	3	33,978				CHILD CARE FOOD
THE ARK OF SAFETY CHILD CARE CENTER3696 DR MARTIN LUTHER KING JR BLVD FORT MYERS,FL 33916	27-0134531	3	39,903				CHILD CARE FOOD

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

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THE BRIGHTEST MINDS ACADEMY BARTOW1150 MARTIN LUTHER KING BLVD BARTOW,FL 33830	26-3178976	3	29,225				CHILD CARE FOOD
THE SALVATION ARMY 3180 ESTEY AVENUE NAPLES,FL 34104	58-0660607	3	44,688				CHILD CARE FOOD

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

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U AND ME ACTIVITY & LEARNING CENTER4555 SUN N LAKES BLVD SEBRING,FL 33872	65-0531769	3	29,091				CHILD CARE FOOD
U AND ME ACTIVITY & LEARNING CENTER2170 LAKEVIEW DRIVE SEBRING,FL 33870	65-0531769	3	41,249				CHILD CARE FOOD

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

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YOUNGER SET CHILD CARE4405 FRANKIE COURT NORTH FORT MYERS, FL 33903	59-1845828	3	22,258				CHILD CARE FOOD
THERESA H CLARKD/B/A MRS THERESAS CHILD CARE CENT VERO BEACH, FL 32967	38-3889046	3	34,423				CHILD CARE FOOD

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

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HIGHSMITH EARLY CHILDHOOL LEARNING 1741 E GARY RD LAKELAND,FL 33801	59-3574904	3	27,842				CHILD CARE FOOD
ANA ZAMORA DBA ANA'S LITTLE ANGEL2400 KIRKWOOD AVE NAPLES,FL 34112	03-2808315	3	27,370				CHILD CARE FOOD

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

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LITTLE PEOPLE'S ACADEMY II726 NE 16TH AVE OKEECHOBEE,FL 34972	26-3798528	3	25,232				CHILD CARE FOOD
PEACE LUTHERAN EARLY LEARNING CTR9850 IMMOKALEE RD NAPLES,FL 34120	02-0733286	3	25,156				CHILD CARE FOOD

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

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DUNBAR CHRISTIAN PRESCHOOL2932 DOUGLAS AVE FORT MYERS,FL 33916		3	23,023				CHILD CARE FOOD
COVENANT ACADEMY PRESCHOOL & DAYCAR309 EAST TRINIDAD AVE CLEWISTON,FL 33440	27-2302261	3	22,617				CHILD CARE FOOD

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

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ALL ABOUT KIDZ LEARNING CENTER105 AVE G SE WINTER HAVEN,FL 33880	01-0680573	3	20,181				CHILD CARE FOOD
REACH FOR SUCCESS INC 768 31ST COURT NW WINTER HAVEN,FL 33881	20-5128440	3	19,723				CHILD CARE FOOD

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

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A PLACE TO GROW CHILDCARE CENTER IN 2435 FRUITVILLE RD SARASOTA,FL 34237	45-4315907	3	19,652				CHILD CARE FOOD
IMAGINATION STATION LEARNING CENTER1220 HWY 29S LABELLE,FL 33935	61-1630911	3	14,340				CHILD CARE FOOD

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

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ACADEMY AT KINGS WAY 2016 KISMET PARKWAY EAST CAPE CORAL,FL 33909	65-0365081	3	12,864				CHILD CARE FOOD
FOUNDATIONS EARLY LEARNING CENTER4118 CORONADO PKWY CAPE CORAL,FL 33904		3	12,733				CHILD CARE FOOD

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

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LITTLE DISCIPLES LEARNING CENTER 2PO BOX 3202 CLEWISTON,FL 33440	26-2069622	3	11,840				CHILD CARE FOOD
LITTLE EINSTEIN'S PRESCHOOL520 EAST ALVERDEZ CLEWISTON,FL 33440	59-0288812	3	11,356				CHILD CARE FOOD

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

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THE BIBLE WAY ACADEMY C/O DONNA MILLS PO BOX 311 FT PIERCE,FL 34954	65-1116234	3	11,199				CHILD CARE FOOD
FIRST PENTECOSTAL LEARNING CENTERC/O JEANETTE BELL 1440 KATHLEEN RD LAKELAND,FL 33805	26-2850468	3	10,831				CHILD CARE FOOD

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

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ANGEL'S FRIENDS CHILDREN DEVELOPMEN 1724 4TH ST SARASOTA,FL 34236	37-1567909	3	10,117				CHILD CARE FOOD
DISCOVER EARLY LEARNING CENTER3112 HAVENDALE BLVD NW WINTER HAVEN,FL 33881	45-5495376	3	9,924				CHILD CARE FOOD

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

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ARK PRESCHOOL OF FIRST BAPTIST CHUR507 SUNSHINE BLVD N LEHIGH ACRES,FL 33971	59-1109528	3	9,061				CHILD CARE FOOD
KINDERGARTEN PREP INC 3186 ABBINGTON ST NORTH PORT,FL 34286	26-2145071	3	8,125				CHILD CARE FOOD

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

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STEP BY STEP CHILD CARE 386 N SPRING LAKE PORT CHARLOTTE,FL 33952	45-5114232	3	7,807				CHILD CARE FOOD
MINI MIRACLES CHILDREN'S WORLD DAYC ATTN WANDA WILLIAMS 1102 BLOSSOM CI LAKELAND,FL 33805	80-0622524	3	7,217				CHILD CARE FOOD

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

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ALL ABOARD LEARNING STATION505 PEOPLES LANE LAKELAND,FL 33815	37-1696689	3	7,157				CHILD CARE FOOD
PREPARING THE WAY MINISTRIES ENRICH303 S VETERANS AVE LAKELAND,FL 33815	77-0651963	3	6,970				CHILD CARE FOOD

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

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VINSON'S EARLY LEARNING CENTERATTN CHARLOTTE VINSON 3596 RECKER H WINTER HAVEN,FL 33880	20-8762146	3	6,712				CHILD CARE FOOD
FOUNDATIONS AT ENGLEWOOD UNITED MET 700 E DEARBORN ST ENGLEWOOD,FL 34223		3	6,622				

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

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TRINITY CHRISTIAN ACADEMY2141 CRYSTAL DRIVE FORT MYERS,FL 33907	65-0675068	3	6,128				
KATHLEEN SENIOR HIGH DBA KATHLEEN PRESEHOOL ACADEMY 2600 LAKELAND,FL 33805	59-6000807	3	6,091				

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

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PUMPKIN PATCH PRESCHOOLCHARLOTTE COUNTY PUBLIC SCHOOLS 181 PORT CHARLOTTE,FL 33948	59-6000539	3	5,508				
LOVING HANDS AND HEARTS CHILD DEV C205 JOEL BLVD STE 400 LEHIGH ACRES,FL 33936	46-1733866	3	5,490				

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

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ANGEL'S CHILD CARE DEVELOPMENT CTR3813 ALDEN WAY SARASOTA,FL 34232	45-2555348	3	5,459				
HEAD OF THE CLASS LEARNING CENTER I 588HOLLYHOCK DR LAKELAND,FL 33813	20-5451930	3	5,382				

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

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MORNINGSTAR CHILDCARE CENTER II4200 JUNIPER STREET PORT CHARLOTTE,FL 33948		3	5,243				

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number
59-6198583

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HENDERSON FRANKLIN	ATTORNEY				No
(2) BB&T	INSURANCE				No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493354000123

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

2012

Open to Public Inspection

Name of the organization
CHILD CARE OF SOUTHWEST FLORIDA INC

Employer identification number
59-6198583

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	THE ORGANIZATION HAS BEEN LICENSED BY THE COMMISSION OF INDEPENDENT EDUCATION AND APPROVED BY THE DEPARTMENT OF CHILDREN AND FAMILIES TO OFFER THE FLORIDA CHILD CARE PROFESSIONAL CREDENTIAL (FCCPC) COURSE. THE FCCPC, FORMERLY THE CDAE, REQUIRES 120 CLASS HOURS AND CANDIDATE DOCUMENTATION COMPRISED OF A PROFESSIONAL RESOURCE FILE AND FORMAL OBSERVATION. STUDENTS COMPLETING THE FCCPC WILL HAVE OBTAINED THE STATE REQUIRED STAFF CREDENTIAL AND MAY USE THIS FCCPC TO APPLY FOR THE NATIONAL CDA. ALL INSTRUCTORS ARE HIGHLY QUALIFIED IN EARLY CHILDHOOD AND MEET STRINGENT CRITERIA ESTABLISHED BY THE STATE. CLASS DISCUSSION, ASSIGNMENTS, FIELD TRIPS, AND HANDS ON ACTIVITIES ARE INCLUDED IN THE COURSE. THE INSTRUCTORS ARE AVAILABLE FOR ASSISTANCE AND SUPPORT IF NEEDED AND PERFORM FORMAL OBSERVATIONS BEFORE CLASSES ARE COMPLETED. THE ORGANIZATION PROVIDED 9,031 COMPENTENCY TESTS TO PROFESSIONALS DURING THE YEAR ENDED JUNE 30, 2013
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	A COPY OF THE RETURN IS PROVIDED TO THE BOARD TO REVIEW AND APPROVE THE RETURN PRIOR TO FILING
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	GOVERNANCE COMMITTEE OF THE BOARD REVIEWS CONFLICTS OF INTEREST ANNUALLY AND MONITORS THROUGHOUT THE YEAR
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION FOR THE CEO IS RESEARCHED AND REVIEWED BY THE CHAIRMAN OF THE BOARD AND APPROVED BY THE FULL BOARD
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS RESEARCHED, REVIEWED AND APPROVED BY THE CEO
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
OTHER CHANGES IN NET ASSETS EXPLANATION	FORM 990, PART XI, LINE 9	ROUNDING 1